Current Awareness Service

Issue no. 1 of 2019

The Park Library - The Park Centre for Mental Health

National Health Priority Area – Mental Health

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

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

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

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

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

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

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

- If there is no PDF or HTML link, then use the [CKN full text (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, will display on the left.

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

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

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

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

[Back to top](#)
Queensland Health Libraries and Contact Numbers

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University of Queensland Libraries

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Back to top
Anxiety

Title:
Latent classes of posttraumatic stress symptoms in two samples of bereaved people.

Authors:
Lenferink, Lonneke I. M.; de Keijser, Jos; van Denderen, Mariëtte Y.; Boelen, Paul A.

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

Abstract:
Although the heterogeneity of posttraumatic stress (PTS) symptoms has been well-documented in various traumatized samples, no study has investigated the heterogeneity of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, PTS symptomatology in samples exclusively composed of bereaved people. We examined what classes could be distinguished based on the endorsement of self-rated Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, PTS symptoms in a sample of 509 bereaved people confronted with losses due to a variety of causes and a sample of 331 homicidally bereaved people. Associations between class membership and sociodemographic and loss-related variables were also examined. On the basis of latent class analyses, conducted in both samples separately, we identified three PTS classes: a No disturbance, Intermediate disturbance, and Pervasive disturbance class, characterized by low, moderate, and high probability of endorsement of PTS symptoms, respectively. In both samples, the largest class was characterized by participants who endorsed intermediate PTS symptom levels. As expected, being a woman, more closely related to the deceased person, more recently bereaved, and (in the sample of 509 bereaved people) confronted with unexpected loss were related to classes with more PTS disturbances. There is evidence that intermediate PTS levels are associated with negative outcomes. Because this seems to be a relative large group in the current study, it is useful to further our knowledge about variables underlying and maintaining subclinical PTS levels. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Perceived stress and probable alcohol misuse in firefighters: The role of posttraumatic stress.

Authors:
Smith, Lia J.; Paulus, Daniel J.; Gallagher, Matthew W.; Norman, Sonya B.; Tran, Jana K.; Vujanovic, Anka A.

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

Abstract:
Firefighters are at elevated risk for stress, posttraumatic stress disorder symptomatology, and alcohol use, the combination of which is highly complex and difficult to treat. The current study examined the indirect effects of perceived stress on probable alcohol misuse via posttraumatic stress disorder severity using structural equation modeling. Participants included 2,790 male firefighters employed by a large fire department in a major U.S. metropolitan area. Results demonstrated that posttraumatic stress disorder severity significantly mediated the association between perceived stress severity and probable alcohol misuse ($\beta = .19$, 95% confidence interval [.15, .21], $p < .001$). This model suggested that 70% of the effect of perceived stress on probable alcohol misuse was accounted for indirectly via posttraumatic stress. Overall, perceived stress severity was associated with heightened posttraumatic stress disorder severity, which in turn, was associated with greater levels of probable alcohol misuse. Furthermore, direct effects of perceived stress on probable alcohol misuse and posttraumatic stress disorder severity on probable alcohol misuse were statistically significant. Results should be interpreted with respect to study limitations, including a cross-sectional design and reliance on self-report measures. Implications for clinical intervention efforts with firefighters are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Relationship satisfaction and mental health treatment among active-duty military.
Authors: Edwards-Stewart, Amanda; Rennebohm, Samuel B.; DeSimone, Jana; Willey, Brittany; Smolenski, Derek J.; Hoyt, Tim;
Source: Couple and Family Psychology: Research and Practice Publisher: Educational Publishing Foundation;
Abstract: An association between relationship satisfaction and mental health symptoms has been well established in research. Specifically, mental health concerns, such as trauma symptoms and depression, have been related to lower relationship satisfaction. Research has explored the correlation between relationship satisfaction and mental health symptoms during treatment but not among active-duty military and not examining a between-person and within-person effect. Therefore, the present study investigates these variables among 178 married, active-duty service members undergoing individual outpatient treatment. A linear mixed-effects regression model estimated a linear growth curve for distress and posttraumatic stress disorder (PTSD) outcomes, controlling for demographic, relationship, and military variables. Results indicated that participants with higher average relationship satisfaction had lower average distress and PTSD scores. Higher average relationship satisfaction was not associated with the rate of change in distress and PTSD across time. For individuals whose increases in relationship satisfaction were greater than expected, there was an associated within-person decrease in distress and PTSD scores, accounting for the between-person component of change in satisfaction. The identification of a within-person association separate from the between-person association suggests that there was a longitudinal correspondence between change in relationship satisfaction and change in distress and PTSD scores within individuals. Though limited by a lack of precise interventional data, this study provides preliminary evidence that individual treatments may help intrapersonal symptom improvement by attending to perceived relationship satisfaction. These findings are particularly relevant to military psychology.

Katrina inspired disaster screenings and services: School-based trauma interventions.

Authors: Hansel, Tonya Cross; Osofsky, Howard J.; Osofsky, Joy D.; Speier, Anthony H.;
Source: Traumatology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: The Katrina Inspired Disaster Screenings and Services (KIDSS) toolkit supplement is designed to assist recovering communities and schools in understanding the needs of and the targeting of services toward children and adolescents. The goal of this study is to understand the efficacy of the KIDSS self-report approach for wide-spread screening of children into services and for reducing trauma symptoms of youth exposed to large-scale disasters such as Hurricane Katrina and additional traumas or disasters that occur over the course of recovery. A longitudinal survey design was used to screen 4,593 children and adolescents on the National Child Traumatic Stress Network Hurricane Assessment and Referral Tool. In addition, the subsample that received trauma informed services (N = 208), completed the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index at three time points. The mean age of students was 10.9 (SD = 3.2); 51% were female, and 49% were male. Reported ethnicities were as follows: 57% Caucasian, 27% African American, and 16% other. Results revealed that a greater proportion of students were appropriately referred into treatment (compared with those not receiving services and those who received treatment had a greater decrease in trauma symptoms). In addition, for the subsample that received services (N = 208), posttraumatic stress disorder symptoms decreased significantly following treatment. Empirical data supports that the KIDSS approach was effective at connecting students in need of services and for children identified, those that participated in school-based trauma treatment demonstrated reduced trauma symptoms. This study provides practical application through the steps outlined in the KIDSS process following disaster exposure.
Title: Getting better my way: Feasibility study of a self-management support tool for people with mood and anxiety disorders.

Authors: Houle, Janie; Radziszewski, Stephanie; Labelle, Présicilla; Coulombe, Simon; Menear, Matthew; Roberge, Pasquale; Hudon, Catherine; Lussier, Marie-Thérèse; Gamache, Claire; Beaudin, Annie; Lavoie, Brigitte; Provencher, Martin D.; Cloutier, Guylaine.

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

Abstract: Objective: Self-management support is recognized as an important component of the management of mood and anxiety disorders. The goal of this feasibility study was to evaluate the acceptability, implementation and perceived usefulness of a new comprehensive self-management tool (Getting better my way) in four care settings in Quebec, Canada. Method: Care providers offered the tool to people with difficulties related to mood or anxiety disorders during a 7-month period. A sample of 71 participants filled out an online survey and 27 accepted to participate in a follow-up interview. Focus groups were conducted with 82 care providers. Results: Satisfaction ratings were high for the tool overall, the likelihood of recommending it to friends, its attractiveness and interest, and its completion time. Perceived usefulness was high overall and was not related to most demographic and clinical variables. No adverse effects were reported. Conclusion and Implications for Practice: The study highlights that Getting better my way is a comprehensive recovery-oriented tool, considered useful, acceptable and feasible to use in a variety of settings offering services for mood and anxiety disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pathways to drug delinquency among adolescents at high risk for victimization.

Authors: Mendez, Lucybel; Cromer, Kelly D.; Villodas, Miguel T.

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

Abstract: Objective: Although researchers have found that victimization is associated with adolescent drug delinquency (i.e., drug use and dealing), the mechanisms that explain this association remain unclear. This study prospectively examined the mediational roles of general delinquency, drug use, drug dealing, and posttraumatic stress (PTS) symptoms in the association between polyvictimization and late adolescent drug delinquency in a large, diverse sample of adolescents at risk for victimization. Method: Data were collected from a multisite consortium of prospective studies, the Longitudinal Studies of Child Abuse and Neglect. Data about victimization experiences (i.e., physical and sexual abuse and witnessed familial and nonfamilial violence) were collected from caregivers, youth, and official child protective service records for 1,057 youth (53% female) from birth to age 14. Youth completed self-report measures for PTS at age 16, and general and drug delinquency measures at ages 16 and 18. Results: Drug dealing mediated the association between polyvictimization and drug use. Likewise, drug use mediated the associations among polyvictimization and drug dealing and general delinquency. PTS mediated the associations between polyvictimization and drug use and dealing, whereas general delinquency did not mediate either. Conclusions: These findings emphasize the impactful role of drug use, drug dealing, and PTS among at-risk youth in the association between polyvictimization and late adolescent drug delinquency. These findings highlight the importance of routine trauma screening and follow-up care for youth involved in drug delinquency. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trajectories and predictors of response in youth anxiety CBT: Integrative data analysis.

Authors:
Objective: Integrative data analysis was used to combine existing data from nine trials of cognitive–behavioral therapy (CBT) for anxious youth (N = 832) and identify trajectories of symptom change and predictors of trajectories. Method: Youth- and parent-reported anxiety symptoms were combined using item-response theory models. Growth mixture modeling assessed for trajectories of treatment response across pre-, mid-, and posttreatment and 1-year follow-up. Pretreatment client demographic and clinical traits and treatment modality (individual- and family-based CBT) were examined as predictors of trajectory classes. Results: Growth mixture modeling supported three trajectory classes based on parent-reported symptoms: steady responders, rapid responders, and delayed improvement. A 4-class model was supported for youth-reported symptoms: steady responders, rapid responders, delayed improvement, and low-symptom responders. Delayed improvement classes were predicted by higher number of diagnoses (parent and youth report). Receiving family CBT predicted membership in the delayed improvement class compared to all other classes and membership in the steady responder class compared with rapid responders (youth report). Rapid responders were predicted by older age (parent report) and higher number of diagnoses (parent report). Low-symptom responders were more likely to be male (youth report). Conclusions: Integrative data analysis identified distinct patterns of symptom change. Diagnostic complexity, age, gender, and treatment modality differentiated response classes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Parental dysfunctional posttraumatic cognitions in trauma-focused cognitive behavioral therapy for children and adolescents.

Authors: Tutus, Dunja; Goldbeck, Lutz; Pfeiffer, Elisa; Sachser, Cedric; Plener, Paul L.;

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

Abstract: Objective: Trauma-therapy in children and adolescents often involves the inclusion of their parents. A multi-informant approach was used to investigate whether trauma-focused cognitive–behavioral therapy (TF-CBT) changes dysfunctional posttraumatic cognitions (PTCs) in participating parents. This, in turn, may mediate their child’s posttraumatic stress symptoms (PTSS) posttreatment. Method: Children and adolescents (6–17 years old) were assigned to either a TF-CBT (n = 57) or a waitlist (n = 56) condition, within a multisite randomized controlled trial conducted in Germany. They were assessed using the Clinician Administered PTSD Scale for Children and Adolescents, version for DSM–IV and they completed the University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index for Children and Adolescents (UCLA). Their parents completed the UCLA, caregiver report, and the Posttraumatic Cognitions Inventory to rate their dysfunctional PTCs related to their child’s trauma. The mediation hypothesis was tested using a multiple mediation model. Results: The change in parental PTCs was stronger in the TF-CBT condition (b = 13.19, 95% confidence interval [CI] [2.89, 23.49]). It mediated the relationship between the group (TF-CBT vs. waitlist) and the caregiver report on the child’s PTSS (b = −.08, 95% CI [−.15, −.01]), but not the child’s PTSS, assessed using the interview (b = .01, 95% CI [−.14, .17]) and the self-report questionnaire (b = .01, 95% CI [−.08, .10]), posttreatment. Conclusions: TF-CBT helped participating parents to challenge their dysfunctional PTCs related to their child’s trauma. The change in parental PTCs only mediated their perception of their child’s PTSS but not their child’s self-perception or the clinical evaluation of their child’s PTSS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Reconceptualizing rehabilitation of individuals with chronic symptoms following mild traumatic brain injury.

Authors: Vanderploeg, Rodney D.; Belanger, Heather G.; Curtiss, Glenn; Bowles, Amy O.; Cooper, Douglas B.;

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

Abstract: Purpose/Objective: Effective treatment for postconcussive symptoms (PCS) immediately following mild traumatic brain injury (mTBI) includes reassurance, support, education about mTBI, and symptom management. However, effective treatments for chronic postconcussive-like symptoms, particularly with mental health comorbidities, remain unclear. Research Method/Design: We conduct a critical review of the treatment literature for chronic PCS, present exemplar studies of two alternative treatment approaches (i.e., cognitive rehabilitation (CR) and psychotherapy with various cognitive–behavioral therapy (CBT) approaches) and compare their relative effectiveness, and examine other literature to compare treatment benefits of one approach over another. Results: This review and comparisons found CBT approaches to be 5 to 6 times more potent in reducing chronic PCS than CR. Conclusions/Implications: Based on these findings we encourage rehabilitation professionals to 're-conceptualize' the factors that likely underlie chronic PCS and the most effective treatment for this condition. We propose that CBT interventions focusing on comorbid and underlying mental health issues should be an essential, not adjunctive, treatment approach for chronic PCS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Trauma exposure acutely alters neural function during Pavlovian fear conditioning.

Authors: Harnett, Nathaniel G.; Ference, Edward W. III; Wood, Kimberly H.; Wheelock, Muriah D.; Knight, Amy J.; Knight, David C.;


Abstract: Posttraumatic stress disorder (PTSD) is associated with dysfunction of the neural circuitry that supports fear learning and memory processes. However, much of what is known about neural dysfunction in PTSD is based on research in chronic PTSD populations. Less is known about neural function that supports fear learning acutely following trauma exposure. Determining the acute effects of trauma exposure on brain function would provide new insight into the neural processes that mediate the cognitive-affective dysfunction associated with PTSD. Therefore, the present study investigated neural activity that supports fear learning and memory processes in recently Trauma-Exposed (TE) and Non-Trauma-Exposed (NTE) participants. Participants completed a Pavlovian fear conditioning procedure during functional magnetic resonance imaging (fMRI). During fMRI, participants' threat expectancy was continuously monitored. NTE participants showed greater threat expectancy during warning than safety cues, while no difference was observed in the TE group. This finding suggests TE participants overgeneralized the fear association to the safety cue. Further, only the TE group showed a negative relationship between fMRI signal responses within dorsomedial prefrontal cortex (PFC) and threat expectancy during safety cues. These results suggest the dorsomedial PFC mediates overgeneralization of learned fear as an acute result of trauma exposure. Finally, neural activity within the PFC and inferior parietal lobule showed a negative relationship with PTSD symptom severity assessed three months posttrauma. Thus, neural activity measured acutely following trauma exposure predicted future PTSD symptom severity. The present findings elucidate the acute effects of trauma exposure on cognitive-affective function and provide new insight into the neural mechanisms of PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Salivary alpha-amylase and cortisol responsiveness to stress in first episode, drug-naïve patients with panic disorder.

Authors:
Altamura, Mario; Iuso, Salvatore; Balzotti, Angela; Francavilla, Girolamo; Dimitri, Andrea; Cibelli, Giuseppe; Bellomo, Antonello; Petito, Annamaria;


Abstract: Reported findings on reactivity to stress of the sympathetic-adreno-medullar (SAM) and hypothalamic-pituitary-adrenal (HPA) systems in panic disorder (PD) are very variable. This inconsistency may be explained by differences in treatment exposure, illness duration and emotion regulation strategies. The present study examined the reactivity to mental stress of the SAM and HPA axes in a sample of first episode, drug naïve patients with PD which avoids confounds of medications exposure and illness chronicity. Activation of the SAM axis was evaluated by dosage of salivary alpha-amylase (sAA) and heart rate. Activation of the HPA axis was tested by dosage of salivary cortisol. Psychological assessments were done by the Self-Rating Depression Scale, the Self-Rating Anxiety Scale, the State-Trait Anxiety Inventory, the Cope Orientation to Problems Experienced (COPE) Inventory and the 16 Personality Factor Questionnaire (16PF). Patients showed reduced sAA stress reactivity, higher baseline cortisol levels and a more rapid decrease in stress cortisol levels as compared with controls. A significant correlation was found between active coping strategies and cortisol levels (response to stress). The findings suggest that blunted SAM stress reactivity and a rapid decrease in stress cortisol levels reflect traits that may enhance vulnerability to psychopathology in patients with PD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Systematic review of co-occurring OCD and TD: Evidence for a tic-related OCD subtype?
Authors: Kloft, Lisa; Steinel, Theresa; Kathmann, Norbert;
Source: Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 280-314. Publisher: Elsevier Science; [Journal Article]

Abstract: Objective: The aim of this review is to summarize the current knowledge of associated features of co-occurring obsessive-compulsive disorder (OCD) and tic disorders (TD) and to critically evaluate hypotheses regarding the nature of their comorbidity. Method: We conducted a systematic review following PRISMA guidelines. To this aim, the PubMed, PsychInfo and ISI Web of Knowledge databases were searched up to August 30, 2018. For gender and age-of-onset we additionally conducted meta-analyses. Results: One hundred eighty-nine studies met inclusion criteria. We substantiate some acknowledged features and report evidence for differential biological mechanisms and treatment response. In general, studies were of limited methodological quality. Conclusions: Several specific features are reliably associated with co-occurring OCD + TD. The field lacks methodological sound studies. The review found evidence against and in favor for different hypotheses regarding the nature of comorbidity of OCD and TD. This could indicate the existence of a stepwise model of co-morbidity, or could be an artefact of the low methodological quality of studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Motor dysfunction as research domain across bipolar, obsessive-compulsive and neurodevelopmental disorders.
Authors: Hirjak, Dusan; Meyer-Lindentberg, Andreas; Fritze, Stefan; Sambataro, Fabio; Kubera, Katharina M.; Wolf, Robert C.;
Source: Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 315-335. Publisher: Elsevier Science;
Abstract: Although genuine motor abnormalities (GMA) are frequently found in schizophrenia, they are also considered as an intrinsic feature of bipolar, obsessive-compulsive, and neurodevelopmental disorders
with early onset such as autism, ADHD, and Tourette syndrome. Such transnosological observations strongly suggest a common neural pathophysiology. This systematic review highlights the evidence on GMA and their neuroanatomical substrates in bipolar, obsessive-compulsive, and neurodevelopmental disorders. The data lends support for a common pattern contributing to GMA expression in these diseases that seems to be related to cerebello-thalamo-cortical, fronto-parietal, and cortico-subcortical motor circuit dysfunction. The identified studies provide first evidence for a motor network dysfunction as a correlate of early neurodevelopmental deviance prior to clinical symptom expression. There are also first hints for a developmental risk factor model of these mental disorders. An in-depth analysis of motor networks and related patho-(physiological) mechanisms will not only help promoting Research Domain Criteria (RDoC) Motor System construct, but also facilitate the development of novel psychopharmacological models, as well as the identification of neurobiologically plausible target sites for non-invasive brain stimulation.

(PsychoINFO Database Record (c) 2018 APA, all rights reserved)


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

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


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


Title: Biological preparedness and resistance to extinction of skin conductance responses conditioned to fear relevant animal pictures: A systematic review.

Authors: Åhs, Fredrik; Rosén, Jörgen; Kastrati, Granit; Fredrikson, Mats; Agren, Thomas; Lundström, Johan N.

Source: Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 430-437. Publisher: Elsevier Science;

Abstract: Preparedness theory is one of the most influential ideas in explaining the origin of specific phobias. The theory proposes that fear conditioning is selective to animals that have posed a threat to survival throughout human evolution, and that acquired fear memories to such threats are resistant to extinction. We reviewed fear conditioning studies testing whether autonomic responses conditioned to pictures of snakes and spiders show greater resistance to extinction than neutral cues. We identified 32 fear conditioning experiments published in 23 studies including 1887 participants. Increased resistance to extinction of conditioned responses to snake and spider pictures was found in 10 (31%) of the experiments, whereas 22 (69%) experiments did not support the hypothesis. Thus, the body of evidence
suggests that preparedness theory does not explain the origin of specific phobias. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A pilot, randomized clinical trial of bedtime doses of prazosin versus placebo in suicidal posttraumatic stress disorder patients with nightmares.

Authors:
McCall, William Vaughn; Pillai, Anilkumar; Case, Doug; McCloud, Laryssa; Nolla, Tiffany; Branch, Fallon; Youssef, Nagy A.; Moraczewski, Jason; Tauhidul, Liniya; Pandya, Chirayu D.; Rosenquist, Peter B.;

Source:

Abstract:
Purpose/Background: Observational studies show an association between nightmares and suicide. Prazosin is proposed as a nightmare treatment. This pilot, randomized clinical trial tested whether treatment of nightmares with prazosin would reduce suicidal ideas in suicidal posttraumatic stress disorder (PTSD) patients. Methods/Procedures: Twenty adult, suicidal PTSD patients with nightmares were blindly and randomly assigned 1:1 to escalating doses of prazosin versus placebo at bedtime only for 8 weeks. All participants had comorbid mood disorders and received stable doses of mood disorder medication. Outcomes of interest were measured weekly and included severity of suicidal ideation, nightmares, PTSD, insomnia, and depression. Longitudinal mixed-effects models assessed change in outcomes over time. Findings/Results: All psychometric measures improved over 8 weeks. However, nighttime measures of nightmares and insomnia showed significantly less improvement in the prazosin group, whereas there was no significant change in daytime measures of suicidal ideation and daytime-only PTSD symptoms. Two patients required emergency psychiatric hospitalization, but there were no suicide attempts and no deaths. Implications/Conclusions: This study confirmed an effect of nighttime-only prazosin on nighttime symptoms of insomnia and nightmares in suicidal PTSD patients who are experiencing nightmares. Surprisingly, the effect was in the direction opposite of what we expected. Furthermore, prazosin showed no signal on daytime measures including suicidal ideation. The results do not support a larger study of nighttime-only prazosin in suicidal PTSD patients but leave open the possibility of benefit from daytime administration of prazosin. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Methylenedioxymethamphetamine (MDMA) in psychiatry: Pros, cons, and suggestions.

Authors:
Schenk, Susan; Newcombe, David;

Source:

Abstract:
Background: For a number of mental health disorders, including posttraumatic stress disorders (PTSD), there are not many available treatment options. Recently, there has been renewed interest in the potential of methylenedioxymethamphetamine (MDMA) to restore function for patients with these disorders. The primary hypothesis is that MDMA, via prosocial effects, increases the ability of patients to address the underlying psychopathology of the disorder. However, the use of MDMA poses potential problems of neurotoxicity, in addition to its own potential for misuse. Methods: In this article, the proposed potential of MDMA as an adjunct to psychotherapy for PTSD is evaluated. The rationale for the use of MDMA and the positive results of studies that have administered MDMA in the treatment of PTSD are provided (pros). A description of potential adverse effects of treatment is also presented (cons). An overview of MDMA pharmacology and pharmacokinetics and a description of potential adverse effects of treatments are also presented. Methylenedioxymethamphetamine-produced oxytocin release and decreased expression of fear conditioning as well as one of the MDMA enantiomers (the nR− entamer) are suggested as potential mechanisms for the beneficial effects of MDMA in PTSD (suggestions). Results: There is some evidence that MDMA facilitates recovery of PTSD. However, the significant adverse effects of MDMA raise
concern for its adoption as a pharmacotherapy. Alternative potential treatments with less adverse effects and that are based on the ubiquitous pharmacology of MDMA are presented. Conclusions: We suggest that additional research investigating the basis for the putative beneficial effects of MDMA might reveal an effective treatment with fewer adverse effects. Suggestions of alternative treatments based on the behavioral pharmacology and toxicology of MDMA and its enantiomers are presented. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pharmacotherapy of postpartum obsessive–compulsive disorder: A systematic review.
Authors: Sharma, Verinder;
Abstract: Introduction: Despite the common occurrence of obsessive–compulsive disorder (OCD) after childbirth, the role of pharmacotherapy in its management is unclear. Areas covered: This systematic review aims to determine the role of drugs in the acute and preventative treatment of postpartum OCD. Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, four electronic databases including Medline/PubMed, PsycINFO, the Cochrane Database of Systematic Reviews, and Google Scholar were searched. A total of 10 articles—one randomized controlled trial, 2 open-label trials, 1 case series, and 6 case reports—were selected for review. Expert commentary: Currently there are no randomized, placebo-controlled drug trials in the acute or preventative treatment of postpartum OCD. The paucity of studies is surprising given that OCD commonly occurs in the postpartum period and untreated illness can be associated with persistence of OCD symptoms and a high degree of emotional distress. Studies are urgently needed to address the lack of controlled data especially in women with postpartum OCD alone, i.e. without comorbid psychiatric disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Obsessive, compulsive, and conscientious? The relationship between OCPD and personality traits.
Authors: Mike, Anissa; King, Hannah; Oltmanns, Thomas F.; Jackson, Joshua J.;
Abstract: Objective: Obsessive-compulsive personality disorder (OCPD) is defined as being overly controlling, rigid, orderly, and perfectionistic. At a definitional level, OCPD would appear to be highly related to the trait of Conscientiousness. The current study attempts to disentangle this relationship by examining the relationship at a facet level using multiple forms of OCPD assessment and using multiple reports of OCPD and personality. In addition, the relationship between OCPD and each Big Five trait was examined. Method: The study relied on a sample of 1,630 adults who completed self-reports of personality and OCPD. Informants and interviewers also completed reports on the targets. Bifactor models were constructed in order to disentangle variance attributable to each facet and its general factors. Results: Across four sets of analyses, individuals who scored higher on OCPD tended to be more orderly and achievement striving, and more set in their ways, but less generally conscientious. OCPD was also related to select facets under each Big Five trait. Notably, findings indicated that OCPD has a strong interpersonal component and that OCPD tendencies may interfere with one's relationships with others. Conclusions: Findings suggest that OCPD's relationship with personality can be more precisely explained through its relationships with specific tendencies rather than general, higher-order traits. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Neuroscience informed prolonged exposure practice: Increasing efficiency and efficacy through mechanisms.

Authors:
Stojek, Monika M.; McSweeney, Lauren B.; Rauch, Sheila A. M.

Source:

Abstract:
Prolonged exposure (PE) is an empirically supported efficacious treatment for posttraumatic stress disorder (PTSD). In this focused review, we briefly review the neurobiological networks in PTSD relevant to PE, discuss the theoretical basis of PE, review the neurobiological mechanisms underlying the effectiveness of PE and identify the enhancements that can be applied to increase treatment response and retention. Based on the reviewed studies, it is clear that PTSD results in disrupted network of interconnected regions, and PE has been shown to increase the connectivity within and between these regions. Successful extinction recall in PE is related to increased functional coherence between the ventromedial prefrontal cortex (vmPFC), amygdala and the hippocampus. Increased connectivity within the dorsolateral PFC (dLPFC) following PE is associated with more effective downregulation of emotional responses in stressful situations. Pre-existing neural connectivity also in some cases predicts response to exposure treatment. We consider various enhancements that have been used with PE, including serotonin reuptake inhibitors (SSRIs), D-cycloserine (DCS), allopregnanolone (ALLO) and propranolol, repetitive transcranial magnetic stimulation (rTMS), oxytocin and MDMA. Given that neural connectivity appears to be crucial in mechanisms of action of PE, rTMS is a logical target for further research as an enhancement of PE. Additionally, exploring the effectiveness and mechanisms of action of oxytocin and MDMA in conjunction with PE may lead to improvement in treatment engagement and retention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A neural biomarker, the error-related negativity, predicts the first onset of generalized anxiety disorder in a large sample of adolescent females.

Authors:
Meyer, Alexandria; Nelson, Brady; Perlman, Greg; Klein, Daniel N.; Kotov, Roman

Source:

Abstract:
Objective: An increased neural response to making mistakes has emerged as a potential biomarker of anxiety across development. The error-related negativity (ERN) is an event-related potential elicited when people make mistakes on simple laboratory-based reaction time tasks that has been associated with risk for anxiety. This study examined whether the ERN prospectively predicted the first onset of generalized anxiety disorder (GAD) over 1.5 years in adolescent girls. Methods: The sample included 457 girls between the ages of 13.5 and 15.5 years, with no history of GAD. At baseline, the ERN was measured using a flankers task. Psychiatric history of the adolescent and biological parent was assessed with diagnostic interviews, and the adolescent completed a self-report questionnaire regarding anxiety symptoms. Approximately 1.5 years later, adolescents completed the same interview. Results: An increased neural response to errors at baseline predicted first-onset GAD over 1.5 years. The ERN was a significant predictor independent of other prominent risk factors, including baseline anxiety and depression symptoms and parental lifetime psychiatric history. Jointly the ERN and social anxiety symptoms provided the greatest power for predicting first-onset GAD. Conclusions: This study provides evidence for the utility of the ERN as a biomarker of risk for GAD during a key developmental period. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Effects of trauma in adulthood and adolescence on fear extinction and extinction retention: Advancing animal models of posttraumatic stress disorder.
Evidence for and against adolescent vulnerability to posttraumatic stress disorder (PTSD) is mounting, but this evidence is largely qualitative, retrospective, or complicated by variation in prior stress exposure and trauma context. Here, we examine the effects of development on trauma vulnerability using adult postnatal (PN) day 61, early adolescent (PN23) and mid adolescence (PN34) rats and two types of trauma: an established animal model of PTSD, single prolonged stress (SPS), and a novel composite model—SPS predation (SPSp) version. We demonstrate that early and mid adolescent rats are capable of fear conditioning and fear extinction, as well as extinction retention. Our results also demonstrate that both types of trauma induced a deficit in the retention of fear extinction in adulthood, a hallmark of PTSD, but not after early or mid adolescence trauma, suggesting that adolescence might convey resilience to SPS and SPSp traumas. Across all three life stages, the effects of SPS exposure and a novel predation trauma model, SPSp, had similar effects on behavior suggesting that trauma type did not affect the likelihood of developing PTSD-like symptoms, and that SPSp is a predation-based trauma model worth exploring.


Title:

Authors:
Samala, Niharika; Lourens, Spencer G.; Shah, Vijay H.; Kamath, Patrick S.; Sanyal, Arun J.; Crabb, David W.; Tang, Qing; Radaeva, Svetlana; Liangpunsakul, Suthat; Chalasani, Naga;

Source:

Abstract:
Background: Lifetime prevalence of posttraumatic stress disorder (PTSD) in the general population is reported to be 6.8%. Individuals with alcohol dependence and substance abuse have high prevalence of PTSD. However, the prevalence of PTSD in heavy drinkers with alcoholic hepatitis (AH) is not known. The study’s aim was to determine the prevalence of PTSD in heavy drinkers with and without AH. Methods: We screened for PTSD using the Primary Care-PTSD questionnaire among heavy drinkers with (n = 115) and without (n = 64) AH participating in a multicenter observational study in which participants were followed up to 12 months following their enrollment. Results: The prevalence of PTSD in heavy drinkers with AH was 34% and was not different from heavy drinking controls without liver disease (34%). In the entire group screened for PTSD, the presence of PTSD was associated with higher alcohol consumption as reported by average drinks per last 30 days and average grams of alcohol consumed per day (p = 0.047 for both tests), but not associated with relapse of heavy drinking or mortality. Similarly, patients with AH and PTSD did not have higher relapse rate or higher mortality compared to patients with AH but no PTSD. Conclusions: Compared to previously reported prevalence in general population, heavy drinking individuals with or without AH have significantly higher prevalence of PTSD. However, PTSD was not associated with higher relapse rate or higher mortality in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Remission of obsessive-compulsive symptoms following temporoparietal haemorrhage: A case report.

Authors:
Şair, Ahmet; Şair, Yaşan Bilge; Canazlar, Elif; Sevinçok, Levent;

Source:

Abstract:
Many etiological factors have been implicated in the pathophysiology of obsessive-compulsive disorder (OCD). The non-invasive neuroimaging studies regarding the pathophysiology of OCD indicate the abnormalities in distinct brain regions. Cortico-striato-thalamo-cortical (CSTC) tracts are proposed to be involved in OCD symptomatology. Reports of OCD cases after a brain injury including cerebrovascular accident (CVA) also support the involvement of CSTC pathways in OCD. Moreover, a few cases of OCD whose OC symptoms displayed an improvement after CVA in the brain regions related CSTC tracts. These reports will guide the surgical interventions in OCD. Here, we present a case of OCD whose symptoms resolved within a few days after a haemorrhage in the left tempo-parieto-occipital lobes. In this case, we supposed that the compression of the subcortical striatal tissues which is known to be involved in the OCD pathophysiology might be associated with the resolution of OCD symptoms.


Title: A case of an 11-year-old girl diagnosed with OCD developing giggle incontinence following addition of aripiprazole to treatment.

Authors: Akaltun, İsmail; Kara, Tayfun; Ayaydın, Hamza;
Abstract: Giggle incontinence (GI) is characterized by involuntary and generally unpredictable release of urine during giggling or laughter. It has been suggested that GI may be a centrally mediated disorder and may share a common pathophysiology with narcolepsy and cataplexy. The fact that methylphenidate reduces some symptoms suggests that the condition may be a cataplexy. While alpha 1 and dopamine D2 antagonists exacerbate cataplexy, alpha 1 and dopamine D2 agonists produce a marked improvement. Aripiprazole, frequently used to augment treatment of obsessive compulsive disorder, may have exhibited an alpha 1 and D2 receptor antagonist effect and have caused GI. We describe a case of GI occurring following aripiprazole use in an 11-year-old female obsessive compulsive disorder patient resistant to treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-46504-017&site=ehost-live

Title: Visual hallucination induced by duloxetine use: A male case diagnosed with generalized anxiety disorder.

Authors: Yazici, Kemal Utku; Percinel Yazici, Ipek;
Abstract: Duloxetine is a serotonin-noradrenaline reuptake inhibitor. It has been increasingly used in child and adolescent psychiatric practice in recent years. In this paper, we presented a 16-year-old male patient diagnosed with generalized anxiety disorder who had developed visual hallucinations after treatment with duloxetine. The visual hallucinations resolved after duloxetine were stopped. To the best of our knowledge, this is the first reported case from the adolescent age group who described visual hallucinations during duloxetine treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cue conditioning using a virtual spider discriminates between high and low spider fearful individuals.

Authors: Mertens, Gaëtan; Wagensveld, Patrick; Engelhard, Iris M.;
Source:
The fear conditioning paradigm is one of the most commonly used procedures to examine the etiology and treatment of anxiety disorders in laboratories. However, findings with this procedure often do not generalize to clinical settings. Virtual reality (VR) is a promising tool for improving the ecological and predictive validity of fear conditioning. The current study explored whether a classical differential cue conditioning paradigm with spider-fearful participants can be conducted in a VR-environment. Specifically, 25 spider-fearful and 25 non-fearful female students participated in a fear-conditioning experiment with a virtual spider as an unconditioned stimulus (US). The experiment took place in a virtual office in which participants viewed an avatar of themselves sitting at a desk. Conditioned stimuli (CS) were a blue (CS+; 100% reinforcement) and a green (CS-) light emitted by a desk lamp. Fear reactions were measured by fear ratings, skin conductance responses (SCR), and fear potentiated startle responses (FPS). Our results indicated stronger differential fear conditioning for spider-fearful participants than for non-fearful participants. Furthermore, we demonstrate that these results relate specifically to spider-fear, and not to general trait anxiety. We conclude that fear conditioning in VR is a promising tool to improve the validity of classical fear conditioning procedures. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The moderating role of narcissism on the relationship between posttraumatic growth and PTSD symptoms.

Authors: Levi, Ehud; Bachar, Eytan;


Abstract: Objective: To attempt to clarify the controversy about the nature of posttraumatic growth (PTG) by investigating whether narcissism and self-deception can be moderating factors in the relationship between PTG and Posttraumatic Stress Disorder (PTSD) symptoms. Method: 152 survivors of terrorism, road, and work accidents participated in the study and were administered the Stressful Life Events Screening Questionnaire (SLESQ), Posttraumatic Growth Inventory (PTGI), Posttraumatic Stress Disorder Checklist (PCL-5), Narcissistic Vulnerability Scale (NVS), and the Self-Deceptive Enhancement Scale (SDES). Results: Narcissism was found to moderate the relationship between PTG and PTSD symptoms. For individuals scoring low in narcissism there is no to negative correlation between PTG and PTSD symptoms. In contrast, for individuals high in narcissism there is a positive correlation between these two variables. The moderating effect of narcissism was found to operate through self-deception processes. Self-deception was related to PTG in individuals scoring high on narcissism and not in low-scoring individuals. Conclusions: In individuals scoring low on narcissism, PTG might reflect an authentic non-deceptive experience and a low degree of or no PTSD symptoms, while in high-scoring individuals, it is associated with deceptive processes and PTSD symptoms, hinting at the non-adaptive nature of PTG in individuals scoring high in narcissism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mood and anxiety disorders.

Authors: Davila, Joanne; Starr, Lisa R.; Stroud, Catherine B.; Li, Y. Irina;

Source: In: APA handbook of contemporary family psychology: Applications and broad impact of family psychology., Vol. 2. Fiese, Barbara H. (Ed); Celano, Marianne (Ed); Deater-Deckard, Kirby (Ed); Jouriles, Ernest N. (Ed); Whisman, Mark A. (Ed); Publisher: American Psychological Association; 2019, pp. 21-36. [Chapter]

Abstract: Mood and anxiety disorders are highly prevalent among youth and adults. They are also associated with significant interpersonal impairment both as a cause and a consequence. Nowhere has this been more
evident than in the context of functioning in romantic and family relationships. This chapter provides an overview of the literature on mood (specifically depression and bipolar disorder) and anxiety disorders in these contexts and briefly describes couple and family interventions for these disorders, and highlights directions for future research. Evidence clearly indicates that mood and anxiety disorders both affect and are affected by romantic and family relationships. Comorbidity is often the rule rather than exception. Finally, given that mood and anxiety disorders occur in the family context, continued development and evaluation of interventions that address family and couple functioning across all ages is encouraged. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cerebral oxidative metabolism mapping in four genetic mouse models of anxiety and mood disorders.

Authors:
Matrov, Denis; Kaart, Tanel; Lanfumey, Laurence; Maldonado, Rafael; Sharp, Trevor; Tordera, Rosa M.; Kelly, Paul A.; Deakin, Bill; Harro, Jaanus;

Source:

Abstract:
The psychopathology of depression is highly complex and the outcome of studies on animal models is divergent. In order to find brain regions that could be metabolically distinctively active across a variety of mouse depression models and to compare the interconnectivity of brain regions of wild-type and such genetically modified mice, histochemical mapping of oxidative metabolism was performed by the measurement of cytochrome oxidase activity. We included mice with the heterozygous knockout of the vesicular glutamate transporter (VGLUT₁⁻/+), full knockout of the cannabinoid 1 receptor (CB1⁻/⁻), an anti-sense knockdown of the glucocorticoid receptor (GRI) and overexpression of the human 5-hydroxytryptamine transporter (h5-HTT). Altogether 76 mouse brains were studied to measure oxidative metabolism in one hundred brain regions, and the obtained dataset was submitted to a variety of machine learning algorithms and multidimensional scaling. Overall, the top brain regions having the largest contribution to classification into depression model were the lateroanterior hypothalamic nucleus, the anterior part of the basomedial amygdaloid nucleus, claustrum, the suprachiasmatic nucleus, the ventromedial hypothalamic nucleus, and the anterior hypothalamic area. In terms of the patterns of inter-regional relationship between wild-type and genetically modified mice there was little overall difference, while the most deviating brain regions were cortical amygdala and ventrolateral and ventral posteromedial thalamic nuclei. The GRI mice that most clearly differed from their controls exhibited deviation of connectivity for a number of brain regions, such as ventrolateral thalamic nucleus, the intermediate part of the lateral septal nucleus, the anteriodorsal part of the medial amygdaloid nucleus, the medial division of the central amygdaloid nucleus, ventral pallidum, nucleus of the vertical limb of the diagonal band, anteroventral parts of the thalamic nucleus and parts of the bed nucleus of the stria terminalis. Conclusively, the GRI mouse model was characterized by changes in the functional connectivity of the extended amygdala and stress response circuits. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Experiential avoidance as a mediator of the association between posttraumatic stress disorder symptoms and social support: A longitudinal analysis.

Authors:
Kelly, Megan M.; DeBeer, Bryann B.; Meyer, Eric C.; Kimbrel, Nathan A.; Gulliver, Suzy B.; Morissette, Sandra B.;

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

Abstract:
Objective: Veterans with posttraumatic stress disorder (PTSD) often experience difficulties with social reintegration after deployment. Experiential avoidance, the tendency to avoid unwanted thoughts, feelings,
and bodily sensations (including in response to interactions with others) may be a key factor that explains the association between PTSD symptoms and postdeployment social support. The present study evaluated whether experiential avoidance mediates the association between PTSD symptoms and perceptions of postdeployment social support. Method: Veterans (n = 145) who served in support of the conflicts in Iraq and Afghanistan were enrolled in a study evaluating returning veterans’ experiences. Participants were evaluated at an initial baseline assessment and 8-months later. Participants completed the lifetime Clinician Administered PTSD Scale and the Acceptance and Action Questionnaire—II at baseline, as well as the Deployment Risk and Resilience Inventory—Post Deployment Social Support Questionnaire at the 8-month assessment. Results: Baseline experiential avoidance mediated the association between lifetime PTSD symptoms and 8-month social support. Conclusions: Experiential avoidance may be an important target for treatment to improve long-term functional recovery and reintegration. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effect of stress inoculation training with relaxation breathing on perceived stress and posttraumatic stress disorder in the military: A longitudinal study.

Authors: Hourani, Laurel; Tueller, Stephen; Kizakevich, Paul; Strange, Laura; Lewis, Gregory; Weimer, Belinda; Morgan, Jessica; Cooney, Darryl; Nelson, Jessica;


Abstract: In a previous study, we developed and evaluated a pilot predeployment stress inoculation training (SIT) program designed to teach relaxation breathing skills to minimize negative mental health consequences of combat stress. This study extends the investigation of the effectiveness of a SIT program of relaxation breathing on perceived stress symptoms and other mental health outcomes in a longitudinal randomized controlled trial. Heart rate variability was used to test the effect of SIT in reducing autonomic arousal in response to simulated combat-related stressors. Soldiers were randomized into SIT versus control groups at baseline and followed for 1 to 2 years. SIT did not have an overall effect on perceived stress scores or posttraumatic stress disorder symptoms when controlling for covariates. Consistent with previous findings in which SIT mitigated the risk of posttraumatic stress disorder in those without baseline mental health problems, the current study showed that SIT may prevent hyperarousal symptoms, among mentally healthy military personnel who are not otherwise interested in learning stress-control techniques, but was not supported as a general predeployment mental health prevention strategy. A heart rate variability increase in response to relaxation breathing training suggests further research is warranted into mental health effects of self-regulation techniques. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Psychotherapeutic treatment and HPA axis regulation in posttraumatic stress disorder: A systematic review and meta-analysis.

Authors: Schumacher, Sarah; Niemeyer, Helen; Engel, Sinha; Cwik, Jan Christopher; Knaevelsrud, Christine;


Abstract: Posttraumatic stress disorder (PTSD) has been associated with dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis. Research over the past years has investigated potential changes of these alterations in the context of psychotherapy. Yet, no systematic review has been conducted. To summarize the current state of research on psychotherapy and HPA hormones, namely cortisol, dehydroepiandrosterone and its sulfate form (DHEA(S)), we searched for studies investigating predictions or changes in hormones over treatment course within the databases PubMed, Scopus, Medline, PsychINFO, Pilots/ProQuest, and Web of Science, and in the grey literature up to May 2018. Controlled
and uncontrolled trials investigating adult samples with a clinical status of PTSD were eligible for inclusion. Twelve studies (428 participants) were included. Study quality was overall sufficient. Hormone assessment designs differed considerably. Treatment efficacy on PTSD symptom reduction was mostly high, but predictions of pre-treatment hormone concentrations on treatment efficacy were largely non-significant. Changes from pre- to post-test in basal cortisol (g = −0.07, 95% CI = −0.36; 0.21) and in the cortisol awakening response (g = −0.07, 95% CI = −0.48; 0.35) were also non-significant. Future studies require comparable designs and need to be sufficiently powered to be able to detect potential associations with HPA regulation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Influence of betrayal trauma on death anxiety.
Authors: Yalch, Matthew M.; Levendosky, Alytia A.
Abstract: Existentially oriented thinkers propose that anxiety about one’s eventual demise (i.e., death anxiety) is a salient feature of the human condition and the underlying cause of psychological distress. They further propose that exposure to trauma is likely to evoke death anxiety, an idea that has been supported by the research literature. Research also suggests that trauma with a high degree of betrayal (high betrayal trauma) has an especially pernicious effect on psychological distress. However, this has not yet been demonstrated with respect to death anxiety in particular. In this study, we examined the incremental effects of high betrayal trauma and other traumatic experiences with lower degrees of betrayal on death anxiety in a large sample of college students (N = 915) using a Bayesian approach to multiple linear regression. Results suggest that high betrayal has a positive incremental influence on death anxiety over and above other forms of trauma and is the sole predictor of death anxiety. These results extend and integrate the research literature on death anxiety and betrayal trauma, further underscoring the association between high betrayal trauma and psychological distress. Directions for future research and potential clinical implications are also discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Non-trauma-focused meditation versus exposure therapy in veterans with post-traumatic stress disorder: A randomised controlled trial.
Authors: Nidich, Sanford; Mills, Paul J.; Rainforth, Maxwell; Heppner, Pia; Schneider, Robert H.; Rosenthal, Norman E.; Salerno, John; Gaylord-King, Carolyn; Rutledge, Thomas;
Abstract: Background: Post-traumatic stress disorder (PTSD) is a complex and difficult-to-treat disorder, affecting 10–20% of military veterans. Previous research has raised the question of whether a non-trauma-focused treatment can be as effective as trauma exposure therapy in reducing PTSD symptoms. This study aimed to compare the non-trauma-focused practice of Transcendental Meditation (TM) with prolonged exposure therapy (PE) in a non-inferiority clinical trial, and to compare both therapies with a control of PTSD health education (HE). Methods: We did a randomised controlled trial at the Department of Veterans Affairs San Diego Healthcare System in CA, USA. We included 203 veterans with a current diagnosis of PTSD resulting from active military service randomly assigned to a TM or PE group, or an active control group of HE, using stratified block randomisation. Each treatment provided 12 sessions over 12 weeks, with daily home practice. TM and HE were mainly given in a group setting and PE was given individually. The primary outcome was change in PTSD symptom severity over 3 months, assessed by the Clinician-Administered PTSD Scale (CAPS). Analysis was by intention to treat. We hypothesised that TM would show non-inferiority to PE in improvement of CAPS score (Δ = 10), with TM and PE superior to PTSD HE.
This study is registered with ClinicalTrials.gov, number NCT01865123. Findings: Between June 10, 2013, and Oct 7, 2016, 203 veterans were randomly assigned to an intervention group (68 to the TM group, 68 to the PE group, and 67 to the PTSD HE group). TM was significantly non-inferior to PE on change in CAPS score from baseline to 3-month post-test (difference between groups in mean change −5·9, 95% CI −14·3 to 2·4, p = 0·0002). In standard superiority comparisons, significant reductions in CAPS scores were found for TM versus PTSD HE (−14·6 95% CI, −23·3 to −5·9, p = 0·0009), and PE versus PTSD HE (−8·7 95% CI, −17·0 to −0·32, p = 0·041). 61% of those receiving TM, 42% of those receiving PE, and 32% of those receiving HE showed clinically significant improvements on the CAPS score. Interpretation: A non-trauma-focused-therapy, TM, might be a viable option for decreasing the severity of PTSD symptoms in veterans and represents an efficacious alternative for veterans who prefer not to receive or who do not respond to traditional exposure-based treatments of PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Interpretation training to target repetitive negative thinking in generalized anxiety disorder and depression.
Authors: Hirsch, Colette R.; Krahé, Charlotte; Whyte, Jessica; Loizou, Sofia; Bridge, Livia; Norton, Sam; Mathews, Andrew;
Abstract: Objective: Repetitive negative thinking (RNT) for example, worry in generalized anxiety disorder (GAD) and rumination in depression, is often targeted during psychological treatments. To test the hypothesis that negative interpretation bias contributes to worry and rumination, we assessed the effects of inducing more positive interpretations in reducing RNT. Method: Volunteers diagnosed with GAD (66) or depression (65) were randomly allocated to one of two versions of cognitive bias modification for interpretation (CBM-I), either with or without RNT priming prior to training, or a control condition, each involving 10 Internet-delivered sessions. Outcome measures of interpretation bias, a behavioral RNT task and self-reported worry, rumination, anxiety and depression were obtained at baseline, after home-based training and at 1-month follow-up (self-report questionnaires only). Results: CBM-I training, across diagnostic groups, promoted a more positive interpretation bias and led to reductions in worry, rumination, and depressive symptoms, which were maintained at follow-up. Anxiety symptoms were reduced only in the GAD group at follow-up. There were no differences between CBM-I versions; brief priming of RNT did not influence CBM-I effectiveness. Level of interpretation bias post training partially mediated the effects of CBM-I on follow-up questionnaire scores. Conclusions: In contrast to some recent failures to demonstrate improvements following Internet-delivered CBM, we found that self-reported RNT and negative mood were reduced by CBM-I. This is consistent with a causal role for negative interpretation bias in both worry and rumination, suggesting a useful role for CBM-I within treatments for anxiety and depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reducing intrusive memories of trauma using a visuospatial interference intervention with inpatients with posttraumatic stress disorder (PTSD).
Authors: Kessler, Henrik; Holmes, Emily A.; Blackwell, Simon E.; Schmidt, Anna-Christine; Schweer, Johanna M.; Bücker, Anna; Herpertz, Stephan; Axmacher, Nikolai; Kehyayan, Aram;
Abstract:
Objective: The core clinical feature of posttraumatic stress disorder (PTSD) is recurrent intrusive memories of trauma. This study aimed to test a novel and simple intervention, inspired by the concepts of concurrent task interference and memory reconsolidation, to reduce the occurrence of intrusive memories among inpatients with complex PTSD. Method: In this open-label single case series 20 patients with longstanding complex PTSD in inpatient treatment monitored the occurrence of intrusive trauma memories (intrusions) over the course of their admission (5 to 10 weeks). Patients received study-specific intervention sessions (including a memory reminder for a specific intrusion then 25 min Tetris gameplay) on a weekly basis. A within-subjects multiple baseline AB design was used, in that the length of baseline ('A,' preintervention, monitoring only) and postintervention ('B') phases varied within-subjects across individual intrusions. Further, some intrusions were never targeted by the intervention. The study was registered prior to analysis, ISRCTN34320836. Results: Frequency of targeted intrusions reduced by on average 64% from baseline to the postintervention phase. Conversely, never-targeted intrusions reduced in frequency by on average 11% over a comparable time-period. Of the 20 patients, 16 met our criteria for showing 'response' to the intervention. Conclusions: Results provide initial evidence that this brief behavioral procedure might reduce the occurrence of intrusive traumatic memories in longstanding and complex PTSD, here delivered in an inpatient setting. The potential of this simple, focused intervention opens up new possibilities for tackling a core clinical symptom of PTSD, warranting further research.


Title:
Mid-treatment reduction in trauma-related guilt predicts PTSD and functioning following cognitive trauma therapy for survivors of intimate partner violence.

Authors:
Allard, Carolyn B.; Norman, Sonya B.; Thorp, Steven R.; Browne, Kendall C.; Stein, Murray B.;

Source:

Abstract:
Intimate partner violence (IPV) results in severe and chronic posttraumatic psychological symptoms, maladaptive trauma-related guilt (TRG) and functional impairment for many women. Cognitive Trauma Therapy (CTT) was developed to specifically address empirically identified contributors of distress and functioning difficulties specific to IPV and has been found to be efficacious in treating posttraumatic stress disorder (PTSD) and reducing TRG. The primary aim of this study was to investigate to what extent reductions in TRG contribute to improvements in PTSD and functioning, given evidence of the important role that TRG plays in posttraumatic distress in IPV survivors and the emphasis placed on TRG in CTT. Twenty women with IPV-related chronic and functionally impairing posttraumatic distress were recruited from the community and completed CTT as part of a larger neurobiological study of PTSD. Women experienced statistically and clinically significant improvements in functioning as well as expected reductions in PTSD and TRG with large effect sizes at post-treatment, and improvements were maintained at 3-month follow-up, with no participant meeting full PTSD criteria. Pre- to mid-treatment reductions in TRG predicted post-treatment PTSD and functioning outcomes. These findings support the efficacy of CTT and provide preliminary evidence for the importance of addressing TRG. Dismantling research is indicated to identify the active ingredient(s) of this multi-module treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Reduced local segregation of single-subject gray matter networks in adult PTSD.

Authors:
Niu, Running; Lei, Du; Chen, Fuqin; Chen, Ying; Suo, Xueling; Li, Lingjiang; Lui, Su; Huang, Xiaoli; Sweeney, John A.; Gong, Qiyong;

Source:

Abstract:
To psychoradiologically investigate the topological organization of single-subject gray matter networks in patients with PTSD. Eighty-nine adult PTSD patients and 88 trauma-exposed controls (TEC) underwent a
structural T1 magnetic resonance imaging scan. The single-subject brain structural networks were constructed based on gray matter similarity of 90 brain regions. The area under the curve (AUC) of each network metric was calculated and both global and nodal network properties were measured in graph theory analysis. We used nonparametric permutation tests to identify group differences in topological metrics. Relationships between brain network measures and clinical symptom severity were analyzed in the PTSD group. Compared with TEC, brain networks of PTSD patients were characterized by decreased clustering coefficient (Cp) (p = .04) and local efficiency (Eloc) (p = .04). Locally, patients with PTSD exhibited altered nodal centrality involving medial superior frontal (mSFG), inferior orbital frontal (iOFG), superior parietal (SPG), middle frontal (MFG), angular, and para-hippocampal gyri (p < .05, corrected). A negative correlation between the segregation (Cp) of gray matter and functional networks was found in PTSD patients but not the TEC group. Analyses of topological brain gray matter networks indicate a more randomly organized brain network in PTSD. The reduced segregation in gray matter networks and its negative relation with increased segregation in the functional network indicate an inverse relation between gray matter and functional changes. The present psychoradiological findings may reflect a compensatory increase in functional network segregation following a loss of segregation in gray matter networks.


Title: Mediating roles of gratitude and social support in the relation between survivor guilt and posttraumatic stress disorder, posttraumatic growth among adolescents after the Ya’an earthquake.

Authors: Wang, Wenchao; Wu, Xinchun; Tian, Yuxin;


Abstract: Objective: This study aims to examine the mediating roles of gratitude and social support in the relationship between survivor guilt and posttraumatic stress disorder (PTSD) as well as the relationship between survivor guilt and posttraumatic growth (PTG). Methods: The current study used self-report questionnaires to investigate 706 adolescent survivors of Lushan county three and a half years after the Ya’an earthquake. The structural equation model was used to evaluate the relations between survivor guilt, gratitude and social support in PTSD and PTG. Results: The results indicated that survivor guilt had a positive effect on both PTSD and PTG. Gratitude partly mediated the relation between survivor guilt and PTSD and PTG; social support partly mediated the relation between survivor guilt and PTG but not PTSD as well as the relation between gratitude and PTG. Conclusion: Survivor guilt has a double-edged sword effect. Survivor guilt affects PTSD and PTG through gratitude, and it could affect PTG but not PTSD through social support. Gratitude decreases PTSD and increases PTG, whereas social support only increases PTG. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Childbirth related post-traumatic stress symptoms and maternal sleep difficulties: Associations with parenting stress.

Authors: Di Blasio, Paola; Camisasca, Elena; Miragoli, Sarah;


Abstract: In the literature, increasing evidence is showing the importance of sleep difficulties in the development or maintenance of posttraumatic stress (PTS) symptoms as well as the association between childbirth-related PTS symptoms and early maternal emotions and perceptions of their children. However, little is known regarding the effects of maternal sleep difficulties on parenting or about the mediational role of childbirth-related PTS symptoms in this association. The present study (pregnancy: T0; 1 month postpartum: T1; 3 months postpartum: T2) had two aims. The first one was to explore whether maternal sleep difficulties could contribute to the maintenance of PTS symptoms and whether PTS symptoms could contribute to the maintenance of maternal sleep difficulties. The second purpose was to explore, at 3
months (T2), the associations among childbirth-related PTS symptoms, maternal sleep difficulties, and the three dimensions of parenting stress [parental distress (PD), parent–child dysfunctional interaction, and difficult child] by examining the mediational role of both maternal sleep difficulties and childbirth-related PTS symptoms. Self-report questionnaires were administered to 95 women at different times (T0, T1, and T2). Mediational results confirmed the bidirectional effects between maternal sleep difficulties and PTS symptoms and their reciprocal role of maintenance of symptoms. Moreover, at 3 months postpartum (T2), sleep difficulties mediated the association between PTS symptoms and the three dimensions of maternal parenting stress, while PTS symptoms mediated the associations among maternal sleep difficulties, PD, and difficult child dimensions of parenting stress. The study contributes to the understanding of the maintenance factors of childbirth-related PTS symptoms and of the relationships among PTS symptoms, maternal sleep difficulties, and parenting stress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Treating PTSD: A review of evidence-based psychotherapy interventions.
Authors: Watkins, Laura E.; Sprang, Kelsey R.; Rothbaum, Barbara O.;
Abstract: Posttraumatic stress disorder (PTSD) is a chronic, often debilitating mental health disorder that may develop after a traumatic life event. Fortunately, effective psychological treatments for PTSD exist. In 2017, the Veterans Health Administration and Department of Defense (VA/DoD) and the American Psychological Association (APA) each published treatment guidelines for PTSD, which are a set of recommendations for providers who treat individuals with PTSD. The purpose of the current review article is to briefly review the methodology used in each set of 2017 guidelines and then discuss the psychological treatments of PTSD for adults that were strongly recommended by both sets of guidelines. Both guidelines strongly recommended use of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and trauma-focused Cognitive Behavioral Therapy (CBT). Each of these treatments has a large evidence base and is trauma-focused, which means they directly address memories of the traumatic event or thoughts and feelings related to the traumatic event. Finally, we will discuss implications and future directions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Quality of life and PTSD symptoms, and temperament and coping with stress.
Authors: Burnos, Agnieszka; Bargiel-Matusiewicz, Kamilla M.;
Abstract: Due to advances in medicine, a malignant neoplasm is a chronic disease that can be treated for a lot of patients for many years. It may lead to profound changes in everyday life and may induce fear of life. The ability to adjust to a new situation may depend on temperamental traits and stress coping strategies. The research presented in this paper explores the relationships between quality of life, PTSD symptoms, temperamental traits, and stress coping in a sample of patients diagnosed with cancer. One hundred and twenty nine participants aged 24–81 years, 69 females diagnosed with breast cancer and 60 males diagnosed with lung cancer completed Formal Characteristics of Behavior – Temperament Inventory, Coping Inventory for Stressful Situations, PTSD Inventory, and Quality of life SF-36 questionnaire. Higher level of emotional reactivity and higher level of perseveration was associated with lower emotional quality of life. Higher level of emotion oriented-coping and higher level of avoidant-distracted coping was associated with higher level of PTSD symptoms. Emotion-oriented coping and avoidant-distracted coping are ineffective in dealing with stress in the case of patients diagnosed with cancer, because they are associated with a higher level of PTSD symptoms. The significance of temperamental traits for quality of life in the situation of the patients is marginal. Control of specific factors concerned with current health and
Cognitive reappraisal moderates the relationship between PTSD symptoms and alcohol use over time in post-9/11 U.S. military veterans.

**Title:** Cognitive reappraisal moderates the relationship between PTSD symptoms and alcohol use over time in post-9/11 U.S. military veterans.

**Authors:** Aase, Darrin M.; Gorka, Stephanie M.; Greenstein, Justin E.; Proescher, Eric; Crane, Natania A.; Everett, Llashe-Kaye; Hassan, Ikram; Osborn, Amanda; Schroth, Christopher; Kennedy-Krage, Amy; Phan, K. Luan;

**Source:** Drug and Alcohol Dependence, Vol 191, Oct 1, 2018 pp. 159-164. Publisher: Elsevier Science; [Journal Article]

**Abstract:** Background: Rates of comorbid alcohol use disorder (AUD) and posttraumatic stress disorder (PTSD) are increasing among post-9/11 veterans, and emotion regulation problems have been identified as a feature of both disorders. However, no studies to date have explored how individual differences in emotion regulation may moderate the relationship between PTSD symptoms and alcohol use. We evaluated how two core emotion regulation strategies—one adaptive (i.e., cognitive reappraisal) and one maladaptive (i.e., expressive suppression) are related to PTSD symptoms and alcohol use over one-year. Methods: A total of 71 post-9/11 veterans (12 female, 59 male) completed a baseline screening and at least two follow-up assessments over the course of 12 months which included measures of emotion regulation, PTSD symptoms, and alcohol use. A mixed growth model was utilized to determine if changes in PTSD symptoms covaried with alcohol use over time and whether this relation was moderated by frequency of use of emotion regulation strategies. Results: In general, higher PTSD symptoms were significantly associated with greater alcohol use, but cognitive reappraisal moderated this relationship. Specifically, at low cognitive reappraisal, greater PTSD symptoms were associated with greater alcohol use. At high cognitive reappraisal, there was no significant association between PTSD symptoms and alcohol use. Conclusions: Findings from the present study suggest that baseline individual differences in cognitive reappraisal influence the relation between PTSD symptoms and alcohol use. For post-9/11 veterans, high levels of cognitive reappraisal may serve as a protective factor against ongoing alcohol use. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

**An fMRI pilot study of cognitive flexibility in trichotillomania.**

**Title:** An fMRI pilot study of cognitive flexibility in trichotillomania.

**Authors:** Grant, Jon E.; Daws, Richard; Hampshire, Adam; Chamberlain, Samuel R.;


**Abstract:** Trichotillomania is a relatively common psychiatric condition, although its neurobiological basis is unknown. Abnormalities of flexible responding have been implicated in the pathophysiology of obsessive-compulsive disorder and thus may be relevant in trichotillomania. The purpose of this study was to probe reversal learning and attentional set-shifting in trichotillomania. Twelve adults with trichotillomania and 13 matched healthy control subjects undertook a functional MRI task of cognitive flexibility. Group-level activation maps for extradimensional and reversal switches were independently c into discrete regions of interest using a custom watershed algorithm. Activation magnitudes were extracted from each region of interest and study subject and compared at the group level. Reversal events evoked the expected patterns of insula and parietal regions and activity in the frontal dorsal cortex extending anterior to the frontal poles, whereas extradimensional shifts evoked the expected frontal dorsolateral and parietal pattern of activity. Trichotillomania was associated with significantly increased right middle frontal and reduced right occipital cortex activation during reversal and set-shifting. Elevated frontal activation coupled with reduced activation in more posterior brain regions was identified. These pilot data suggest potentially...
important neural dysfunction associated with trichotillomania. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Hyperbaric oxygen therapy restored traumatic stress-induced dysregulation of fear memory and related neurochemical abnormalities.

Authors:
Lin, Chen-Cheng; Huang, Kun-Lun; Tung, Che-Se; Liu, Yia-Ping;

Source:

Abstract:
Individuals with posttraumatic stress disorder (PTSD) are characterized by fear memory problems and hypocortisolemia of which traumatic stress-induced monoaminergic disruption over infralimbic (IL) cortex is considered the key mechanism. Hyperbaric oxygen therapy (HBOT) has recently proven its utility in treating several mental disorders but remains unexplored for PTSD. The present study aimed to examine the effects of 5-day HBO paradigm on traumatic stress (single prolonged stress, SPS, an animal model of PTSD)-induced dysregulation of fear memory/anxiety profiles and related abnormalities in IL monoamines and plasma corticosterone. Rats were randomly assigned to four groups (CON-sham, CON-HBOT, SPS-sham, and SPS-HBOT) and received Pavlovian fear conditioning test or elevated-T maze (ETM). The extracellular and tissue levels of monoamines over the IL cortex and the activity of the hypothalamus–pituitary–adrenal axis (i.e., the plasma corticosterone level and expression of the glucocorticoid receptor (GR) in the IL, hippocampus, amygdala, and hypothalamus) were measured. The results demonstrated that HBOT restored behaviorally the SPS-impaired fear extinction retrieval ability and SPS-induced conditioned anxiety, and neurochemically the SPS-reduced IL monoamines efflux level, and the corticosterone profiles. The present study shows some positive effects of HBOT in both behavioral and neurochemical profiles of PTSD outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Effect of single doses of pindolol and d-fenfluramine on flumazenil-induced anxiety in panic disorder patients.

Authors:

Source:
Behavioural Brain Research, Vol 357-358, Jan 14, 2019 pp. 82-87. Publisher: Elsevier Science; [Journal Article]

Abstract:
The effects of the 5-HT1A receptor blocker pindolol and the 5-HT releasing and uptake blocking agent d-fenfluramine, both used as indirect serotonin agonists, on flumazenil-induced acute anxiety reactions were studied in panic disorder patients to test the hypothesis that serotonin (5-HT) inhibits neural systems mediating panic attacks. Thirty never treated or drug free PD patients (16 females) aged 22–49 y (mean ± SD, 32.9 ± 8) received single doses of d-fenfluramine (n = 10; 30 mg, p.o.), pindolol (n = 10; 5 mg, p.o.), or placebo (n = 10) 90 and 45 min before a challenge test with flumazenil (1.5 mg, i.v., in 10 min), under double-blind conditions. Panic attacks occurred in 5 control subjects (placebo-flumazenil group), 5 subjects in the pindolol group and in 7 in the d-fenfluramine pre-treated patients. Patients experiencing anxiety attacks following flumazenil reported higher increases in anxiety scores. Respiratory rate increases were not different between patients experiencing or not a panic attack. Despite sample size limitation, this study suggests that flumazenil induced anxiety reaction is not a good pharmacological model of panic attacks, considering the absence of serotonergic modulation of its effects. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis.
Authors: Spencer, Chelsea; Mallory, Allen B.; Cafferky, Bryan M.; KIMMES, Jonathan G.; Beck, Austin R.; Stith, Sandra M.;
Source: Psychology of Violence, Vol 9(1), Jan, 2019 pp. 1-17. Publisher: Educational Publishing Foundation;
Abstract: Objectives: This meta-analysis aimed to explore the relationship between mental health disorders and symptoms of mental health disorders (depression, anxiety, posttraumatic stress disorder [PTSD], antisocial personality disorder [PD], and borderline PD) and physical intimate partner violence (IPV) perpetration and victimization for males and females. Method: Data from 207 studies, yielding 511 effect sizes, were analyzed. The overall strength of each correlate for IPV perpetration and victimization was examined. Moderator analyses were used to compare the strength of correlates for IPV victimization versus perpetration, as well as for males versus females. Results: Depression, anxiety, PTSD, antisocial PD, and borderline PD were all significant correlates for both IPV victimization and perpetration. Anxiety and PTSD were significantly stronger correlates for victimization than for perpetration, and borderline PD and antisocial PD were significantly stronger correlates for perpetration than for victimization. For women, borderline PD was a significantly stronger correlate for IPV perpetration than for victimization, and PTSD was a significantly stronger correlate for IPV victimization than perpetration. Depression was a significantly stronger correlate for IPV victimization for women than for men. Conclusions: This study provides a comprehensive examination of mental health disorders and their link to IPV perpetration and victimization. The results suggest that clinicians working with individuals or couples in the context of IPV should assess for and treat mental health problems. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: PTSD as a predictor of treatment engagement and recidivism in partner abusive men.
Authors: Miles-McLean, Haley A.; LaMotte, Adam D.; Semiatin, Joshua N.; Farzan-Kashani, Julian; Torres, Steffany; Poole, Gina M.; Murphy, Christopher M.;
Abstract: Objective: Past research has linked posttraumatic stress disorder (PTSD) symptoms to increased risk for intimate partner violence (IPV) perpetration. However, little is known about the impact that PTSD may have on treatment engagement or violence recidivism following treatment for IPV. The current study examined whether PTSD predicts treatment engagement and criminal recidivism in a 20-session, community-based, cognitive–behavioral abuse intervention program. Method: Participants (N = 293) completed assessments of PTSD symptoms, depression, drug use, and alcohol problems during agency intake. These variables were examined as predictors of group treatment engagement (session attendance, working alliance, cognitive–behavioral therapy homework compliance, group cohesion, and task orientation) and criminal recidivism during the 2 years after scheduled completion of treatment. Results: Individuals with higher levels of PTSD symptoms at pretreatment had lower homework compliance during treatment. Further, individuals with probable PTSD reported lower task orientation and group cohesion later in treatment. Individuals with a probable PTSD diagnosis at pretreatment had 4 times higher odds of general violence recidivism than those without a probable PTSD diagnosis, and this association remained significant when controlling for substance use and depression. In addition, participants with probable PTSD were more likely to have intimate partner abuse recidivism compared with those without (adjusted odds ratio = 2.5), although this effect was not statistically significant. Conclusions: Trauma symptoms affect violence cessation in IPV treatment, further highlighting the need to address unique clinical issues and underlying mechanisms associated with traumatic stress symptoms in treatments for this population. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

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

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

Source:

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

Title:
Group cognitive-behavior therapy or group metacognitive therapy for obsessive-compulsive disorder? Benchmarking and comparative effectiveness in a routine clinical service.

Authors:
Papageorgiou, Costas; Carlile, Karen; Thorgaard, Sue; Waring, Howard; Haslam, Justin; Horne, Louise; Wells, Adrian;

Source:

Abstract:
Cognitive-behavior therapy (CBT), delivered in an individual or group format, is the recommended treatment of choice for Obsessive-Compulsive Disorder (OCD), but no studies have benchmarked the outcomes for group CBT in real-world clinical settings. The first aim of this evaluation was to benchmark the outcomes for group CBT in a sample of 125 patients who attended a routine clinical service for OCD. The results showed that the outcomes for the group CBT were comparable to those reported in previous treatment studies. However, consistent with the CBT for OCD literature, 28% of patients receiving CBT reported minimal improvement. The second aim of this evaluation was to carry out a benchmarking analysis for group metacognitive therapy (MCT) to determine if this could provide any advantages in a sample of 95 patients who also attended this clinical service over a subsequent period. The clinically significant results obtained for group MCT improved upon or equaled those obtained for group CBT and those typically found in treatment studies. The group MCT cohort improved significantly more than the group CBT cohort even after controlling for important pre-treatment variables including age, gender, number of diagnoses, symptoms of depression, and psychotropic medication. MCT had significantly higher clinical response rates. Based on international expert consensus criteria, 86.3% of patients in the MCT cohort responded compared with 64% in CBT. The implications of these findings are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
An item-level analysis of the Posttraumatic Stress Disorder Checklist and the Posttraumatic Growth Inventory and its associations with challenge to core beliefs and rumination.

Authors: Ramos, Catarina; Leal, Isabel; Costa, Pedro Alexandre; Tapadinhas, Ana Rosa; Tedeschi, Richard G.;


Abstract:
Background: Previous studies have found that rumination and challenge to core beliefs may have a predictive effect on Posttraumatic Stress Disorder (PTSD) and Posttraumatic Growth (PTG) among different samples. In addition, there is some evidence that these variables have different effects on PTSD and PTG, although the latter construct has been the target of a larger body of research and theoretical models. The main objective of the current study is to examine the effect of challenge to core beliefs, intrusive rumination, and deliberate rumination on PTSD and PTG, through an item-level analyses.

Methods: The sample was composed of 205 Portuguese women who had been given a breast cancer diagnosis (M = 54.32, SD = 10.05), and who completed the following self-administered questionnaires: the Posttraumatic Stress Disorder Checklist (PCL-C); the Posttraumatic Growth Inventory (PTGI); the Core Beliefs Inventory; and the Event Related Rumination Inventory. Two multivariate multiple regression analyses, using each item of the PCL-C and the PTGI as dependent variables, were conducted. Results: The results demonstrated that challenges to core beliefs predict 17 of the 21 PTGI items and 12 of the 17 PCL-C items. All but one item of the PCL-C are predicted by intrusive rumination, while the variance of only 4 items of the PTGI are explained by deliberate rumination. Conclusion: These findings indicate that women with breast cancer who tend to display higher levels of intrusive rumination are more likely to report PTSD symptoms, and that an examination of one's core beliefs is predictor of both positive and negative outcomes. In spite of the proven effect of challenge to core beliefs on both variables, this study suggests that this effect has only a minor influence on PTSD, in addition to confirming its major impact on PTG. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Psychopathology, dissociation and somatic symptoms in adolescents who were exposed to traumatic experiences.

Authors: Luoni, Chiara; Agosti, Massimo; Crugnola, Sara; Rossi, Giorgio; Termine, Cristiano;


Abstract:
Background: The direct and long-term effects of children’s exposure to traumatic events can be seen in a complex continuum, based first of all on the type of trauma. Children’s reactions to trauma may have different manifestations from the clinical picture of the PTSD, exhibiting dissociative, somatic, depressive or anxiety symptoms, and/or disruptiveness. Aim: we conducted a cross-sectional study in a psychiatric patients sample to determine the extent to which complex trauma history is associated with disease-related characteristics (diagnosis, dissociative symptoms, somatic symptomatology, impairment degree).

Methods: We have enrolled 107 subjects, aged between 12 and 18 years, who consecutively referred for a psychiatric evaluation to the Child Neuropsychiatry Unit of the Del Ponte Hospital in Varese. All subjects underwent a clinical evaluation performed by infantile neuropsychiatrists. The battery of tests that was administered to patients included CGI and CGAS (filled out by the clinician), CBCL (filled out by parents), MMPI-A and TSSC-A (filled out by patients), and Wechsler scale. Results: We found out that 35.5% of subjects had a mood disorder, 23.4% a personality disorder, 13.1% a psychotic disorder, 20.6% a post-traumatic stress disorder, while 26.2% were classified as other diagnostic categories (more frequently ADHD, DOP and conduct disorders). 58.9% of patients had at least one comorbidity. 33.6% of subjects also experienced a complex trauma. In multivariate logistic regression analyses, subgroup fellows were collapsed to compare the single trauma and no trauma versus complex trauma group. Gender, age and affective disorders were generally unrelated to subjects’ clinicians’, and parents’ scores. About subjects’ self-assessment (MMPI-A Structural Summary Factors), complex trauma history was a statistically significant contributor to high scores on the Immaturity, Health Concerns, Familial Alienation and Psychoticism Factors, followed by presence of dissociative symptoms (except for Familial Alienation factor). Presence of dissociative symptoms, personality and psychotic disorder diagnosis was related to higher clinician impairment scores (CGI-S > 4). Conclusion: These results reinforce available evidence
that in trauma-exposed adolescents, the full burden of trauma, including other psychiatric diagnosis than PTSD (such as affective, personality, and psychotic disorders), dissociative and somatic symptomatology, is substantial and needs appropriate assessment and therapeutic interventions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Transdiagnostic applications of dialectical behaviour therapy’s distress tolerance skills in psychological management of OCD.

Authors:
Choudhary, Vandana; Sinha, Vinod Kumar;

Source:

Abstract:
This paper examines the transdiagnostic applications of dialectical behavior therapy's distress tolerance skills in psychological management of Obsessive Compulsive Disorder (OCD). DT has rising applicability in helping patients accumulate alternative life CS through the use of techniques such as ACCEPTS (Activities, Contributing, Comparisons, Emotions, Pushing away, Thoughts and Sensation) and IMPROVE (Imagery, Meaning, Prayer, Relaxation, One thing in the moment, Vacation and Encouragement). Thus, distress tolerance skills do not aim to eliminate urges, they do alternatively provide ways in which patients may successfully coexist with the urges. One may argue here that some of these techniques may well be using the same distraction technique as used in Cognitive Behavior Therapy (CBT), however, distraction here is not a skill to completely forget about a ruminative thought for example, but rather accept the thought as unhelpful and coexist with them using other alternative life coping mechanisms as discussed above. A component of mindfulness has also been well addressed in DT skills, through the use of self-soothing techniques. However, rigorous research attempts are needed to draw specific conclusions about the same. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
BDNF gene and obsessive compulsive disorder risk, symptom dimensions and treatment response.

Authors:
Taj M. J., Reshma Jabeen; Ganesh, Suhas; Shukla, Tulika; Deolankar, Sayali; Nadella, Ravi K.; Sen, Somdatta; Purushottam, Meera; Reddy, Y. C. Janardhan; Jain, Sanjeev; Viswanath, Biju;

Source:

Abstract:
Aim: Genetic etiology of Obsessive Compulsive Disorder (OCD) has been investigated extensively, with mixed results across candidate gene studies. The dimensional subtypes of OCD are shown to better correlate with brain imaging endophenotypes and thus could potentially enhance the power of genetic association. In this study, we perform a case control analysis of association of a single nucleotide polymorphism rs6265 (Val66Met) in Brain Derived Neurotrophic Factor gene, that has been previously implicated in a variety of psychiatric syndromes, and examine its association with symptom dimensions of OCD. Methods: Individuals diagnosed to have OCD (n = 377) and controls (n = 449) of South Indian origin were genotyped for polymorphism rs6265 (196G/A, Val66Met). Detailed phenotypic assessment of the cases were carried out in the cases using structured instruments. The genotypic association was tested for clinical variables such as age of onset, gender, family history, co-morbidity, treatment response, and factor analyzed OCD symptom dimensions. Results: The allele ‘A’ frequency was found to be significantly higher in the controls, as compared to cases suggesting a protective effect. The contamination/washing symptom dimension score was significantly lower in carriers of ‘A’ allele which remained significant even after testing for confounding effects on linear regression. Conclusions: Our results support findings from previous studies on a possible protective effect of the ‘Met’ allele at the Val66Met locus in OCD. Its association with lower scores on the contamination/washing dimension is a novel finding of this study. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Depression, anxiety, and post-traumatic stress disorder among youth in low and middle income countries: A review of prevalence and treatment interventions.

Authors: Yatham, Swetha; Sivathasan, Shalini; Yoon, Rosalia; da Silva, Tricia L.; Ravindran, Arun V.;


Abstract: Background: Low and middle income countries (LMICs) not only have the majority of the world’s population but also the largest proportion of youth. Poverty, civil conflict and environmental stressors tend to be endemic in these countries and contribute to significant psychiatric morbidity, including depression, anxiety and post-traumatic stress disorder (PTSD). However, mental health data from LMICs is scarce, particularly data on youth. Evaluation of such information is crucial for planning services and reducing the burden of disability. This paper reviews the published data on the prevalence and randomized trials of interventions for depression, anxiety and PTSD in youth in LMICs. Methods: PubMed and Google Scholar were searched for articles published in English up to January 2017, using the keywords: Low/middle income country, depression, anxiety, post-traumatic stress disorder, child, youth, adolescent, prevalence, treatment, intervention, and outcomes. Results: The few prevalence studies in LMICs reported rates of up to 28% for significant symptoms of depression or anxiety among youth, and up to 87% for symptoms of PTSD among youth exposed to traumatic experiences, though these rates varied widely depending on several factors, including the assessments tools used. Most rigorous interventions employed some form or variation of CBT, with mixed results. Studies using other forms of psychosocial interventions appear to be heterogeneous and less rigorous. Conclusions: The mental health burden due to depression and anxiety disorders in youth is substantial in LMICs, with high needs but inadequate services. Youth specific services for early detection and cost-effective interventions are needed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Authors: Mowla, Arash; Modarresi, Farzaneh; Dastgheib, Seyed Ali; Asian


Abstract: Background: Escitalopram has some unique features among selective serotonin reuptake inhibitors. The aim of this survey is to compare the efficacy of escitalopram with sertraline on obsessive and compulsive symptoms in patients with Obsessive Compulsive Disorder (OCD). Methods: In this 12-week double blind controlled randomized clinical trial, 57 patients with OCD were randomly allocated to receive escitalopram or sertraline. Yale Brown obsessive compulsive behavior scale (YBOCS) was used to assess the outcomes. Adverse effects were also recorded. Results: 41 patients (20 in the escitalopram group and 21 in the sertraline group) completed the trial. In the escitalopram group 15 (70%) patients and in the sertraline group 16 (76.19%) patients showed more than 34% decrease in mean YBOCS score at the end of the trial (P = 0.531). The two groups revealed significant decrease in YBOCS scores without significant difference (P = 0.861) at week 12. No serious adverse effects were reported. Conclusions: Our results demonstrated that escitalopram is as effective as sertraline in treatment of obsessions and compulsions in patients with OCD. However, it needs to be noted that our study is preliminary and larger double blind controlled studies are needed to confirm the results. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Out-group threats and distress as antecedents of common in-group identity among majority and minority group members in the aftermath of a natural disaster.

**Authors:**
Vezzali, Loris; Versari, Annalisa; Cadamuro, Alessia; Trifiletti, Elena; Di Bernardo, Gian Antonio;

**Source:**

**Abstract:**
The aim of the present study was to examine the role of out-group threats in fostering one-group perceptions directly and indirectly via post-traumatic stress symptoms in the aftermath of a natural disaster. We also tested whether these relationships differ depending on the ethnic group of belonging (majority vs. minority). Participants were 589 Italians and 122 immigrants from a region strongly affected by the earthquakes that struck Northern Italy in 2012. Results revealed that among Italians threat stemming from negative out-group behaviour was associated positively with post-traumatic stress symptoms and negatively with perceptions of being a common group with immigrant survivors. Among immigrants, threat posed by the out-group for economic resources was positively associated with post-traumatic stress symptoms and, indirectly, with higher one-group perceptions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-60911-001&site=ehost-live

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**Title:**
Tonic immobility during re-experiencing the traumatic event in posttraumatic stress disorder.

**Authors:**
de Kleine, Rianne A.; Hagenaars, Muriel A.; van Minnen, Agnes;

**Source:**

**Abstract:**
Tonic Immobility (TI) is an evolved defence response, characterized by physical immobility. Peritraumatic TI has been linked to posttraumatic stress disorder (PTSD). However, samples sizes in clinical studies have been small, and little is known about TI reactions post trauma, for instance during trauma reminders. The prevalence of peritraumatic TI and TI during re-experiencing the traumatic event was examined by self-report in 184 patients with chronic PTSD. Moderate peritraumatic TI was reported by 26.6% of the participants (n = 49) and extreme peritraumatic TI by 52.2% (n = 96). During re-experiencing the traumatic event, 35.3% (n = 65) reported moderate TI, and 37.0% (n = 68) extreme TI. Peritraumatic TI was related to PTSD symptom severity and TI during re-experiencing mediated this relationship. In line with previous findings, reports of peritraumatic TI were high among PTSD patients. In addition, we showed that it often re-occurred during re-experiencing the traumatic event. The prevalence of TI at different stages post trauma warrants future study. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Association of positive, negative, and disorganized schizotypy dimensions with affective symptoms and experiences.

**Authors:**
Kemp, Kathryn C.; Gross, Georgina M.; Barrantes-Vidal, Neus; Kwapił, Thomas R.;

**Source:**

**Abstract:**
Schizotypy offers a useful construct for investigating the etiology, development, and expression of schizophrenia-spectrum psychopathology, as well as the comorbid expression of mood and anxiety disorders across the schizophrenia spectrum. The present study examined the associations of positive, negative, and disorganized schizotypy with affective symptoms and experiences in a sample of MTurk workers and college students (n = 575). Participants completed the Multidimensional Schizotypy Scale (MSS) and measures of depression, anxiety, social phobia, hypomanic traits, and state affect. As expected, positive schizotypy was significantly associated with hypomanic traits, whereas negative schizotypy was associated with reduced positive affect and reduced hypomanic traits. Although prior

Page 31 of 181
research has emphasized the association of positive schizotypy with depression and anxiety, the current results demonstrate that disorganized schizotypy is more strongly associated with elevated negative affect (over-and-above positive schizotypy). As such, these findings highlight the importance of examining disorganization of affect, in addition to the cognitive-behavioral deficits traditionally associated with disorganized schizotypy. Finally, the MSS and MSS-Brief demonstrated closely comparable findings. The present results provide further support for the construct validity of the MSS and the three-factor model of schizotypy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Network abnormalities in generalized anxiety pervade beyond the amygdala-pre-frontal cortex circuit: Insights from graph theory.

Authors:
Makovac, Elena; Mancini, Matteo; Fagioli, Sabrina; Watson, David R.; Meeten, Frances; Rae, Charlotte L.; Critchley, Hugo D.; Ottaviani, Cristina;

Source:

Abstract:
Generalized anxiety disorder (GAD) has excessive anxiety and uncontrollable worry as core symptoms. Abnormal cerebral functioning underpins the expression and perhaps pathogenesis of GAD: Studies implicate impaired communication between the amygdala and the pre-frontal cortex (PFC). Our aim was to longitudinally investigate whether such network abnormalities are spatially restricted to this circuit or if the integrity of functional brain networks is globally disrupted in GAD. We acquired resting-state functional magnetic resonance imaging data from 16 GAD patients and 16 matched controls at baseline and after 1 year. Using network modeling and graph-theory, whole-brain connectivity was characterized from local and global perspectives. Overall lower global efficiency, indicating sub-optimal brain-wide organization and integration, was present in patients with GAD compared to controls. The amygdala and midline cortices showed higher betweenness centrality, reflecting functional dominance of these brain structures. Third, lower betweenness centrality and lower degree emerged for PFC, suggesting weakened inhibitory control. Overall, network organization showed impairments consistent with neurobiological models of GAD (involving amygdala, PFC, and cingulate cortex) and further pointed to an involvement of temporal regions. Such impairments tended to progress over time and predict anxiety symptoms. A graph-analytic approach represents a powerful approach to deepen our understanding of GAD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Metacognitive therapy versus cognitive behavioral therapy: A network approach.

Authors:
Johnson, Sverre Urnes; Hoffart, Asle;

Source:

Abstract:
A network perspective on mental problems represents a new alternative to the latent variable perspective. Diagnoses are assumed to refer to a causal network of observable mental problems or symptoms (observables). The observable symptoms that traditionally have been considered indicators of latent traits (disorders) are taken to be directly related causal entities. Few studies have investigated how different therapies affect a network-structure of symptoms and processes. In this study, three anxiety symptoms, three depression symptoms and mechanisms in the form of cognitions, metacognitions, worry and threat monitoring were selected. The network structure over the course of therapy for metacognitive therapy (MCT) and Cognitive behavioral therapy (CBT) was investigated. It was hypothesized that worry, attention, and metacognition would be important nodes in MCT and that cognitions would be important in CBT. The data used in the analysis are from a RCT where 74 patients with comorbid anxiety disorders were randomized to either transdiagnostic MCT or disorder-specific CBT. Symptoms and mechanisms were measured every week. The data was analyzed using the multilevel vector autoregressive (mlVAR) model, which is currently the most developed method to analyze multivariate time series in multiple subjects and
construct networks. The results indicate that there were different networks of symptoms and mechanisms in MCT and CBT. Central nodes in both treatments are worry and attention, however, the node of negative metacognitive beliefs about uncontrollability was more central in the MCT treatment. The results are consistent with predictions from the S-REF model. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Maternal attachment style, interpersonal trauma history, and childbirth-related post-traumatic stress.

Authors:
MacKinnon, Anna L.; Houazene, Sarah; Robins, Stephanie; Feeley, Nancy; Zelkowitz, Phyllis;

Source:

Abstract:
Childbirth-related post-traumatic stress has potentially negative and enduring consequences for the well-being of women and their families. Although research to date has identified attachment style and trauma history as individual risk factors, they have yet to be examined as integrative processes in the development and maintenance of childbirth-related post-traumatic stress. The current investigation aimed to examine whether attachment style may moderate the impact of a history of interpersonal trauma on initial levels and the rate of change in post-traumatic stress symptomatology across the first 6 months of the postpartum period. A large community sample of women were recruited from two Canadian urban hospitals. Childbirth-related post-traumatic stress symptoms were assessed longitudinally at 5 weeks, 2 months, and 6 months postpartum. Latent growth curve modeling (n = 251) revealed that attachment style moderated the impact of a history of interpersonal trauma on initial levels and the rate of change in post-traumatic stress symptomatology, while controlling for other well-established psychosocial (e.g., trait anxiety, previous psychopathology, lack of perceived support) and childbirth-related (e.g., mode of birth, labor pain, subjective experience) risk factors. More secure attachment conferred resiliency and more fearful attachment conferred vulnerability among women without a history of interpersonal trauma, while more preoccupied and more dismissing attachment conferred resiliency among women with a history of interpersonal trauma. These findings highlight the importance of understanding the integrative processes among risk and protective factors underlying the development of and ability to cope with childbirth-related post-traumatic stress. Attachment style and trauma history, which can be quickly measured, should be considered as targets in antenatal screening. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Back to top
Depression

Title: Everyday emotional dynamics in major depression.
Authors: Nelson, Janna; Klumparendt, Anne; Doebler, Philipp; Ehring, Thomas;
Source: Emotion Publisher: American Psychological Association; [Journal Article]
Abstract: The present study aimed to investigate the everyday emotional dynamics of depressed individuals, especially the role of emotional inertia, emotional context insensitivity, and emotional variability and instability. Using ecological momentary assessment, 40 currently depressed individuals and 40 healthy controls reported on their current emotional state and current activities 10 times a day for 4 consecutive days. There were no differences in the dynamics of positive affect (PA) between depressed and healthy subjects. Depressed participants' negative affect (NA), however, was found to be more inert than in healthy controls, while at the same time being more variable and more reactive to positive events. There was also an association between emotional instability and depression, but this was rendered nonsignificant when analyses were controlled for emotional variability. Altogether, emotional dynamics of NA appear to be more prominently disturbed in depression compared to PA. Results support earlier findings on NA emotional variability as well as inertia in depressed patients. In addition, there was some evidence for a mood brightening effect in depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Understanding the roles of religious comfort and strain on depressive symptoms in an inpatient psychiatric setting.
Authors: Abernethy, Alexis D.; Currier, Joseph M.; Witvliet, Charlotte vanOyen; Schnitker, Sarah A.; Putman, Katharine M.; Root Luna, Lindsey M.; Foster, Joshua D.; Spencer, Andrene; Jones, Heather; VanHarn, Karl; Carter, Janet;
Source: Psychology of Religion and Spirituality Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Understanding the role of religion in mental illness has always been complicated, as some people turn to religion to cope with their illness, whereas others turn away. The overarching purpose of this study was to draw on quantitative and qualitative information to illuminate ways in which religiousness might be associated with changes in depressive symptomatology in a spiritually integrated inpatient treatment program. This repeated measures mixed method study examined the relations among religious comfort (RC), religious strain (RS), and depression in an inpatient psychiatric sample. Adult inpatients (N = 248; Mage = 40.78 years; SD = 18.97) completed measures of RC, RS, and depression at pre- and posttreatment. Focusing on patient responses to open-ended questions regarding spiritual perspectives on their mental illness, qualitative themes were deduced via content analytic coding procedures to further clarify quantitative findings. Autoregressive cross-lagged panel models were used to test potential reciprocal influences among RC, RS, and depressive symptomatology between admission and discharge. Scores on RS decreased, whereas scores on RC increased. At both intake and discharge, depression was inversely associated with RC and directly correlated with RS. In addition, RC on admission was inversely associated with depressive symptom severity at discharge, whereas RS on admission did not predict later depression. Religious affiliation was also positively associated with RC. This is the first study to document a direct association between RS and depression, along with an inverse association with RC, in an inpatient psychiatric sample. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

A multimethod screening approach for pediatric depression onset: An incremental validity study.

Authors:
Cohen, Joseph R.; Thakur, Hena; Burkhouse, Katie L.; Gibb, Brandon E.;

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

Abstract:
Objective: Screening protocols that rely on a single informant are inadequate in predicting pediatric depression. Multi-informant and risk factor screening approaches are potentially more sensitive methods for identifying depression risk, but the incremental validity of these protocols has not been adequately tested. Using a translational analytic approach and multimethod, longitudinal study design, we simultaneously tested several multi-indicator approaches to depression screening to identify an optimal algorithm for predicting depression onset in youth. Method: Participants were 222 never-depressed children and adolescents (Mage = 10.75 years old, SDage = 1.85; female = 50.45%; 82.88% White), who completed baseline questionnaires for depressive symptoms and cognitive vulnerabilities, in addition to a morphed face task to assess pupil dilation. Mothers, meanwhile, completed baseline questionnaires and a semistructured interview to assess maternal and pediatric depression. Follow-up depression diagnostic assessments with both the mother and youth occurred every 6 months for 2 years. Receiver operating characteristics and reclassification analyses were used to test our aims. Results: Overall, we found moderate support for a multi-informant approach, and convincing evidence that individual differences in pupil dilation uniquely predicted depression onset. Youth with subthreshold depressive symptoms and elevated pupil dilation were over twice as likely to develop a first lifetime episode of depression compared to one’s risk rate based on sex and age. Conclusions: Our study provides one of the first screening batteries for detecting first lifetime episodes of depression in youth. The unique and incremental validity provided by pupil dilation suggests feasible biological indicators of depression risk can improve primary prevention efforts that target depression, such as universal pediatric depression screening. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Maltreatment subtypes, depressed mood, and anhedonia: A longitudinal study with adolescents.

Authors:
Cohen, Joseph R.; McNeil, Shiesha L.; Shorey, Ryan C.; Temple, Jeff R.;

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

Abstract:
Objective: Maltreatment exposure is a robust predictor of adolescent depression. Yet despite this well-documented association, few studies have simultaneously examined how maltreatment subtypes relate to qualitatively distinct depressive symptoms. The present multiwave longitudinal study addressed this gap in the literature by examining how different maltreatment subtypes independently impact depressed mood and anhedonia over time in a diverse adolescent sample. Method: Adolescents (N = 673, Mage = 14.83, SDage = 0.66, 57.1% female, 32.8% Hispanic, 30.4% Caucasian, 25.0% African American) completed self-report inventories for child-maltreatment and annual self-report measures of depressed mood and anhedonia over the course of 6 years. We used latent-growth-curve modeling to test how maltreatment exposure predicted anhedonia and depressed mood, and whether these relations differed as a function of sex and/or race/ethnicity. Results: Overall, both emotional abuse (p < .001) and neglect (p = .002) predicted levels of depressed mood over time, whereas only emotional neglect predicted levels (p < .001) and trajectories (p = .001) of anhedonia. Physical and sexual abuse did not predict depressive symptoms after accounting for emotional abuse and neglect (ns). These findings were largely invariant across sex and race. Conclusion: Findings suggest that the consequences of emotional neglect may be especially problematic in adolescence because of its impact on both depressed mood and anhedonia, and that emotional abuse’s association with depression is best explained via symptoms of depressed mood. These findings are congruent with recent findings that more ‘silent types’ of maltreatment uniquely predict depression, and that abuse and neglect experiences confer distinct profiles of risk for psychological distress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Socioeconomic resources predict trajectories of depression and resilience following disability.

Authors: McGiffin, Jed N.; Galatzer-Levy, Isaac R.; Bonanno, George A.

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

Abstract: Objective: Adjustment to chronic disability is a topic of considerable focus in the rehabilitation sciences and constitutes an important public health problem given the adverse outcomes associated with maladjustment. While existing literature has established an association between disability onset and elevated rates of depression, resilience and alternative patterns of adjustment have received substantially less empirical inquiry. The current study sought to model heterogeneity in mental health responding to disability onset in later life while exploring the impact of socioeconomic resources on these latent patterns of adaptation. Method: Latent growth mixture modeling was utilized to identify trajectories of depressive symptoms surrounding physical disability onset in a population sample of older adults. Individuals with verified disability onset (n = 3,204) were followed across four measurement points representing a 6-year period. Results: Four trajectories of depressive symptoms were identified: resilience (56.5%), emerging depression (17.2%), remitting depression (13.4%), and chronic depression (12.9%). Socioeconomic resources were then analyzed as predictors of trajectory membership. Prior education and financial assets at the time of disability onset robustly predicted class membership in the resilient class compared to all other classes. Conclusion: The course of adjustment in response to disability onset is heterogeneous. Our results confirm the presence of multiple pathways of adjustment surrounding late-life disability, with the most common outcome being near-zero depressive symptoms for the duration of the study. Socioeconomic resources strongly predicted membership in the resilient class compared with all other classes, indicating that such resources may play a protective role during the stress of physical disability onset. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The brain-adipocyte-gut network: Linking obesity and depression subtypes.

Authors: Patist, Carla M.; Stapelberg, Nicolas J. C.; Du Toit, Eugene F.; Headrick, John P.


Abstract: Major depressive disorder (MDD) and obesity are dominant and inter-related health burdens. Obesity is a risk factor for MDD, and there is evidence MDD increases risk of obesity. However, description of a bidirectional relationship between obesity and MDD is misleading, as closer examination reveals distinct unidirectional relationships in MDD subtypes. MDD is frequently associated with weight loss, although obesity promotes MDD. In contrast, MDD with atypical features (MDD-AF) is characterised by subsequent weight gain and obesity. The bases of these distinct associations remain to be detailed, with conflicting findings clouding interpretation. These associations can be viewed within a systems biology framework—the psycho-immune neuroendocrine (PINE) network shared between MDD and metabolic disorders. Shared PINE subsystem perturbations may underlie increased MDD in overweight and obese people (obesity-associated depression), while obesity in MDD-AF (depression-associated obesity) involves more complex interactions between behavioural and biomolecular changes. In the former, the chronic PINE dysfunction triggering MDD is augmented by obesity-dependent dysregulation in shared networks, including inflammatory, leptin-ghrelin, neuroendocrine, and gut microbiome systems, influenced by chronic image-associated psychological stress (particularly in younger or female patients). In MDD-AF, behavioural dysregulation, including hypersensitivity to interpersonal rejection, fundamentally underpins energy imbalance (involving hyperphagia, lethargy, hypersomnia), with evolving obesity exaggerating these drivers via positive feedback (and potentially augmenting PINE disruption). In both settings, sex and age are important determinants of outcome, associated with differences in emotional versus cognitive dysregulation. A systems biology approach is recommended for further research into the
pathophysiological networks underlying MDD and linking depression and obesity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title:
Meta-analyses of the neural mechanisms and predictors of response to psychotherapy in depression and anxiety.

Authors:
Marwood, Lindsey; Wise, Toby; Perkins, Adam M.; Cleare, Anthony J.;

Source:
Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 61-72. Publisher: Elsevier Science; [Journal Article]

Abstract:
Understanding the neural mechanisms underlying psychological therapy could aid understanding of recovery processes and help target treatments. The dual-process model hypothesises that psychological therapy is associated with increased emotional-regulation in prefrontal brain regions and decreased implicit emotional-reactivity in limbic regions; however, research has yielded inconsistent findings. Meta-analyses of brain activity changes accompanying psychological therapy (22 studies, n = 352) and neural predictors of symptomatic improvement (11 studies, n = 293) in depression and anxiety were conducted using seed-based d mapping. Both resting-state and task-based studies were included, and analysed together and separately. The most robust findings were significant decreases in anterior cingulate/paracingulate gyrus, inferior frontal gyrus and insula activation after therapy. Cuneus activation was predictive of subsequent symptom change. The results are in agreement with neural models of improved emotional-reactivity following therapy as evidenced by decreased activity within the anterior cingulate and insula. We propose compensatory as well as corrective neural mechanisms of action underlie therapeutic efficacy, and suggest the dual-process model may be too simplistic to account fully for treatment mechanisms. More research on predictors of psychotherapeutic response is required to provide reliable predictors of response. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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Title:
Understanding depressive symptoms in nursing home residents: The role of frequency and enjoyability of different expanded everyday activities relevant to the nursing home setting.

Authors:
Diegelmann, Mona; Wahl, Hans-Werner; Schilling, Oliver K.; Jansen, Carl-Philipp; Schnabel, Eva-Luisa; Hauer, Klaus;

Source:

Abstract:
Depressive symptoms are highly prevalent in nursing home (NH) residents. We assume that enjoyability, besides frequency of activities, is an important facet of expanded everyday activities (EEAs; Baltes et al., in: Baltes and Mayer (eds) The Berlin aging study, University of California Press, Berkeley, 2001) and affects residents' depressive symptoms. Furthermore, we assume that associations with depressive symptoms vary for different EEAs, namely contact with co-residents and staff and participation in organized in-home activities. To investigate these associations, longitudinal data from 160 residents (Mage = 83.1 years, SD = 9.8 years, 73% female) of two German NHs, assessed across four measurement occasions each 3 months apart, were analyzed. Depressive symptoms were assessed by the Geriatric Depression Scale-Residential (GDS-12R); the frequency of EEAs and their enjoyabilities were assessed via proxy ratings and interviews, respectively. As data from the completed Long-Term Care in Motion intervention study were used, 49% of the sample also received a physical activity intervention. Generalized linear mixed models were run to test the hypothesized effects as flexibly as possible, accounting for non-normality of the GDS-12R and controlling for residents' intervention status. The results showed that the interaction effect of the enjoyability of contact with co-residents and contact frequency was relevant for residents' depressive symptoms rather than the effect of contact frequency alone. The frequency of staff contact was only marginally associated with fewer depressive symptoms. Further, enjoying participating in organized in-home activities was associated with fewer depressive
symptoms. In conclusion, findings support our conceptually driven expectation of differential effects in terms of different EEAs on depressive symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Depression and anxiety during pregnancy: The influence of maternal characteristics.
Authors: van de Loo, Kim F. E.; Vlenterie, Richelle; Nikkels, Sylke J.; Merkus, Peter J. F. M.; Roukema, Jolt; Verhaak, Chris M.; Roeleveld, Nel; van Gelder, Marleen M. H. J.;
Abstract: Background: Depression and anxiety during pregnancy are associated with adverse health outcomes for both mother and child. This study aims to investigate the occurrence of symptoms of depression and anxiety in early and late pregnancy, the longitudinal changes from early to late pregnancy, and factors associated with symptoms of depression and anxiety in pregnant women in the Netherlands. Methods: We studied 2897 women participating in the PRegnancy and Infant DEvelopment (PRIDE) Study. To assess symptoms of depression and anxiety, web-based questionnaires including the Hospital Anxiety and Depression Scale (HADS) and multiple questions on maternal characteristics were completed in early and late pregnancy. Cross-sectional and longitudinal multivariable linear regression analyses were conducted. Results: The depressive symptoms in our population increased, with a prevalence of probable depression from 5.4% in early pregnancy to 10.0% in late pregnancy (P < .001), whereas the anxiety symptoms decreased, with a prevalence of probable anxiety from 17.9% to 14.2% (P < .001). Characteristics associated with depressive or anxiety symptoms included low level of education, multiparity, a history of depression, severe nausea, extreme fatigue, lack of physical exercise, and negative life events. Being non-Dutch, not living with a partner, and having an unplanned pregnancy or a long time to pregnancy were associated with the depressive and/or anxiety symptoms in early pregnancy only. Discussion: Symptoms of depression and anxiety are common in both early and late pregnancy. Screening for risk factors in early pregnancy is important, since prenatal depression and anxiety may be related to adverse maternal and child health outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Efficacy and safety of a rapid intravenous injection of ketamine 0.5 mg/kg in treatment-resistant major depression: An open 4-week longitudinal study.
Authors: Vidal, Sonia; Gex-Fabry, Marianne; Bancila, Victor; Michalopoulos, Giorgio; Warrot, Delphine; Jermann, Françoise; Dayer, Alexandre; Sterpenich, Virginie; Schwartz, Sophie; Vutskits, Laszlo; Khan, Nawaz; Aubry, Jean-Michel; Kosel, Markus;
Abstract: Background: Ketamine has been documented for its rapid antidepressant effects. However, optimal dose and delivery route have not yet been thoroughly investigated. The objectives of this study were to document the safety and test the antidepressant and antisuicidal effects of a single rapid 1-minute injection of ketamine 0.5 mg/kg in treatment-resistant depression (TRD). Methods: Ten patients with TRD were included in an open, noncontrolled 4-week study and received a rapid intravenous dose of ketamine 0.5 mg/kg. Main outcome measure was the Montgomery-Åsberg Depression Rating Scale and suicidality was assessed using the Scale for Suicide Ideation. Results: Rapid injection of ketamine elicited transient increase of blood pressure and altered states of consciousness in all patients and mild psychotomimetic effects in 4 patients, which all resolved without any intervention. Decrease of depression severity was observed from 40-minute postinjection until day 15. Eight patients became responders within 1 day and all were nonresponders after 4 weeks. The decrease of suicidal ideation was significant until day 7. Analysis
indicated that higher severity of depression and anxiety at baseline predicted a larger Montgomery-Åsberg Depression Rating Scale decrease after 4 weeks. Conclusions: This study suggests that in well-controlled medical settings with adequate monitoring, a single rapid 1-minute injection of ketamine 0.5 mg/kg can be well tolerated and is efficacious in rapidly reducing depression symptoms and suicidal thoughts in outpatients with TRD. These findings are relevant to the practice of general clinical psychiatry and emergency departments were ketamine can have a place in acute management of TRD. Larger studies are necessary to confirm these results. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Bipolar spectrum in major depressive disorders.
Authors: Angst, J.; Merikangas, K. R.; Cui, L.; Van Meter, A.; Ajdacic-Gross, V.; Rössler, W.
Source: European Archives of Psychiatry and Clinical Neuroscience, Vol 268(8), Dec, 2018 pp. 741-748.
Publisher: Springer; [Journal Article]
Abstract: Growing evidence for the spectrum concept of most mental disorders, particularly mood disorders, has challenged the arbitrary distinctions inherent in the contemporary categorical diagnostic classification system. Detection of manic symptoms in the context of episodes of depression is particularly important because of the implications for differential treatment of bipolar vs unipolar depression. The purpose of this study is to characterize the magnitude and clinical correlates of subthreshold manic syndromes or symptoms among people with major depressive disorder (MDD) compared to those without a history of manic symptoms. We defined two subthreshold manifestations—manic syndrome or symptoms—that did not include a criterion for duration. In the context of MDD, we found that the clinical correlates of those with the subthreshold manic syndrome were more similar to those with bipolar-II disorder than to MDD alone, whereas those with manic symptoms only were intermediate between those with subthreshold manic syndrome and MDD alone. These results confirm the spectrum concept of mania and suggest that a manic syndrome should be considered when evaluating people with MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A longitudinal study of neurotrophic, oxidative, and inflammatory markers in first-onset depression in midlife women.
Authors: Pasquali, Matheus A.; Harlow, Bernard L.; Soares, Claudio N.; Otto, Michael W.; Cohen, Lee S.; Minuzzi, Luciano; Gelain, Daniel P.; Moreira, Jose Claudio F.; Frey, Benicio N.
Publisher: Springer; [Journal Article]
Abstract: Prospective studies have shown during the years preceding and following menopause, also known as 'menopause transition', that midlife women are at higher risk for developing first-onset major depressive disorder (MDD). The biological factors associated with risk and resilience in this population are, however, largely unknown. Considering the growing body of evidence suggesting that inflammation, oxidative stress, and brain-derived neurotrophic factor (BDNF) are associated with the pathophysiology of MDD, we investigated serum levels of protein carbonyl, lipid peroxidation (thiobarbituric acid reactive substances—TBARS), thiol group content, BDNF, 3-nitrotyrosine, and heat shock protein 70 (HSP70) in a longitudinal cohort of first-onset MDD. One hundred and forty-eight women from the Harvard Study of Moods and Cycles, a prospective study of midlife women monitored throughout the transition to menopause, were studied. Within- and between-groups analyses of these peripheral markers were conducted in 37 women who developed and 111 women that did not develop MDD during the 3-year follow-up period. In women who developed MDD, HSP70 and 3-nitrotyrosine were elevated at baseline, whereas TBARS were elevated 6 months prior to development of MDD, as compared to those who did not develop MDD. Within-group analyses showed that HSP70, 3-nitrotyrosine, and BDNF decreased over time, whereas protein
carbonyl was elevated only at 12 months prior to development of MDD. In women who did not develop MDD, HSP70 and thiol decreased over time. The development of MDD in midlife women may be associated with a systemic cascade of pro-oxidative and pro-inflammatory events including increased HSP70, 3-nitrotyrosine, protein carbonyl, and lipid peroxidation and decreased BDNF. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Influence of depressed patients’ expectations prior to electroconvulsive therapy on its effectiveness and tolerability (Exp-ECT): A prospective study.
Authors: Krech, Lisa; Belz, Michael; Besse, Matthias; Methfessel, Isabel; Wedekind, Dirk; Zilles, David
Publisher: Springer; [Journal Article]
Abstract: Electroconvulsive therapy (ECT) is the most effective therapy for severe depressive disorders. Though there are known clinical predictors of response (e.g., higher age, presence of psychotic symptoms), there is a lack of knowledge concerning the impact of patients’ expectations on treatment outcome and tolerability in terms of possible placebo/nocebo effects. In 31 patients with unipolar or bipolar depressive disorder, we used a questionnaire to investigate the patients’ expectations of ECT effectiveness and tolerability prior to and in the course of the treatment. Additionally, the questionnaire was used after the ECT course for a final assessment. Depressive symptoms and putative side-effects were measured at each time point. General linear models were used to analyze the course of depressive symptoms and patients’ expectation of ECT effectiveness and tolerability. ECT significantly reduced depressive symptoms with large effect sizes. Patients’ rating of ECT effectiveness decreased in parallel: While responders’ rating of ECT effectiveness remained stable on a high level, non-responders’ rating decreased significantly. Group difference was significant after, but not prior to and during the treatment. Regarding tolerability, there was a (temporary) significant increase in the severity of self-rated symptoms such as headache and memory impairment. In contrast, patients’ expectation and assessment of ECT tolerability remained unchanged, and their expectations prior to ECT had no impact on the occurrence of side-effects. These findings contradict the presence of relevant placebo/nocebo effects in the context of ECT when investigating a population of mostly chronic or treatment resistant patients with moderate to severe depressive disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Vascular endothelial growth factor plasma levels in depression and following electroconvulsive therapy.
Authors: Ryan, Karen M.; McLoughlin, Declan M.
Publisher: Springer; [Journal Article]
Abstract: Both animal and human studies have implicated the neurotrophic and angiogenic mediator vascular endothelial growth factor (VEGF) in depression, with meta-analyses, indicating that protein levels are raised in patients with depression. In line with this, we have previously shown that VEGFA mRNA levels are higher in whole blood from patients with depression compared to controls, in particular in patients with psychotic unipolar depression, and that treatment with electroconvulsive therapy (ECT) alters VEGFA mRNA levels. The aim of the present study was, therefore, to extend this previous work by assessing plasma VEGF protein levels in patients with depression compared to healthy controls, and in patients following treatment with ECT. We found that there was no difference between controls and patients with depression with regard to plasma VEGF (p = 0.59), and that VEGF levels were unaltered by ECT (p = 0.09) after correction for potential covariates. We found no correlation between VEGF protein and mRNA levels. Within the subgroup of patients receiving treatment with bitemporal ECT (n = 34), we identified a moderate negative correlation (ρ = −0.54, p = 0.001) between the change in VEGF and the change in
depression severity following treatment; however, no other association between VEGF and mood, responder/remitter status, polarity of depression, or presence of psychosis were found. Overall, our results indicate that the measurement of VEGF protein is not a useful marker for depression or response to treatment, and suggest that the measurement of VEGFA mRNA may prove more useful. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reshaping the depressed brain: A focus on synaptic health.
Authors: Gerhard, Danielle M.; Ross, David A.
Source: Biological Psychiatry, Vol 84(11), Dec 1, 2018 pp. e73-e75. Publisher: Elsevier Science; [Journal Article]
Abstract: Emily Dickinson described it as a funeral in her brain. Ursula K. Le Guin illustrated it as a nightmare from which one occasionally wakes in sleep. And Andrew Solomon described it as not the opposite of happiness, but as the loss of vitality. Metaphors lend clinicians and loved ones a glimpse into the experience of depression, a disease nearly 18% of Americans experience at some point in their lifetime. However, despite the monumental social and economic burden, fast and effective treatments for depression have been lacking. How do you treat a disease for which you do not fully understand the causes? For centuries, individuals suffering from depression have endured a range of ineffective treatments, from the peculiar to the inhumane: prolonged water immersion, enemas, arsenic, and lobotomy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Emotional influences on cognitive processing in fibromyalgia patients with different depression levels: An event-related potential study.
Authors: Sitges, Carolina; González-Roldán, Ana M.; Duschek, Stefan; Montoya, Pedro
Abstract: Objectives: Comorbid symptoms in fibromyalgia (FM) syndrome, such as mood disorders and cognitive dysfunction, may lead to greater functional impairment than pain itself. This study aimed to unravel the modulating role of depression in response execution and inhibition in FM using an emotional go/no-go task. Materials and Methods: In total, 17 FM patients with low depression, 18 FM patients with high depression, and 18 pain-free controls were included. Pain, happy, and neutral faces were pseudo-randomly presented, and participants were asked to respond to male faces (go trials) by pressing a button, and to inhibit their responses if female faces were presented (no-go trials). Results: FM patients with high depression showed lower positive affect scores, higher negative affect and pain vigilance scores, and slower reaction times, than FM patients with low depression and pain-free controls. Both subgroups of FM patients also rated pain faces as more arousing than pain-free controls. The lack of group differences in our electrophysiological data, neither in N200 nor in P300 amplitudes, seems to indicate that there was no significant impairment in response execution in response inhibition due to pain. Discussion: Taken together, these results add evidence to the notion that depression is associated with higher affective dysregulation and deficit of information-processing speed in FM. Furthermore, our data suggest that pain induces a bias to pain-related information, but the absence of significant group differences in event-related potential amplitudes, calculated with analyses of covariance (ANCOVA) (with pain intensity), seem to show that pain intensity is not a predictor for cognitive dysfunctions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Emotional roles of mono-aminergic neurotransmitters in major depressive disorder and anxiety disorders.

Authors: Liu, Yi; Zhao, Jingping; Guo, Wenbin;


Abstract: A growing body of researches support a role for dysfunction of serotoninergic, noradrenergic, and dopaminergic systems in the neurobiological processes involved in major depression disorder (MDD) and anxiety disorders (ADs). The physiological changes underlying abnormal signaling of 5-HT, NE, and DA may be due to either reduced presynaptic release of these neurotransmitters or aberrant signal transductions, and thus contributing to the alterations in regulation or function of receptors and/or impaired intracellular signal processing. Animal models demonstrate crucial responsiveness to disturbance of 5-HT, NE, and DA neurotransmissions. Postmortem and biochemical studies have shown altered concentrations of 5-HT, NE, and DA metabolites in brain regions that contribute importantly to regulation of mood and motivation in patients with MDD or ADs. Neuroimaging studies have found abnormal 5-HT, NE, and DA receptors binding and regulation in regard to receptor numbers. Medications that act on 5-HT, NE, and DA neurons or receptors, such as SSRIs and SNRIs, show efficacy in both MDD and ADs. The overlapping treatment response presumably suggests a common mechanism underlying the interaction of these disorders. In this paper, we reviewed studies from multiple disciplines to interpret the role of altered 5-HT, NE and DA mono-amine neurotransmitter functions in both MDD and ADs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pre-aging of the olfactory bulb in major depression with high comorbidity of mental disorders.

Authors: Rottstaedt, Fabian; Weidner, Kerstin; Hummel, Thomas; Croy, Ilona;


Abstract: Recent studies suggest that accelerated aging of the brain is a neuroanatomical signature of the state of mental diseases. In major depression, this pre-aging effect is negatively associated with the duration since the first onset of the disease. The olfactory bulb (OB) shrinks with age in healthy subjects and patients with mental diseases show reduced OB volumes, especially those with major depression. It is unclear whether this OB reduction in mental diseases resembles a pre-aging process and whether it is associated to the duration since the onset of the mental disease. To this aim, we investigated OB volume in 73 patients (mean-age 40.4 years, SD = 12.1 years, 57 women) with major depression and mixed comorbid mental diseases (diagnoses ranged from 1 to 6, median: 3) and 51 healthy controls (mean-age 39.2 years, SD = 13.0 years, 26 women) matched for age and sex. Patient’s first onset of disease ranged from 15 to 53 years (mean 24.2 years). All participants underwent structural MR imaging with a spin-echo T2-weighted sequence covering the anterior and middle segments of the skull base. All results were corrected for total intracranial volume (TIV) and sex. Individual OB volume was calculated by planimetric manual contouring and the pronounced diameter change in transition from bulb to tract was used as the distal demarcation of the OB. Inter-rater correlation between two independent persons analyzing the data was high (IRC = 0.81, p < 0.005). An age-dependent decline of the OB volume was confirmed in healthy controls (r = −0.34, p < 0.05). However, this pattern was altered in patients where the OB volume was not related to age, but to the duration since the onset of the mental disease (r = −0.25, p < 0.05). This association remained stable when controlling for age. Additionally, analyses of age sub-groups revealed that the association between duration since the onset of the mental disease and OB volume was mainly driven by the group aged 50 years and above (r = −0.68; p < 0.01). We conclude that there are time windows where the OB volume is susceptible for the effects of a mental disease, e.g., depression. These effects result in cumulative pre-aging in the OB in older patients with mental diseases. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Cognitions matter: The role of cognitive mediators in improving interpersonal functioning and symptoms of depression.

Authors: Drapeau, Martin; D'Iuso, Debora A.; Dunkley, David; Dobson, Keith S.; Azzi, Michelle; Beaulieu, Leah;

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

Abstract: Objective: Few studies have examined how cognitive processes relate to interpersonal functioning in Cognitive Behavior Therapy (CBT) for the treatment of Major Depression. This study examined whether a change in cognitive errors and coping strategies served to mediate the relationship between a change in participants’ self-directed affiliation (e.g., self-loving) and self-directed autonomy (e.g., self-monitoring) in predicting a reduction in depression. Method: Psychotherapy sessions of 42 participants (M age = 39.40; 79% female) with major depressive disorder (MDD) were rated for cognitive errors and coping strategies using observer rated measures. Bootstrapping analysis was used to test the mediator hypothesis. Results: This study revealed that a change in cognitive errors mediated the relationship between a change in participants’ interpersonal affiliation directed toward oneself and a change in their depression scores. Conclusions: This study highlights the importance of targeting cognitive errors to facilitate interpersonal change, symptom reduction in MDD, and increased well-being. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Comparing anxiety and depression to obesity and smoking as predictors of major medical illnesses and somatic symptoms.

Authors: Niles, Andrea N.; O'Donovan, Aoife;

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

Abstract: Objective: Anxiety and depression predict poor physical health longitudinally, but are neglected in primary care settings compared to other risk factors such as obesity and smoking. Further, anxiety has been less commonly studied than depression, and whether anxiety has unique predictive effects for physical health is unknown. We compared anxiety and depression symptoms with onset of self-reported physical health indices (N = 15,418; M age = 68). Medical illnesses (heart disease, stroke, arthritis, high blood pressure, diabetes, and cancer) and somatic symptoms (stomach problems, shortness of breath, dizziness, back pain, headache, pain, and eyesight difficulties) were assessed on two occasions over four years. Anxiety and depression were measured at the initial time point and tested as predictors of medical illness and somatic symptom onset. Results: Anxiety and depression symptoms predicted greater incidence of nearly all medical illnesses and somatic symptoms. Effects were as strong as or stronger than those of obesity and smoking, and anxiety and depression independently increased risk for most physical health indices assessed. Conclusions: Findings suggest that anxiety and depression are as strongly predictive of poor future physical health as obesity and smoking and that anxiety is independently linked to poor physical health. Greater attention should be paid towards these conditions in primary care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Increased severity of obstructive sleep apnea is associated with less anxiety and depression.

Authors:
The objective was to investigate symptoms of depression and anxiety in relation to the presence and severity of obstructive sleep apnea (OSA) among patients referred with suspicion of OSA. The sample comprised 3770 consecutive patients with a mean age of 49.1 years; 69.7% were male. OSA was diagnosed and categorized based on a standard respiratory polygraphic sleep study using a type 3 portable monitor. Patients completed the validated Hospital Anxiety and Depression Scale (HADS) prior to the sleep study. In addition, they answered questions about whether they were currently in treatment for mental disorders and whether they had been diagnosed previously with depression. We adjusted for sex, age, smoking, alcohol consumption and obesity in the logistic regression analyses. In total, 35.1% had apnea–hypopnea index (AHI) < 5 (no OSA), 31.9% had AHI: 5–14.9 (mild OSA), 17.3% had AHI: 15–29.9 (moderate OSA) and 15.7% had AHI ≥ 30 (severe OSA). The prevalence of anxiety and depressive symptoms were significantly lower with increased OSA severity, and also when adjusting for sex, age, smoking, alcohol consumption and obesity (AHI ≥ 15 as dependent variable). Similarly, currently being in treatment for mental disorders and being diagnosed previously with depression were both associated negatively with OSA severity, with only the latter remaining significant in the fully adjusted model. Furthermore, multiple linear regressions showed that HADS anxiety and depression total scores were associated negatively with increased OSA severity, and also when adjusting for sex, age, smoking, alcohol consumption and obesity (AHI ≥ 15 as dependent variable). Similarly, currently being in treatment for mental disorders and being diagnosed previously with depression were both associated negatively with OSA severity, with only the latter remaining significant in the fully adjusted model. The findings remained significant also after adjusting for several relevant confounders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Anxious depression is a common subtype of major depressive disorder (MDD) and is associated with greater severity and poorer outcome. Alterations of the hypothalamic-pituitary-adrenal (HPA) axis, especially of the glucocorticoid receptor (GR) function, are often observed in MDD, but evidence lacks for anxious depression. Childhood adversity is known to influence both the HPA axis and risk of MDD. Therefore, we investigated GR-function in anxious depression dependent on childhood adversity. We enrolled 144 depressed in-patients (49.3% females). Anxious depression was defined using the Hamilton Depression Rating Scale (HAM-D) anxiety/somatization factor score ≥ 7. Blood draws were performed at 6 pm before and 3 h after 1.5 mg dexamethasone ingestion for measurement of cortisol, ACTH and blood count to assess GR-function and the immune system. In a subgroup of n = 60 FKBP5 mRNA controlled for FKBP5 genotype was measured before and after dexamethasone. Childhood adversity was evaluated using the Childhood Trauma Questionnaire (CTQ). We identified 78 patients (54.2%) with anxious depression who showed a greater severity and worse outcome. These patients were more often exposed to sexual abuse (30% vs. 16%/p = 0.04) and emotional neglect (76% vs. 58%/p = 0.02) than patients with non-anxious depression. Anxious depressed patients showed an enhanced GR-induced FKBP5 mRNA expression (F = 5.128; p = 0.03) and reduced cortisol levels, partly dependent on sexual abuse (F = 7.730; p = 0.006). Additionally, the GR-induced leukocyte response was enhanced in patients with sexual abuse (F = 7.176; p = 0.008). Anxious depression in dependence of childhood trauma is associated with heightened sensitivity of the HPA axis and the immune system which should be considered for treatment algorithms and targets. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Marital distress, depression, and a leaky gut: Translocation of bacterial endotoxin as a pathway to inflammation.

**Authors:**
Kiecolt-Glaser, Janice K.; Wilson, Stephanie J.; Bailey, Michael L.; Andridge, Rebecca; Peng, Juan; Jaremka, Lisa M.; Fagundes, Christopher P.; Malarkey, William B.; Laskowski, Bryon; Belury, Martha A.;

**Source:**
Psychoneuroendocrinology, Vol 98, Dec, 2018 pp. 52-60. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Background: Marital distress and depression work in tandem to escalate risks for inflammation-related disorders. Translocation of bacterial endotoxin (lipopolysaccharide, LPS) from the gut microbiota to blood circulation stimulates systemic inflammatory responses. Methods: To investigate increased gut permeability (a 'leaky gut') as one potential mechanistic pathway from marital distress and depression to heightened inflammation, this secondary analysis of a double-blind, randomized crossover study examined serial assessments of two endotoxin biomarkers, LPS-binding protein (LBP) and soluble CD14 (sCD14), as well as C-reactive protein (CRP), interleukin 6 (IL-6), and tumor necrosis factor alpha (TNF-α) during two separate 9.5 h visits. The 43 (N = 86) healthy married couples, ages 24–61 (mean = 38.22), discussed a marital disagreement during both visits; behavioral coding of these interactions provided data on hostile marital behaviors, a hallmark of marital distress. The Structured Diagnostic Interview for DSM-IV assessed participants' mood disorder history. Results: Participants with more hostile marital interactions had higher LBP than those who were less hostile. Additionally, the combination of more hostile marital interactions with a mood disorder history was associated with higher LBP/sCD14 ratios. Higher LBP and LBP/sCD14 were associated with greater CRP production; for example, only 21% of low LBP participants (lowest quartile) had average CRP across the day >3, compared to 79% of those in the highest quartile. Higher sCD14 was associated with higher IL-6. Conclusions: These bacterial LPS translocation data illustrate how a distressed marriage and a mood disorder history can promote a proinflammatory milieu through increased gut permeability, thus fueling inflammation-related disorders.

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**Title:**
Glucose and lipid-related biomarkers and the antidepressant response to infliximab in patients with treatment-resistant depression.

**Authors:**
Bekhbat, Mandakh; Chu, Karen; Le, Ngoc-Anh; Woolwine, Bobbi J.; Haroon, Ebrahnam; Miller, Andrew H.; Felger, Jennifer C.;

**Source:**

**Abstract:**
The tumor necrosis factor (TNF) antagonist infliximab was previously found to reduce depressive symptoms in patients with treatment-resistant major depression (TRD) who exhibited high baseline inflammation, as reflected by plasma C-reactive protein (CRP) >5 mg/L. Further predictors of antidepressant response to infliximab included differential expression of peripheral blood gene transcripts that were related not only to inflammation but also to glucose and lipid metabolism. To determine whether plasma biomarkers of glucose and lipid metabolism were similarly associated with antidepressant response to infliximab and with relevant gene transcripts, we measured concentrations of glucose, insulin, and protein hormones that regulate glucose homeostasis and metabolism (leptin, resistin, and adiponectin), as well as cholesterol, triglycerides, and non-esterified fatty acids (NEFA), in medically-stable TRD outpatients at baseline and 2 weeks after the first infusion of infliximab (n = 26) or placebo (n = 26). Treatment response was defined as 50% reduction in depressive symptoms at any point during the 12-week trial. We found that baseline cholesterol (total, low-density lipoprotein [LDL], and non-high-density lipoprotein [non-HDL]), triglycerides and NEFA were elevated in patients who exhibited an antidepressant response to infliximab (all p < 0.05) but not placebo (all p > 0.299). HDL and non-HDL cholesterol concentrations also correlated with two lipid-related gene transcripts that were predictive of antidepressant response (r = 0.33 to 0.39, p < 0.05). Although not associated with response to infliximab, resistin correlated with numerous glucose-related transcripts (r = −0.32 to 0.37, p < 0.05) and was higher at 2 weeks post-infusion in patients treated with infliximab compared to placebo (p = 0.028). Concentrations of cholesterol (total, LDL, HDL, non-HDL) were also lower at 2 weeks in patients treated with infliximab compared to placebo, but only in those patients with CRP >5 mg/L at baseline (all p <
These results are consistent with previous work showing that high inflammation in patients with depression is associated with metabolic alterations, which together predict response to both traditional and experimental antidepressant therapies. Additionally, our findings suggest a causal relationship between increased inflammation and high cholesterol in depression, as a single infusion of infliximab reduced cholesterol in TRD patients with high CRP compared to placebo. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cognitive Behavioral Analysis System of Psychotherapy as group psychotherapy for chronically depressed inpatients: A naturalistic multicenter feasibility trial.

Authors: Sabaß, Lena; Padberg, Frank; Normann, Claus; Engel, Vera; Konrad, Carsten; Helme, Kristina; Jobst, Andrea; Worlitz, Andrew; Brakemeier, Eva-Lotta;


Abstract: The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) is a relatively new approach in the treatment of chronic depression (CD). Adapted as group psychotherapy for inpatients, CBASP is attracting increasing attention. In this naturalistic multicenter trial, we investigated its feasibility after 10 sessions of CBASP group therapy over a treatment time of at least 5 to a maximum of 10 weeks. Treatment outcome was additionally assessed. Across four centers, 116 inpatients with CD (DSM-IV-TR) attended CBASP group psychotherapy. Feasibility was focused on acceptance, and evaluated for patients and therapists after five (t1) and ten sessions (t2) of group psychotherapy. Observer- and self-rating scales (Hamilton Depression Rating Scale—24 items, HDRS₂₄; Beck Depression Inventory-II, BDI-II; World Health Organization Quality of Life assessment, WHOQOL-BREF) were applied before group psychotherapy (t0) and at t2. Dropouts were low (10.3%). Patients' evaluation improved significantly from t1 to t2 with a medium effect size (d = 0.60). Most of the patients stated that the group had enriched their treatment (75.3%), that the size (74.3%) and duration (72.5%) were 'optimal' and 37.3% wished for a higher frequency. Patients gave CBASP group psychotherapy an overall grade of 2 ('good'). Therapists’ evaluation was positive throughout, except for size of the group. Outcome scores of HDRS₂₄, BDI-II, and WHOQOL-BREF were significantly reduced from t0 to t2 with medium to large effect sizes (d = 1.48; d = 1.11; d = 0.67). In this naturalistic open-label trial, CBASP, when applied as inpatient group psychotherapy, was well accepted by patients and therapists. The results point towards a clinically meaningful effect of inpatient treatment with CBASP group psychotherapy on depression and quality of life. Other potential factors that could have promoted symptom change were discussed. A future controlled study could investigate the safety and efficacy of CBASP group psychotherapy for inpatients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: PsychotherapyPlus: Augmentation of cognitive behavioral therapy (CBT) with prefrontal transcranial direct current stimulation (tDCS) in major depressive disorder—Study design and methodology of a multicenter double-blind randomized placebo-controlled trial.

Authors: Bajbouj, Malek; Aust, Sabine; Spies, Jan; Herrera-Melendez, Ana-Lucia; Mayer, Sarah V.; Peters, Mike; Plewnia, Christian; Fallgatter, Andreas J.; Frase, Lukas; Normann, Claus; Behler, Nora; Wulf, Linda; Brakemeier, Eva-Lotta; Padberg, Frank;

Source: European Archives of Psychiatry and Clinical Neuroscience, Vol 268(8), Dec, 2018 pp. 797-808.

Abstract: Major Depressive Disorder (MDD) is one of the most prevalent psychiatric disorders worldwide. About 20–30% of patients do not respond to the standard psychopharmacological and/or psychotherapeutic interventions. Mounting evidence from neuroimaging studies in MDD patients reveal altered activation
patterns in lateral prefrontal brain areas. Successful cognitive behavioral therapy (CBT) is associated with a recovery of these neural alterations. Moreover, it has been demonstrated that transcranial direct current stimulation (tDCS) is capable of influencing prefrontal cortex activity and cognitive functions such as working memory and emotion regulation. Thus, a clinical trial investigating the effects of an antidepressant intervention combining CBT with tDCS seems promising. The present study investigates the antidepressant efficacy of a combined CBT–tDCS intervention as compared to CBT with sham-tDCS or CBT alone. A total of 192 patients (age range 20–65 years) with MDD (Hamilton Depression Rating Scale Score ≥ 15, 21-item version) will be recruited at four study sites across Germany (Berlin, Munich, Tuebingen, and Freiburg) and randomly assigned to one of the following three treatment arms: (1) CBT + active tDCS; (2) CBT + sham-tDCS; and (3) CBT alone. All participants will attend a 6-week psychotherapeutic intervention comprising 12 sessions of CBT each lasting 100 min in a closed group setting. tDCS will be applied simultaneously with CBT. Active tDCS includes stimulation with an intensity of 2 mA for 30 min with the anode placed over F3 and the cathode over F4 according to the EEG 10–20 system, if assigned. The primary outcome measure is the change in Montgomery–Asberg Depression Rating Scale scores from baseline to 6, 18, and 30 weeks after the first session. Participants also undergo pre- and post-treatment neuropsychological testing and functional magnetic resonance imaging (fMRI) to assess changes in prefrontal functioning and connectivity. The study investigates whether CBT can be augmented by non-invasive brain stimulation techniques such as tDCS in the treatment of MDD. It is designed as a proof-of-principle trial for the combined tDCS–CBT treatment, but also allows the investigation of the neurobiological underpinnings of the interaction between both interventions in MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Marriage, divorce, and the immune system.
Authors:
Kiecolt-Glaser, Janice K.;
Source:
Abstract:
This article reviews evidence from several lines of work to describe how marriage and divorce can provoke health-relevant immune alterations, including ways that marital closeness can be perilous for health and divorce can be beneficial. The multiple stresses of a troubled relationship are depressogenic, and the development of a mood disorder sets the stage for psychological and biological vulnerability. Depression provides a central pathway to immune dysregulation, inflammation, and poor health; gender-related differences in depression and inflammation can heighten risk for women compared to men. Sleep and obesity can simultaneously feed off depression as they promote it. In addition, spousal similarities in health behaviors, gene expression, immune profiles and the gut microbiota offer new ways to consider the health advantages and risks of marriage and divorce, providing new perspectives on couples' interdependence, as well as new directions for research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Is the 15-item Geriatric Depression Scale a fair screening tool? A differential item functioning analysis across gender and age.
Authors:
Chiesi, Francesca; Primi, Caterina; Pigliautile, Martina; Baroni, Marta; Ercolani, Sara; Boccardi, Virginia; Ruggiero, Carmelinda; Mecocci, Patrizia;
Source:
Psychological Reports, Vol 121(6), Dec, 2018 pp. 1167-1182. Publisher: Sage Publications; [Journal Article]
Abstract:
The 15-item version of the Geriatric Depression Scale (GDS-15) is widely employed to assess depression in old people, but it is unclear if there are biases in the total score depending on respondents' gender and
In the current study, we investigated the measurement equivalence of the GDS-15 to provide evidence that the test is a fair screening tool when administered to young-old, old-old, and oldest-old men and women. Item Response Theory-based Differential Item Functioning analyses were applied on a large sample of Italian old people. One item exhibited Differential Item Functioning when comparing men and women, and one item showed Differential Item Functioning across different age-groups. Nonetheless, the magnitude of Differential Item Functioning was small and did not produce any differential test functioning. The gender and age measurement equivalence of the GDS-15 confirms that the test can be used for clinical and research screening purposes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Depression.
Authors: Malhi, Gin S.; Mann, J. John;
Abstract: Major depression is a common illness that severely limits psychosocial functioning and diminishes quality of life. In 2008, WHO ranked major depression as the third cause of burden of disease worldwide and projected that the disease will rank first by 2030. In practice, its detection, diagnosis, and management often pose challenges for clinicians because of its various presentations, unpredictable course and prognosis, and variable response to treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Variability of the prevalence of depression in function of sociodemographic and environmental factors: Ecological model.
Authors: Llorente, José María; Oliván-Blázquez, Bárbara; Zuñiga-Antón, María; Masluk, Bárbara; Andrés, Eva; García-Campayo, Javier; Magallón-Botaya, Rosa;
Abstract: Major depression etiopathogenesis is related to a wide variety of genetics, demographic and psychosocial factors, as well as to environmental factors. The objective of this study is to analyze sociodemographic and environmental variables that are related to the prevalence of depression through correlation analysis and to develop a regression model that explains the behavior of this disease from an ecological perspective. This is an ecological, retrospective, cross-sectional study. The target population was 1,148,430 individuals over the age of 16 who were registered in Aragon (Spain) during 2010, with electronic medical records in the community’s primary health care centers. The spatial unit was the Basic Health Area (BHA). The dependent variable was the diagnosis of Depression and the ecological independent variables were: Demographic variables (gender and age), population distribution, typology of the entity, population structure by sex and age, by nationality, by education, by work, by salary, by marital status, structure of the household by number of members, and state of the buildings. The results show moderate and positive correlations with higher rates of depression in areas having a higher femininity index, higher population density, areas with a higher unemployment rate and higher average salary. The results of the linear regression show that aging +75 and rural entities act as protective factors for depression, while urban areas and deficient buildings act as risk factors. In conclusion, the ecological methodology may be a useful tool which, together with the statistical epidemiological analysis, can help in the political decision making process. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cyber victimization and adolescent depression: The mediating role of psychological insecurity and the moderating role of perceived social support. Li, Yang; Li, Dongping; Li, Xian; Zhou, Yueyue; Sun, Wenqiang; Wang, Yanhui; Li, Jinfeng; Authors: Children and Youth Services Review, Vol 94, Nov, 2018 pp. 10-19. Publisher: Elsevier Science; [Journal Article] Abstract: Cyber victimization is a serious risk factor for the manifestation of depressive symptoms in adolescents. However, little is known about the mediating and moderating mechanisms underlying the relationship between these factors. The present study sought to determine whether psychological insecurity mediated the relationship between cyber victimization and depressive symptoms in adolescents. Additionally, this study sought to determine whether this mediating process was moderated by perceived social support. A sample of 793 Chinese adolescents (mean age = 14.41 years, SD = 1.70) completed questionnaires regarding their experience with cyber victimization, psychological insecurity, perceived social support, and depression. Results showed that (a) after controlling for demographics and traditional offline victimization, cyber victimization uniquely predicted a greater prevalence of depressive symptoms; (b) psychological insecurity partially mediated the relationship between cyber victimization and depressive symptoms in adolescents; and (c) perceived social support moderated the direct and indirect paths such that the relationship between psychological insecurity and depression was weaker for adolescents with higher levels of perceived social support (i.e., the stress-buffering effect), but the relationship between cyber victimization and psychological insecurity/depression was stronger for adolescents with higher levels of perceived social support (i.e., the reverse stress-buffering effect). This study contributes to research clarifying the mediating and moderating mechanisms involved in the development of depression among adolescents reporting cyber victimization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neighborhood walkability and physical activity among older women: Tests of mediation by environmental perceptions and moderation by depressive symptoms. Authors: Orstad, Stephanie L.; McDonough, Meghan H.; James, Peter; Klenosky, David B.; Laden, Francine; Mattson, Marifran; Troped, Philip J.; Preventive Source: Medicine: An International Journal Devoted to Practice and Theory, Vol 116, Nov, 2018 pp. 60-67. Publisher: Elsevier Science; [Journal Article] Abstract: Features that enhance neighborhood walkability (higher population density, street connectivity and access to destinations) are associated with higher levels of physical activity among older adults. The perceived neighborhood environment appears to mediate associations between the objective built environment and physical activity. The role of depressed mood in these associations is poorly understood. We examined the degree to which depressive symptoms moderated indirect associations between the objective neighborhood environment and physical activity via the perceived neighborhood environment in older women. We analyzed data on 60,133 women (mean age = 73.1 ± 6.7 years) in the U.S. Nurses’ Health Study cohort who completed the 2008 questionnaire. Self-reported measures included the Geriatric Depression Scale, perceived presence of recreational facilities, retail destinations, sidewalks, and crime, and participation in recreational physical activity and neighborhood walking. We created an objective walkability index by summing z-scores of intersection and facility counts within 1200-meter residential network buffers and census tract-level population density. We used multiple regression with bootstrap-generated 95% bias-corrected confidence intervals (BC CIs) to test for mediation and moderated mediation. Objective walkability was associated with 1.99 times greater odds of neighborhood walking (95% BC CI = 1.92, 2.06) and 1.38 times greater odds of meeting physical activity recommendations (95% BC CI = 1.34, 1.43) via the perceived neighborhood environment. These indirect associations were weaker among women with higher depressive symptom scores. Positive associations between objective neighborhood walkability and physical activities such as walking among older women may be strengthened with a reduction in their depressive symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Welfare participation and depression among youth in the United States: A systematic review.
Authors:
Wu, Shiyou; Wu, Qi; Fraser, Mark W.; Chapman, Mimi V.; Gao, Qin;
Source:
Abstract:
Welfare programs play important roles in the lives of vulnerable populations. However, since their inception, welfare programs have been accompanied by contentious debate about their impact on the wellbeing of participants and, hence, about their collective value as a strategy for alleviating poverty. This study uses welfare participation as a marker of lower socioeconomic status to identify and synthesize the relationship between welfare participation and depression among youth. A systematic review was undertaken based on literature published between 1997 and 2017 through a search of 9 electronic databases, 15 reports met criteria for study inclusion. Four descriptive studies reported mixed findings. Of the 11 comparison studies, 10 studies showed consistent findings that participation in welfare programs was associated with a higher vulnerability for depression. Discussion includes the effects of stigma related to welfare and mental health treatment, and the implications for policy makers, social workers, and future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
No evidence of seasonal variation in mild forms of depression.
Authors:
LoBello, Steven G.; Mehta, Sheila;
Source:
Abstract:
Background and objectives: Seasonal Affective Disorder (SAD) is ubiquitous in popular culture and has influenced psychiatric diagnosis with the inclusion of the seasonal pattern modifier for the Major Depressive Episode in DSM. However, recent research has not supported the association of Major Depressive Episode with seasonal changes. The present study was conducted to determine if a seasonally-related pattern of occurrence of mild variants of depression could be demonstrated in a population-based study. Methods: This is a cross-sectional U.S. survey of adults who completed the PHQ-8 Depression Scale with mild depression defined using a PHQ-8 cut score and a second model based on the DSM-5 diagnosis, Depression with insufficient symptoms. Regression models were used to determine if either variant of mild depression was related to season, latitude, or measures of daylight hours. Results: Neither measure of mild depression was related to daylight hours or its proxy measures. Limitations: Screening instruments for depression, even if consistent with DSM-5 diagnostic criteria, do not allow a formal diagnosis of depression or the exclusion of similar-appearing disorders. Current depression symptoms but not duration of depressive episode is measured. Conclusions: Mild depression is not related to seasonal changes or proxy measures of light exposure. The findings cast doubt on light deficiency as a causal factor of depressive disorders, which underpins the inclusion of the seasonal pattern modifier in DSM-5 and light supplementation as a treatment modality. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Associations between depression, anxious arousal and manifestations of psychological inflexibility.
Authors:
Gilbert, Kirsten E.; Tonge, Natasha A.; Thompson, Renee J.;
Source:
Abstract:
Background and objectives: Psychological inflexibility exhibits across multiple facets of functioning, including thinking styles, personality, cognitive shifting, emotion, and physiology, with many of these manifestations showing associations with depression. As such, these facets might be part of an overarching latent construct of psychological inflexibility that explains associations with depression. We predicted that (1) five facets of inflexibility (perseverative thinking, personality rigidity, attention-shifting, negative emotional inertia, and low respiratory sinus arrhythmia reactivity) would load onto a unique latent construct of psychological inflexibility. Further, we hypothesized this latent construct of psychological inflexibility would be (2) significantly associated with higher depression; and (3) associated with depression to a greater extent than anxious arousal. Methods: Seventy-five adult community participants completed measures assessing the five indices of inflexibility and self-report measures of depression and anxious arousal. Results: Structural equation modeling identified a latent inflexibility construct reflected by perseverative thinking, personality rigidity, and emotional inertia, but did not include attention-shifting or RSA reactivity. The inflexibility construct was positively associated with depression and anxious arousal, but more strongly associated with depression than with anxious arousal. Limitations: Limitations included a small sample size, cross-sectional approach, and dimensional measures of depression and anxious arousal. Conclusions: Findings provide preliminary support that multiple facets of inflexibility may emerge from a broader overarching vulnerability for internalizing psychopathology. This overarching inflexibility construct may have stronger associations with depression than with anxious arousal. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: 
Interactivity, presence, and targeted patient care: Mapping e-health intervention effects over time for cancer patients with depression.
Authors:
Kim, Sojung Claire; Shaw, Bret R.; Shah, Dhavan V.; Hawkins, Robert P.; Pingree, Suzanne; McTavish, Fiona M.; Gustafson, David H.;
Source:
Abstract:
This study examined the interplay of depression and different types of e-health interventions on breast cancer patients' perceived healthcare competence, emotional processing, and social well-being over time. The three e-health interventions—Internet Only as a control condition, CHESS (Comprehensive Health Enhancement Support System) Only, and CHESS with a Human Mentor, a cancer information specialist—provided varying degrees of interactivity and presence. A total of 328 women with breast cancer participated in one of the three interventions for a 6-month period. Women were further split into two groups based on reported levels of depression. For perceived healthcare competence and social well-being, results revealed significant interaction effects for intervention type by depression over time, such that breast cancer patients with higher levels of depression benefited most from the CHESS with Mentor intervention over the 6-month study period. For emotional processing, depressed cancer patients benefited more from the CHESS with Mentor than the other two interventions, regardless of time. These findings have (a) theoretical implications on how mental health factors can intersect with interactivity and presence to influence psychosocial outcomes, (b) conceptual implications for the role of human interaction within e-health systems, and (c) practical implications for the development of e-health interventions for cancer patients with depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Deep brain stimulation targets for treating depression.
Authors:
Drobisz, Dominik; Damborská, Alena;
Source:
Behavioural Brain Research, Vol 359, Feb 1, 2019 pp. 266-273. Publisher: Elsevier Science; [Journal Article]
Abstract:
Deep brain stimulation (DBS) is a new therapeutic approach for treatment-resistant depression (TRD). There is a preliminary evidence of the efficacy and safety of DBS for TRD in the subgenual anterior cingulate cortex, the ventral capsule/ventral striatum, the nucleus accumbens, the lateral habenula, the inferior thalamic peduncle, the medial forebrain bundle, and the bed nucleus of the stria terminalis. Optimal stimulation targets, however, have not yet been determined. Here we provide updated knowledge substantiating the suitability of each of the current and potential future DBS targets for treating depression. In this review, we discuss the future outlook for DBS treatment of depression in light of the fact that antidepressant effects of DBS can be achieved using different targets. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Disinhibited attachment behavior among infants of mothers with borderline personality disorder, depression, and no diagnosis.
Authors: Lyons-Ruth, Karlen; Riley, Caitlin; Patrick, Matthew P. H.; Hobson, R. Peter;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Disinhibited attachment behavior is related to early institutional rearing and to later social maladaptation. It is also seen among infants reared at home whose mothers have histories of child maltreatment or psychiatric hospitalization. However, little is known about the maternal psychiatric diagnoses that might be associated with disinhibited behavior or the mechanisms through which maternal diagnosis might influence infant behavior. In the current study (N = 59), 2 maternal diagnoses, borderline personality disorder (BPD; n = 13) and depression (n = 15), were compared with a no diagnosis group (n = 31) on extent of infant disinhibited behavior. Disinhibited infant behavior was assessed at infant age of 12–18 months using the validated Rating of Infant–Stranger Engagement. Mother–infant interaction was coded using the Atypical Maternal Behavior Instrument for Assessment and Classification. Results indicated that infants of mothers with BPD were significantly more likely to be rated as disinhibited in their behavior toward the stranger compared with infants of mothers with depression and with no diagnosis. Disinhibited behavior was further related to the quality of mother–infant interaction, and maternal frightened/disoriented interaction partially mediated the effect of maternal BPD on infant disinhibited behavior. Disinhibited behavior among previously institutionally reared infants is relatively resistant to intervention after toddlerhood and is associated with maladaptation into adolescence. Therefore, high priority should be placed on understanding the developmental trajectories of home-reared infants with disinhibited behavior and on providing early assessment and early parenting support to mothers with BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Depression as a moderator in the relation between mothers’ and daughters’ ethnic identity commitment.
Authors: Halgunseth, Linda C.; Milan, Stephanie; Hynes, Kevin; Melendez-Rhodes, Tatiana; Reid, Alexander;
Source: Cultural Diversity and Ethnic Minority Psychology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objectives: This study examined whether maternal depressive symptoms moderated the association between mothers’ and daughters’ ethnic identity commitment. Method: The sample included 165 (69% Latina, 26% African American/Black, and 5% Asian, Native American, or Middle Eastern) mother–adolescent daughter dyads. Mothers’ self-reported on their ethnic identity commitment and depressive symptoms, and adolescent daughters self-reported on their ethnic identity commitment. Results: After controlling for adolescent age and language, results revealed no association between mothers’ and daughters’ ethnic identity commitment. However, a 2-way interaction was found. Mothers’ and daughters’ ethnic identity commitment were positively related when mothers reported low depressive symptoms, and negatively related when mothers reported high depressive symptoms. Conclusions: Family clinicians who
work to strengthen positive self-concepts in girls of color should consider promoting their mothers' attachment to their ethnic group and treating existing maternal depressive symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Altered hippocampal function with preserved cognitive performance in treatment-naive major depressive disorder.
Authors:
Alders, Gésine L.; Milne, Andrea M. B.; Minuzzi, Luciano; Frey, Benicio N.; MacQueen, Glenda M.; Hall, Geoffrey B.;
Source:
Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
The hippocampus is implicated in the pathophysiology of major depressive disorder (MDD), with evidence that morphological changes occur with disease progression. It was hypothesized that treatment-naive patients with depression would show performance deficits in hippocampus-dependent memory trials, with concurrent hippocampal activation deficits on functional magnetic resonance imaging, compared with control participants. Thirteen treatment-naive patients with MDD and 13 control participants completed a hippocampus-dependent memory functional magnetic resonance imaging process-dissociation task. On behavioural measures of habit memory and guessing, there were no significant differences between groups. Functional magnetic resonance imaging analysis indicated that compared with the control group, the MDD group showed increased activation in the parahippocampal gyrus and hippocampus on habit memory and nonitem trials. These alterations in hippocampal functioning with preserved cognitive performance on a test of hippocampus-dependent memory in MDD may be indicative of a compensatory mechanism. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Early childhood depression, emotion regulation, episodic memory, and hippocampal development.
Authors:
Barch, Deanna M.; Harms, Michael P.; Tillman, Rebecca; Hawkey, Elizabeth; Luby, Joan L.;
Source:
Abstract:
Depression in adults is associated with deficits in a number of cognitive domains, however it remains less clear how early in development these deficits can be detected in early onset depression. There are several different hypotheses about the links between cognitive function and depression. For example, it has been argued that executive function deficits contribute to emotion regulation difficulties, which in turn increase risk for depression. Further, it has been suggested that some cognitive deficits, such as episodic memory, may reflect hippocampal abnormalities linked to both depression and episodic memory. We examined these questions in adolescents participating in a longitudinal study of preschool onset depression. We measured cognitive function at adolescence using the National Institutes of Health toolbox (vocabulary, processing speed, executive function, working memory and episodic memory), and examined relationships of cognitive deficits to depression, emotion regulation, life stress and adversity, as well as hippocampal volume trajectories over three imaging assessments starting at school age. Depression related deficits in episodic memory were found. Youths with either current and past depression showed episodic memory deficits even after controlling for other psychopathology and family income. Depression severity, emotion dysregulation, and life stress/adversity all predicted episodic memory impairment, as did smaller intercepts and slopes of hippocampal growth over time. Modest relationships of depression to hippocampal volume and strong relationships between emotion regulation and both episodic memory and hippocampal volume were found. These data are consistent with prior work in adults linking depression, episodic memory, emotion regulation, life stress/adversity, and hippocampal volume in adults and suggest similar relations are evident as early as adolescence when memory systems are under development. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title:
Structure of affect in types of anxiety and depression.

Authors:
Domaradzka, Ewa; Fajkowska, Malgorzata;

Source:
Journal of Individual Differences Publisher: Hogrefe Publishing; [Journal Article]

Abstract:
Although anxiety and depression are treated as separate conditions, the literature concerning their affective functioning is inconclusive. To address this issue, we analyzed types of anxiety (arousal and apprehension) and depression (valence and anhedonic). We hypothesized that the similarities and differences in the structure of affect would be related to the specific structural components and functions (reactive or regulative) of the types. We assessed the valence (negative and positive affect) and content (specific emotions) of affect by the Positive and Negative Affect Schedule—Expanded Form (PANAS-X) in 1,632 participants from a general population. Regression analyses showed that the anxiety and depression types (measured by Anxiety and Depression Questionnaire) can be differentiated by the content of affect, but not its valence: Fear was characteristic for anxiety, especially the arousal anxiety. Valence depression was primarily related to hostility, while anhedonic depression was predicted by sadness, guilt, and lowered joviality. Moreover, as expected, regulative emotions (e.g., joviality) were stronger predictors of the regulative apprehension anxiety and anhedonic depression, while the more reactive fear was more strongly related to the reactive arousal anxiety than to regulative apprehension anxiety. These results confirm that the structure of affect is related to the structure and functions of anxiety and depression types. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Intraday activity levels may better reflect the differences between major depressive disorder and bipolar disorder than average daily activity levels.

Authors:
Tanaka, Tsunehiko; Kokubo, Kumiko; Iwasa, Kazunori; Sawa, Kosuke; Yamada, Naoto; Komori, Masashi;

Source:

Abstract:
It is important to establish an objective index to differentiate mood disorders (i.e., bipolar disorder; BD and major depressive disorder; MDD). The present study focused on the pattern of changes of physical activity in the amount of activity intraday, and examined the relationship between activity patterns and mood disorders. One hundred and eighteen inpatients with MDD or BD in a depressive state provided the activity data by using wearable activity trackers for 3 weeks. In order to illuminate the characteristic patterns of intraday activities, Principal Component Analysis (PCA) was adopted to extract the main components of intraday activity changes. We found that some of the PCs reflected the differences between the types of mood disorder. BD participants showed high activity pattern in the morning and low activity pattern in evenings. However, MDD showed the opposite. Our results suggest that activity tracking focused on daytime activity patterns may provide objective auxiliary diagnostic information. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Contingencies of self-worth on positive and negative events and their relationships to depression.

Authors:
Liu, Cheng-Hong; Huang, Po-Sheng;

Source:

Abstract:
Previous studies have found that the relationship between contingencies of self-worth (CSW) and depression was generally weak. We posited that this is partly because previous studies assumed CSW on positive and negative events as the same construct (one-dimensional CSW), which should be better conceptualized as two distinct dimensions (two-dimensional CSW) in explaining depression. A total of 393 undergraduates from Taiwan completed the measures regarding one-dimensional CSW, two-dimensional CSW, and depression. After dividing CSW of seven classic domains into two dimensions of positive and negative CSW, the results of confirmatory factor analyses showed that the two-dimensional CSW model had better model fit than the one-dimensional model in all domains. Furthermore, relative to using one-dimensional CSW as a predictor of depression, the variance accounted for largely increased when positive and negative CSW entered simultaneously in the regression equation. The results suggest that CSW on positive and negative events should be seen as two dimensions and this perspective may largely increase the explanatory power of CSW in explaining mental health. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Association between depressive symptom clusters and food attentional bias.
Authors: Hawkins, Misty A. W.; Vrany, Elizabeth A.; Cyders, Melissa A.; Ciciolla, Lucia; Wells, Tony T.; Stewart, Jesse C.;
Abstract: Background: The mechanisms underlying the depression-obesity relationship are unclear. Food attentional bias (FAB) represents one candidate mechanism that has not been examined. We evaluated the hypothesis that greater depressive symptoms are associated with increased FAB. Method: Participants were 89 normal weight or overweight adults (mean age = 21.2 ± 4.0 years, 53% female, 33% non-white, mean body mass index in kg/m² = 21.9 ± 1.8 for normal weight; 27.2 ± 1.5 for overweight). Total, somatic, and cognitive-affective depressive symptom scores were computed from the Patient Health Questionnaire-8 (PHQ-8). FAB scores were calculated using reaction times (RT) and eye-tracking (ET) direction and duration measures for a food visual probe task. Age, gender, race/ethnicity, and body fat percent were covariates. Results: Only PHQ-8 somatic symptoms were positively associated with RT-measured FAB (β = 0.23, p = .04). The relationship between somatic symptoms and ET direction (β = 0.18, p = .17) and duration (β = 0.23, p = .08) FAB indices were of similar magnitude but were not significant. Somatic symptoms accounted for 5% of the variance in RT-measured FAB. PHQ-8 total and cognitive-affective symptoms were unrelated to all FAB indices (ps ≥ 0.09). Conclusions: Only greater somatic symptoms of depression were linked to food attentional bias as measured using reaction time. Well-powered prospective studies should examine whether this bias replicates, particularly for eye-tracking measures, and whether it partially mediates the depression-to-obesity relationship. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Risk analysis of suicidal ideations and postpartum depression with antenatal alpha methyldopa use.
Authors: Nayak, Ajita S.; Nachane, Hrishikesh B.;
Abstract: Out of the various risk factors for postpartum depression, use of pharmacotherapy during pregnancy is the most poorly understood. The present study aimed to establish risk of postpartum depression and suicidal ideations with antenatal use of alpha methyldopa. Out of the 100 postpartum women assessed, 77.78% of the women who were prescribed alpha methyldopa had significant postpartum depression. There was statistically significant risk of postpartum depression associated with alpha methyldopa (p = 0.026, OR = 6.45). There was no increased suicidal risk with use of alpha methyldopa in these women (p = 1.00). (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title:
The effects of adult depression on the recollection of adverse childhood experiences.

Authors:
Frampton, Nina M. A.; Poole, Julia C.; Dobson, Keith S.; Pusch, Dennis;

Source:

Abstract:
Adverse childhood experiences (ACEs) have been linked to numerous negative physical and mental health outcomes across the lifespan. As such, self-report questionnaires that assess for ACEs are increasingly used in healthcare settings. However, previous research has generated some concern over the reliability of retrospective reports of childhood adversity, and it has been proposed that symptoms of depression may increase recall of negative memories. To investigate the stability of ACE scores over time and whether they are influenced by symptoms of depression, we recruited 284 participants (M age = 40.96, SD = 16.05) from primary care clinics. Participants completed self-report measures of depression and ACEs twice, three months apart. The test-retest reliability of ACEs was very high (r = .91, p < .001). A cross-lagged panel analysis indicated that PHQ-9 scores at Time 1 were not predictive of changes in ACE scores at Time 2 (β = 0.00, p = .96). Results of this study indicate that changes in symptoms of depression do not correspond with changes in ACE scores among adults. This study provides support for the stability and reliability of ACE scores over time, regardless of depression status, and suggests that ACE measures are appropriate for use in healthcare settings. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Trajectories of co-occurrence of depressive symptoms and deviant behaviors: The influences of perceived social support and personal characteristics.

Authors:
Chen, Chia-Yi; Lien, Yin-Ju;

Source:

Abstract:
On the basis of mutual influence theories of depressive symptoms-deviant behaviors covariation, this study aimed to clarify the causal mechanism between depressive symptoms and deviant behaviors and to examine the influences of social support and personal characteristics on the co-occurrence of depressive symptoms and deviant behaviors in Taiwanese adolescents. The data was selected from the Taiwan Educational Panel Survey (TEPS). A total of four waves of students' data (N = 4163) were analyzed using auto-regressive latent trajectory models (ALT models). The levels of depressive symptoms and deviant behaviors mutually influenced each other across early adolescence. Only a negative association was found between teacher informational support and deviant behaviors. Furthermore, extroversion personality and gender influenced both depressive symptoms and deviant behaviors. The causal co-occurrence between depressive symptoms and deviant behaviors remained significant after considering influences of perceived social support, personality and gender. Co-occurrence of depressive symptoms and deviant behaviors during adolescence has serious implication for their current and future achievement and mental health. Depressive symptoms and deviant behaviors should be assessed in early adolescence and be identified as targets for prevent depression and deviance in the future. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
The mediating role of internalized weight stigma on weight perception and depression among emerging adults: Exploring moderation by weight and race.

Authors:
Decker, Kristina M.; Thurston, Idia B.; Kamody, Rebecca C.;

**Source:**

**Abstract:**
The current study examined internalized weight stigma as a mediator of the association between self-perceived weight and depressive symptoms. University students (N = 317) aged 18–25 years completed measures of self-perceived weight, internalized stigma, and depressive symptoms. Multigroup path analyses were used to examine the indirect effect of self-perceived weight on depression through self-stigma. Findings revealed that among persons of size, internalized stigma mediated the effect of higher self-perceived weight on higher depressive symptoms. Among lean persons, this indirect effect was only significant for Black participants. Among all groups, the direct effect of self-perceived weight on internalized stigma was significant. While the present results warrant future replication, the findings expand our understanding of the association between self-perceived weight and depression. These results also illuminate potential future opportunities for rich, culturally informed research and clinical advances that take into account the detrimental role of weight stigma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Metacognitive therapy versus cognitive behavioral therapy: A network approach.

**Authors:**
Johnson, Sverre Urnes; Hoffart, Asle;

**Source:**

**Abstract:**
A network perspective on mental problems represents a new alternative to the latent variable perspective. Diagnoses are assumed to refer to a causal network of observable mental problems or symptoms (observables). The observable symptoms that traditionally have been considered indicators of latent traits (disorders) are taken to be directly related causal entities. Few studies have investigated how different therapies affect a network structure of symptoms and processes. In this study, three anxiety symptoms, three depression symptoms and mechanisms in the form of cognitions, metacognitions, worry and threat monitoring were selected. The network structure over the course of therapy for metacognitive therapy (MCT) and Cognitive behavioral therapy (CBT) was investigated. It was hypothesized that worry, attention, and metacognition would be important nodes in MCT and that cognitions would be important in CBT. The data used in the analysis are from a RCT where 74 patients with comorbid anxiety disorders were randomized to either transdiagnostic MCT or disorder-specific CBT. Symptoms and mechanisms were measured every week. The data was analyzed using the multilevel vector autoregressive (mVAR) model, which is currently the most developed method to analyze multivariate time series in multiple subjects and construct networks. The results indicate that there were different networks of symptoms and mechanisms in MCT and CBT. Central nodes in both treatments are worry and attention, however, the node of negative metacognitive beliefs about uncontrollability was more central in the MCT treatment. The results are consistent with predictions from the S-REF model. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Exploring the incorporation of a positive psychology component in a cognitive behavioral internet-based program for depressive symptoms. Results throughout the intervention process.

**Authors:**
Mira, Adriana; Bretón-López, Juana; Enrique, Ángel; Castilla, Diana; García-Palacios, Azucena; Baños, Rosa; Botella, Cristina;

**Source:**

**Abstract:**
Traditionally, evidence-based treatments for depression have focused on negative symptoms. Different authors describe the need to include positive affect as a major target of treatment. Positive psychology
aims to fill this gap. Reaching everyone in need is also important, and Internet-based interventions can help in this task. The present study is a secondary analysis derived from a randomized controlled trial aimed to test the efficacy of an Internet-based intervention for patients with depressive symptoms. This intervention consisted of an 8-module Internet-based program that combined four modules based on cognitive-behavioral therapy strategies and four modules based on positive psychology strategies. The main goal of this secondary analysis is to report the data collected after each module from the participants who completed the intervention, explore the changes throughout the intervention process, and examine the changes observed in the different variables before versus after the introduction of the positive psychology component. A total of 103 patients completed the intervention. At pre-, post-intervention, and post-module evaluations, they completed positive and negative affect, depression, and anxiety measures. Negative affect and anxiety decreased significantly during the implementation of the cognitive-behavioral therapy and positive psychology modules. However, depression and positive affect improved only after the introduction of the positive psychology modules. This is the first study to explore, throughout the intervention process (module by module), the incorporation of a positive psychology component in an Internet-based program. Results suggest that positive psychology techniques might have an impact on clinical symptomatology, and they emphasize the need to include these techniques to achieve a more profound change in positive functioning measures. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Implementing prevention of seasonal affective disorder from patients’ and physicians’ perspectives—A qualitative study.

Authors:
Nussbaumer-Streit, Barbara; Pjrek, Edda; Kien, Christina; Garlehnner, Gerald; Bartova, Lucie; Friedrich, Michaela-Elena; Kasper, Siegfried; Winkler, Dietmar;

Source:

Abstract:
Background: Seasonal affective disorder (SAD) is a seasonally recurrent type of major depression that has detrimental effects on patients’ lives during winter. Little is known about how it affects patients during summer and about patients’ and physicians’ perspectives on preventive SAD treatment. The aim of our study was to explore how SAD patients experience summers, what type of preventive treatment patients implement, which preventive treatment methods, if any, physicians recommend, and what factors facilitate or hinder implementation/recommendation of SAD prevention. Methods: We conducted 15 semi-structured interviews, ten with adult patients with a history of SAD and five with physicians. Transcripts were analyzed by two researchers using an inductive thematic analysis approach. Results: One group of patients was able to enjoy summer and ignore thoughts of the upcoming winter. The other group feared the impending depressive episode in winter, and this fear negatively impacted these patients’ well-being during the summer. Preventive treatment was a relevant issue for all patients, and all but one person implemented SAD prevention during summer. We identified six factors that influenced patient use of preventive treatment of SAD. Four factors occur on an individual level (knowledge about disease and preventive treatment options, experience with treatment in acute phase, acceptability of intervention, willingness to take responsibility for oneself), one on an interpersonal level (social and work environment), and one on a structural level (healthcare system). All psychiatrists recommended some kind of preventive intervention, most commonly, lifestyle changes. Four factors influenced psychiatrists in recommending prevention of SAD (patient expectations, disease history and stability, risk/benefit ratio, lack of evidence). Conclusions: Success in the implementation of SAD prevention does not solely depend on the willingness of the patients, but is also influenced by external factors. Raising awareness of SAD among general practitioners and low-level access to mental-health support could help patients find appropriate help sooner. To better guide the optimal treatment choice, comparative effectiveness research on treatments to prevent a new onset in patients with a history of SAD and clinical practice guidelines on SAD are needed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Abnormal resting state activity of left middle occipital gyrus and its functional connectivity in female patients with major depressive disorder.

Authors:
Teng, Changjun; Zhou, Jing; Ma, Hui; Tan, Yarong; Wu, Xin; Guan, Chengbin; Qiao, Huifen; Li, Jijun; Zhong, Yuan; Wang, Chun; Zhang, Ning;

Source:

Abstract:
Background: Women are more susceptible to major depressive disorder (MDD). A possible explanation is that women have a trait tendency to engage in a ruminative response style. Depending on cognitive model of depression, attention bias, memory bias and self-referential bias were closely related among depressed patients. Previous studies have explored the neural mechanism of the cognitive biases by using amplitude of low frequency fluctuations (ALFF) or functional connectivity (FC), and few combined these two metrics, especially focusing on female patients. Methods: We assessed 25 female patients diagnosed with MDD and 13 well matched healthy controls (HCs) using Rs-fMRI. Two metrics ALFF and FC based on abnormal ALFF were explored and made comparisons. Results: Compared with HCs, female patients with MDD showed that one cluster with significantly decreased ALFF in the left middle occipital gyrus (L-MOG). Furtherly we founded depressed female subjects showed significantly lower FC between the L-MOG seed and left orbitofrontal cortex, and significantly higher FC between the L-MOG seed and left medial prefrontal gyrus and left hippocampus. Conclusions: Our results showed L-MOG may act as a connection, which involved in the processing of cognitive biases of MDD by connected with limbic-cortical regions in resting state. These findings may enhance the understanding of the neurobiological mechanism in female patients with MDD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Burnout: Moving beyond the status quo.

Authors:
Bianchi, Renzo; Schonfeld, Irvin Sam; Laurent, Eric;

Source:

Abstract:
Burnout has been defined as a job-induced syndrome combining emotional exhaustion, depersonalization/cynicism, and a sense of reduced personal accomplishment. In this article, we expand on past analyses of burnout by reviewing key, yet overlooked, problems affecting the construct. We concomitantly examine the implications of these problems for the overall validity of burnout research. Our work shows that burnout research is undermined by 4 main problems. First, what constitutes a case of burnout is unclear. Second, the basic conceptualization and operationalization of burnout are ill aligned. Third, burnout is unlikely to be the specifically job-induced syndrome it has been posited to be. Fourth, the discriminant validity of the burnout construct is unsatisfactory. These fundamental problems, disregarded for decades, render burnout research inconclusive. This state of affairs (a) bears on researchers’ and practitioners’ ability to monitor and protect workers’ health and (b) prevents public health policymakers from producing authoritative recommendations. The burnout construct thus appears to not well serve the goal of promoting occupational health. The depression construct may offer occupational health specialists a way out of the ‘burnout impasse.’ Depression is diagnosable. Like burnout, depression can be studied dimensionally (i.e., as a process) and examined from both an individual and a social standpoint. Methods for investigating the etiological link between depressive symptoms and disorders and job stress are available. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Stress management during the second trimester of pregnancy.

Authors:
Kantziari, Maria A.; Nikolettos, Nikolaos; Sivvas, Thomas; Bakoula, Chryssa Tzoumaka; Chrousos, George P.; Darviri, Christina;

Abstract: Maternal stress has been associated with pregnancy complications and negative perinatal outcomes. The effectiveness of a stress management program (including diaphragmatic breathing, progressive muscle relaxation, and guided imagery) was tested in a 2-arm, parallel-group, quasi-experimental randomized controlled trial of an 8-week intervention group comprising pregnant women in the second trimester (N = 40), compared with a usual care wait-list control group. Self-report measures were used to evaluate perceived stress levels (Perceived Stress Scale), health locus of control (Health Locus of Control Scale), and depressive symptoms (Edinburgh Postnatal Depression Scale). Data analysis showed that stress management techniques significantly lowered perceived stress levels and depressive symptoms (p < .05) and increased the internal locus of control (p < .05). Stress management using recorded relaxation instructions and handouts is a cost-effective intervention that can improve pregnant women’s mental well-being. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Psychological interventions for people affected by childhood-onset heart disease: A systematic review.

Authors: Tesson, Stephanie; Butow, Phyllis N.; Sholler, Gary F.; Sharpe, Louise; Kovacs, Adrienne H.; Kasparian, Nadine A.


Abstract: Objective: Guidelines recommend psychological intervention for children, adolescents, and adults with childhood-onset heart disease and their families, yet a comprehensive review of interventions is lacking. We aimed to determine the efficacy of psychological interventions for this population. Method: We searched 6 electronic databases until August, 2017 for English-language, controlled trials of psychological interventions for children, adolescents, or adults with congenital heart disease, inherited arrhythmias, or cardiomyopathies, or their family members. Outcomes of interest included: anxiety, depression, psychological stress and distress, health-related quality of life, coping and adjustment, developmental outcomes, physical health, and parent and family outcomes. Results: Of 7,660 identified articles, 11 articles reporting on 9 unique interventions met inclusion criteria. Four interventions included adolescents or adults with congenital heart disease, 2 of which also included individuals with cardiomyopathies, valvular heart conditions, or inherited arrhythmias. Five interventions targeted parents, predominantly mothers, of children with congenital heart disease. Clinical and methodological diversity was observed across trials. Parent-focused interventions demonstrated some improvements in maternal mental health, including anxiety and worry, coping, and family functioning. Evidence for the efficacy of interventions for adolescents and adults was limited. Most trials (8/9) were at 'high' or 'serious' risk of bias. Conclusions: Despite an established evidence-base for psychological interventions in other chronic illness populations, evidence of efficacy for children and adults with childhood-onset heart disease and their families was limited. Interventions using conceptual frameworks tested in methodologically robust trials are needed to enhance the provision of mental health care for people of all ages with childhood-onset heart disease. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Sex differences in the relationships among weight stigma, depression, and binge eating.

Authors: Wellman, Joseph D.; Araiza, Ashley M.; Solano, Crystal; Berru, Eric;

Source: Appetite, Vol 133, Feb 1, 2019 pp. 166-173. Publisher: Elsevier Science; [Journal Article]

Abstract: Weight stigma and weight discrimination are prevalent in the United States and binge eating has been found to be associated with these experiences in numerous studies. One issue with the current literature...
on weight stigma and binge eating, however, is that study samples are primarily female, resulting in a lack of understanding of this relationship among males. To address this gap, we examined potential sex differences in the association between weight stigma and binge eating, as well as mediators of this relationship. Specifically, we examined experiences of weight discrimination and weight stigma consciousness as predictors of binge eating, and we assessed whether these relationships were mediated by depression, perceived stress, and/or perceived control. Results showed that, among females and males, experiences of weight discrimination significantly predicted binge eating and depression mediated this relationship; perceived stress also mediated this association, but only among males, and perceived control did not mediate for either sex. Results also showed that, among males, the relationship between weight stigma consciousness and binge eating was mediated by depression and perceived control, but not perceived stress. Weight stigma consciousness was unrelated to binge eating among females. Together, these findings suggest that weight stigma constructs differentially impact females and males, thereby illuminating the possible need for consideration of sex as an important component of efforts to reduce weight stigma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
Mindful eating and change in depressive symptoms: Mediation by psychological eating styles.

**Authors:**

**Source:**
Appetite, Vol 133, Feb 1, 2019 pp. 204-211. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Earlier cross-sectional research showed that a higher level of mindful eating is associated with less depression. This study investigated associations of attentive mindful eating with change in depressive symptoms, as well as mediation by psychological eating styles, in the Longitudinal Aging Study Amsterdam (n = 946). The mindful eating domains Focused Eating, Eating in response to Hunger and Satiety Cues, Eating with Awareness and Eating without Distraction were measured by the Mindful Eating Behavior Scale. Three-year change in depressive symptoms was measured with the Center for Epidemiologic Studies Depression Scale. Emotional, external and restrained eating were measured by the 20-item version of the Dutch Eating Behaviour Questionnaire. Higher baseline scores on Focused Eating, Eating with Awareness and Eating without Distraction were associated with a 3-year decrease in depressive symptoms. Eating in response to Hunger and Satiety Cues was not associated with a change in depressive symptoms. Multiple mediation models showed mediation by external eating for the domains Eating with Awareness, Eating without Distraction, and Eating in response to Hunger and Satiety Cues, but no mediation by emotional and restrained eating. No mediation by the eating styles was found for Focused Eating. In this study, higher scores on three mindful eating domains were associated with a decrease in depressive symptoms. Mediation analyses suggest that three domains are associated with depression through external eating. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
Functional plasticity of the dorsomedial prefrontal cortex in depression reorganized by electroconvulsive therapy: Validation in two independent samples.

**Authors:**
Bai, Tongjian; Wei, Qiang; Zu, Meidan; Xie, Wen; Wang, Jiaojian; Gong-Jun, Ji; Yu, Fengqiong; Tian, Yanghua; Wang, Kai;

**Source:**

**Abstract:**
Previous studies have implied a key role for the prefrontal cortex in the antidepressive effect of electroconvulsive therapy (ECT). However, there is still ubiquitous inconsistency across these studies, partly due to several confounding effects induced by the use of different samples. Studies with independent samples are necessary for validations to minimize confounding effects. In the current study, resting-state magnetic resonance imaging of 84 participants was collected using two scanners and two
types of scanning parameters. One sample consisted of 28 patients and 23 healthy controls, and the other sample consisted of 33 patients. The local activity (indexed by the amplitude of low-frequency fluctuations) and functional connectivity were used to examine functional plasticity in the two independent samples before and after ECT. Both samples showed increased local activity of the dorsomedial prefrontal cortex (DMPFC) and enhanced connectivity of the DMPFC with the posterior cingulate cortex (PCC) following ECT. The enhanced connectivity between the DMPFC and PCC was positively associated with clinical improvement for both samples. These findings provide relatively strong evidence to support the functional plasticity of the dorsomedial prefrontal cortex and reorganization by ECT. The functional plasticity of the DMPFC-PCC may underlie the antidepressive effect of ECT. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Loneliness and depressive symptoms in middle aged and older adults experiencing serious mental illness.
Authors:
Dell, Nathaniel A.; Pelham, Michelle; Murphy, Allison M.;
Source:
Psychiatric Rehabilitation Journal Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Objective: To examine the relationship between loneliness and depressive symptoms among middle-aged and older adults diagnosed with serious mental illness (SMI). Method: Cross-sectional data from a community mental health center were used to understand the contribution of loneliness to depressive symptoms. Participants (n = 100) were aged 50 or older, diagnosed with SMI, and receiving intensive case management services. Hierarchical linear regression was conducted to explore the relationship of social and emotional loneliness to depressive symptoms when controlling for trauma symptom severity and self-rated health. Results: The sample experienced high levels of loneliness, depressive symptoms, and trauma symptoms. Emotional loneliness explained a greater amount of unique variance in depressive symptoms compared with other significant predictors. Social loneliness did not significantly contribute to the model. Conclusions and Implications for Practice: Among consumers of intensive case management services, emotional loneliness is uniquely associated with greater depressive symptoms. Loneliness and depression strongly covary but are distinct concepts that may be targeted conjointly to improve well-being among persons experiencing SMI. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Men, masculinities, depression: Implications for mental health services from a Delphi expert consensus study.
Authors:
Seidler, Zac E.; Rice, Simon M.; Ogrodniczuk, John S.; Oliffe, John L.; Shaw, Joanne M.; Dhillon, Haryana M.;
Source:
Professional Psychology: Research and Practice Publisher: American Psychological Association; [Journal Article]
Abstract:
Tailoring psychological treatments to men's specific needs has long been a concern considering that many men are reluctant to seek or engage with professional help. The present study aimed to seek consensus via an expert panel regarding essential aspects to include in practitioner training programs for those working with men experiencing depression. A 2-round Delphi study was conducted to gain consensus among practitioners, researchers, and educators about the importance of a pool of 30 potential training program components across the following 6 domains: masculinity frameworks; impact of gender on clinical practice; depression in men; assessment and formulation; male-specific adaptations to treatment and; language and communication. The panelists comprised 53 multidisciplinary international experts in the men's mental health. Panelists were asked to rate each item on a 5-point likert scale from should not be included to essential. Consensus was defined as >80% of respondents scoring within 2 points on the Likert scale. After 2 Delphi rounds, consensus was reached for 22 of 30 items, and a further 2 items approached consensus. All items focused on features of depression among men and the impact of
masculinities on clinical practice were endorsed. Items related to suicidality and depression diagnosis received the highest consensus, and the language and communication domain received limited support and was removed. This study provides a set of consensus-based recommendations for practitioner training. The recommendations offer actionable, gender-specific adaptations to psychological treatments for depression in men to be developed and trialed in practitioner training programs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Association between negative cognitive bias and depression: A symptom-level approach.

Authors:
Beever, Christopher G.; Mullarkey, Michael C.; Dainer-Best, Justin; Stewart, Rochelle A.; Labrada, Jocelyn; Allen, John J. B.; McGeary, John E.; Shumake, Jason;

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

Abstract:
Cognitive models of depression posit that negatively biased self-referent processing and attention have important roles in the disorder. However, depression is a heterogeneous collection of symptoms and all symptoms are unlikely to be associated with these negative cognitive biases. The current study involved 218 community adults whose depression ranged from no symptoms to clinical levels of depression. Random forest machine learning was used to identify the most important depression symptom predictors of each negative cognitive bias. Depression symptoms were measured with the Beck Depression Inventory—II. Model performance was evaluated using predictive R-squared (Rpred2), the expected variance explained in data not used to train the algorithm, estimated by 10 repetitions of 10-fold cross-validation. Using the self-referent encoding task (SRET), depression symptoms explained 34% to 45% of the variance in negative self-referent processing. The symptoms of sadness, self-dislike, pessimism, feelings of punishment, and indecision were most important. Notably, many depression symptoms made virtually no contribution to this prediction. In contrast, for attention bias for sad stimuli, measured with the dot-probe task using behavioral reaction time (RT) and eye gaze metrics, no reliable symptom predictors were identified. Findings indicate that a symptom-level approach may provide new insights into which symptoms, if any, are associated with negative cognitive biases in depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Back to top
Schizophrenia

Title: The effect of response cost on instrumental performance in higher and lower schizotypal participants.

Authors: Reed, Phil;


Abstract: This study explored the relationship between response cost and the responding maintained by free-operant schedules of reinforcement for participants with lower and higher levels of schizotypy. The ‘discounting’ hypothesis suggests that those with higher levels of schizotypy should be less sensitive to the negative consequences of their behavior. This predicts that participants with higher-schizotypy scores would have higher response levels on any given schedule, and that the effect of increasing response cost would not be as noticeable for this group. Participants responded via a computer keyboard on random interval (RI) 30-s, 60-s, and 120-s schedules of reinforcement for points (60 points), and experienced response costs of either low (1-point deduction) or high (10-point deduction) response costs. The UE subscale of the O-LIFE(B) was used to measure schizotypy levels. Response rates were higher with low-costs compared to high-costs for those with higher-UE scores, but not for those with lower-UE scores. That response cost differentially affected higher-UE scorers, suggesting that a ‘disconfirmation’ view of these data does not explain free-operant performance well. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reading the (functional) writing on the (structural) wall: Multimodal fusion of brain structure and function via a deep neural network based translation approach reveals novel impairments in schizophrenia.

Authors: Plis, Sergey M.; Amin, Md Faijul; Chekroud, Adam; Hjelm, Devon; Damaraju, Eswar; Lee, Hyo Jong; Bustillo, Juan R.; Cho, KyungHyun; Pearlson, Godfrey D.; Calhoun, Vince D.;


Abstract: This work presents a novel approach to finding linkage/association between multimodal brain imaging data, such as structural MRI (sMRI) and functional MRI (fMRI). Motivated by the machine translation domain, we employ a deep learning model, and consider two different imaging views of the same brain like two different languages conveying some common facts. That analogy enables finding linkages between two modalities. The proposed translation-based fusion model contains a computing layer that learns ‘alignments’ (or links) between dynamic connectivity features from fMRI data and static gray matter patterns from sMRI data. The approach is evaluated on a multi-site dataset consisting of eyes-closed resting state imaging data collected from 298 subjects (age- and gender matched 154 healthy controls and 144 patients with schizophrenia). Results are further confirmed on an independent dataset consisting of eyes-open resting state imaging data from 189 subjects (age- and gender matched 91 healthy controls and 98 patients with schizophrenia). We used dynamic functional connectivity (dFNC) states as the functional features and ICA-based sources from gray matter densities as the structural features. The dFNC states characterized by weakly correlated intrinsic connectivity networks (ICNs) were found to have stronger association with putamen and insular gray matter pattern, while the dFNC states of profuse strongly correlated ICNs exhibited stronger links with the gray matter pattern in precuneus, posterior cingulate cortex (PCC), and temporal cortex. Further investigation with the estimated link strength (or alignment score) showed significant group differences between healthy controls and patients with schizophrenia in several key regions including temporal lobe, and linked these to connectivity states showing less occupancy in healthy controls. Moreover, this novel approach revealed significant correlation between a cognitive score (attention/vigilance) and the function/structure alignment score that was not detected when data modalities were considered separately. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Impact of substance use disorder on gray matter volume in schizophrenia.
Authors: Quinn, Margaret; McHugo, Maureen; Armstrong, Kristan; Woodward, Neil; Blackford, Jennifer; Heckers, Stephan;
Abstract: Substance use may confound the study of brain structure in schizophrenia. We used voxel-based morphometry (VBM) to examine whether differences in regional gray matter volumes exist between schizophrenia patients with (n = 92) and without (n = 66) clinically significant cannabis and/or alcohol use histories compared to 88 healthy control subjects. Relative to controls, patients with schizophrenia had reduced gray matter volume in the bilateral precentral gyrus, right medial frontal cortex, right visual cortex, right occipital pole, right thalamus, bilateral amygdala, and bilateral cerebellum regardless of substance use history. Within these regions, we found no volume differences between patients with schizophrenia and a history of cannabis and/or alcohol compared to patients with schizophrenia without a clinically significant substance use history. Our data support the idea that a clinically meaningful history of alcohol or cannabis use does not significantly compound the gray matter deficits associated with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Abnormalities of fronto-subcortical pathways in schizophrenia and the differential impacts of antipsychotic treatment: A DTI-based tractography study.
Authors: Leroux, E.; Vandevelde, A.; Tréhout, M.; Dollfus, S.;
Abstract: The fronto-striato-thalamic circuitry is a key network in patients with schizophrenia (SZPs). We use diffusion tensor imaging (DTI) to investigate the integrity of white matter (WM) pathways involved in this network in SZPs relative to healthy controls (HCs). We also evaluate the differential impact of chronic exposure to clozapine as well as other atypical and typical antipsychotics. 63 HCs and 41 SZPs were included. Of the SZPs, 16 were treated with clozapine (SZPsC), 17 with atypical antipsychotics (SZPsA), and 8 with typical antipsychotics (SZPsT). Three tracts were reconstructed in the left hemisphere using tractography: one fronto-subcortical tract, one prefronto-subcortical tract, and one prefronto-frontal tract. Diffusion parameters were individually extracted in each tract. SZPs exhibited lower integrity in both the fronto-subcortical and prefronto-subcortical tracts relative to HCs, and SZPsT showed altered integrity compared to SZPsC. There were no WM integrity differences in the prefronto-frontal tract between SZP groups or between SZPs and HCs. SZPs exhibit structural connectivity abnormalities in the prefronto-fronto-subcortical network that are specifically and differentially impacted by the type of antipsychotic treatment. Additional studies are needed to separate the contributions of clozapine-mediated neuroprotection, neurotoxicity related to typical antipsychotics, and the illness itself to observed differences. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The effects of a muscarinic receptor 1 gene variant on cortical thickness and surface area in schizophrenia.
Authors: Carruthers, Sean P.; Gurvich, Caroline T.; Cropley, Vanessa L.; Pantelis, Christos; Bousman, Chad; Lenroot, Rhosheyl K.; Bruggemann, Jason M.; Weickert, Thomas; Rossell, Susan L.; Australian Source:
Individuals with schizophrenia who are homozygous at the c.267C > A single nucleotide polymorphism (rs2067477) within the cholinergic muscarinic M1 receptor gene have been reported to perform less well on the Wisconsin Card Sorting Test and demonstrate reduced grey matter volume in the right precentral gyrus. We investigated if rs2067477 genotype variation influenced cortical thickness and cortical surface area in a sample of 176 schizophrenia/schizoaffective disorder patients using FreeSurfer. We were unable to detect any significant changes to either surface-based measure of brain structure across genotype. Future studies should expand the focus and include SNPs that are in linkage disequilibrium with rs2067477.


Title:
Patient preferences concerning the efficacy and side-effect profile of schizophrenia medications: A survey of patients living with schizophrenia.

Authors:
Achtyes, Eric; Simmons, Adam; Skabeev, Anna; Levy, Nikki; Jiang, Ying; Marcy, Patricia; Weiden, Peter J.;

Source:
BMC Psychiatry, Vol 18, Sep 12, 2018 ArtID: 292. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Despite the availability of numerous antipsychotic medications, many patients with schizophrenia continue to experience side effects that contribute to the overall burden of the illness. The present survey of patients with schizophrenia and schizoaffective disorder aimed to assess patient attitudes toward antipsychotic treatment, and understand key factors about willingness to try a new medication. Methods: A cross-sectional survey was administered to 250 patients with a primary clinical diagnosis of a schizophrenia spectrum disorder across five outpatient clinics in the United States. The survey included self-reported gender, age, weight, and height, and questions about the importance of efficacy and side effects on the decision to take a prescribed antipsychotic medication. Results: Patients rated efficacy and side effects as important attributes of antipsychotic treatment, with 93.6% and 83.6% of patients listing these as 'very' or the 'most' important factors in taking prescribed medication. A total of 87.6% of respondents identified the ability to think more clearly as an important property of their medication. Patients identified weight gain, physical restlessness, and somnolence as important side effects of current treatments ('very' or 'most' important by 61.6%, 60.8%, and 58.8%, respectively). When asked about willingness to change antipsychotic medication, anticipated weight gain had a negative influence on willingness to try the new treatment, with 22.0% declining to try a medication that would lead to weight gain of 2.7–4.5 kg (6–10 lb), 34.0% declining for anticipated weight gain of 5.0–9.1 kg (11–20 lb), and 52.4% declining for anticipated weight gain greater than 9 kg (20 lbs). Conclusion: Patients living with schizophrenia spectrum disorders are influenced by many factors when considering whether to take their medication, including efficacy and side effects. It is important for clinicians to assess specific patient concerns to develop a comprehensive treatment plan that maximizes adherence to the prescribed therapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A thematic analysis assessing clinical decision-making in antipsychotic prescribing for schizophrenia.

Authors:
Roberts, Rossela; Neasham, Abigail; Lambrinudi, Chania; Khan, Afshan;

Source:
BMC Psychiatry, Vol 18, Sep 10, 2018 ArtID: 290. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: In recent decades atypical antipsychotics have increased treatment options available for schizophrenia, however there is conflicting evidence concerning the trade-off between clinical efficacy and side effects for the different classes of antipsychotics. There has been a consistent increase in atypical antipsychotic prescribing compared to typical, despite evidence showing that neither class is superior.
This leads to the question of whether prescribers are selective in their uptake of research evidence and clinical guidelines and if so, what influences their choice. This study aims to identify the factors that contribute to the prescribing choice and how these can be used to aid knowledge translation and guideline implementation. Methods: A thematic analysis study was conducted using data from 11 semi-structured interviews with clinicians with experience in prescribing for schizophrenia. Results: The analysis identified five themes underpinning prescribing behaviour: (1) ownership and collaboration; (2) compromise; (3) patient involvement; (4) integrating research evidence; and (5) experience. Conclusion: The themes mapped to various degrees onto current models of evidence-based decision making and suggest that there is scope to re-think the guideline implementation frameworks to incorporate recurring themes salient to clinicians who ultimately use the guidelines. This will further translation of future evidence into clinical practice, accelerating clinical progress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Prospective observational cohort study of ‘treatment as usual’ over four years for patients with schizophrenia in a national forensic hospital.

Authors:
Richter, Melanie S.; O'Reilly, Ken; O'Sullivan, Danny; O'Flynn, Padrac; Corvin, Aiden; Donohoe, Gary; Coyle, Ciara; Davoren, Mary; Higgins, Caroline; Byrne, Orla; Nutley, Tina; Nulty, Andrea; Sharma, Kapil; O'Connell, Paul; Kennedy, Harry G.;

Source:
BMC Psychiatry, Vol 18, Sep 8, 2018 ArtID: 289. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: We evaluated change in response to multi-modal psychosocial ‘treatment as usual’ programs offered within a forensic hospital. Methods: Sixty nine patients with a diagnosis of schizophrenia or schizoaffective disorder were followed for up to four years. Patient progress was evaluated using the DUNDRUM-3, a measure of patient ability to participate and benefit from multi-modal psychosocial programs and the HCR-20 dynamic items, a measure of violence proneness. We report reliable change index (RCI) and reliable and clinically meaningful change (RMC). We assessed patients’ cognition using the MCCB, psychopathology using the PANSS. The effect of cognition and psychopathology on change in DUNDRUM-3 was examined using hierarchical multiple regression with age, gender, and baseline DUNDRUM-3 scores. Results: The DUNDRUM-3 changed significantly (p < 0.004, d = 0.367, RCI 32% of 69 cases, RMC 23%) and HCR-20-C (p < 0.003, d = 0.377, RCI 10%). Both cognition and psychopathology accounted for significant variance in DUNDRUM-3 at follow up. Those hospitalized for less than five years at baseline changed more than longer stay patients. Mediation analysis demonstrated that the relationship between cognition and change in violence proneness (HCR-20-C) was both directly affected and indirectly mediated by change in DUNDRUM-3. Conclusions: Change in response to multi-modal psychosocial programs (DUNDRUM-3) reduced a measure of violence proneness over four years. Forensic in-patients’ ability to benefit from psychosocial treatment appears to be a function of the outcome measure used, unit of measurement employed, degree of cognitive impairment, psychopathology, and length of stay. Lower risk of re-offending may be partially attributable to participation and engagement in psychosocial interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Antipsychotic polypharmacy and metabolic syndrome in schizophrenia: A review of systematic reviews.

Authors:
Ijaz, Sharea; Bolea, Blanca; Davies, Simon; Savović, Jelena; Richards, Alison; Sullivan, Sarah; Moran, Paul;

Source:

Abstract:
Background: There is conflicting evidence on the association between antipsychotic polypharmacy and metabolic syndrome in schizophrenia. We conducted a review of published systematic reviews to evaluate evidence on the association between metabolic syndrome (diabetes, hypertension, and hyperlipidaemia) and exposure to antipsychotic polypharmacy in schizophrenia. Methods: We searched five electronic
databases, complemented by reference screening, to find systematic reviews that investigated the association of antipsychotic polypharmacy in schizophrenia with hypertension, diabetes, or hyperlipidaemia. Selection of reviews, data extraction and review quality were conducted independently by two people and disagreements resolved by discussion. Results were synthesised narratively. Results: We included 12 systematic reviews, which reported heterogeneous results, mostly with narrative syntheses and without pooled data. The evidence was rated as low quality. There was some indication of a possible protective effect of drug combinations including aripiprazole for diabetes and hyperlipidaemias, compared to other combinations and/or monotherapy. Only one review reported the association between APP and hypertension. The most frequently reported combinations of medication included clozapine, possibly representing a sample of patients with treatment resistant illness. No included review reported results separately by setting (primary or secondary care). Conclusions: Further robust studies are needed to elucidate the possible protective effect of aripiprazole. Long-term prospective studies are required for accurate appraisal of diabetes risk, hypertension and hyperlipidaemia in patients exposed to antipsychotic polypharmacy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: First-episode psychosis in treatment-resistant schizophrenia: A cross-sectional study of a long-term follow-up cohort.
Authors: Kanahara, Nobuhisa; Yamanaka, Hiroshi; Suzuki, Tomotaka; Takase, Masayuki; Iyo, Masaomi; Source: BMC Psychiatry, Vol 18, Sep 3, 2018 ArtID: 274. Publisher: BioMed Central Limited; [Journal Article]
Abstract: Background: Approximately one-third of schizophrenia patients eventually develop treatment-resistant schizophrenia (TRS). Although the time course of TRS development varies from patient to patient, the details of these variations have not been clarified. The present study compared the duration of time required to achieve control of the first-episode psychosis (FEP) between patients who went on to develop TRS and those who did not, in order to determine whether a bifurcation point exists for the transition to TRS. Methods: The present study included 271 schizophrenia patients. Based on the clinical assessment, each patient was assigned to a TRS (n = 79) or Non-TRS group (n = 182). Clinical factors relating to FEP treatment such as the duration of initial hospital admission and the degree of improvement were retrospectively identified. Results: There was no significant difference in the duration of initial hospital admission (defined as the time from treatment introduction to successful discharge) between the two groups (mean of 87.9 days for TRS vs. 53.3 days for Non-TRS). The degree of improvement during initial hospital admission of the TRS group was significantly lower than that of the Non-TRS group (Global Assessment of Functioning (GAF) of 50 points for TRS vs. 61 points for Non-TRS). Approximately half of the TRS patients showed an acute onset pattern and longer hospital admission (mean 169 days) for their FEP. The other half of TRS patients needed no hospital admission, indicating an insidious onset pattern with no clear psychotic episode and treatment introduction without hospital admission. Conclusions: Future TRS patients can have difficulty in improvement during their FEP. There appear to be two distinct patterns for the development of TRS. One pattern is characterized by refractory positive symptoms and a longer period to control the first psychosis; the other shows latent or insidious onset and poor response to the initial treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Can prebiotics assist in the management of cognition and weight gain in schizophrenia?
Authors: Kao, Amy Chia-Ching; Burnet, Philip W. J.; Lennox, Belinda R.; Source: Psychoneuroendocrinology, Vol 95, Sep, 2018 pp. 179-185. Publisher: Elsevier Science; [Journal Article]
Abstract: Schizophrenia is among the top half of the 25 leading causes of disabilities worldwide with a 10–20 year decrease in life expectancy. Ineffective pharmacotherapy in the management of cognitive deficits and weight gain are known to be significant contributors; therefore interventions that may mitigate one, or both,
of these parameters would be highly beneficial. Manipulation of the gut microbiome using dietary supplements such as prebiotics may be one such intervention. Preclinical studies have shown that a 2–4 week dietary supplementation with a prebiotic has beneficial effects on learning and memory, and prevents pro-inflammatory signals that are detrimental to cognitive processes. Furthermore, prebiotics influence metabolism, and in obesity they increase the expression of anorexigenic gut hormones such as peptide tyrosine tyrosine, glucagon-like peptide 1 and leptin, as well as decrease levels of orexigenic hormones such as ghrelin. Despite compelling evidence for the pro-cognitive and neuroprotective effects of prebiotics in rodents, their ability to alleviate cognitive deficits or enhance cognition needs to be evaluated in humans. Here we suggest that important symptoms associated with schizophrenia, such as cognitive impairment and weight gain, may benefit from concurrent prebiotic therapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Response inhibition and interference control: Effects of schizophrenia, genetic risk, and schizotypy.
Authors: Ettinger, Ulrich; Aichert, Désirée S.; Wöstmann, Nicola; Dehning, Sandra; Riedel, Michael; Kumari, Veena;
Abstract: The ability to inhibit inappropriate responses and suppress irrelevant information is a core feature of executive control. In this study, we provide a detailed analysis of prepotent response inhibition and interference in patients with schizophrenia. To further test the role of genetic factors and subclinical schizophrenia-like traits, we additionally studied clinically unaffected, first-degree relatives of schizophrenia patients and assessed dimensions of schizotypy in both relatives and healthy controls. Inhibition and interference control were assessed using a battery comprising the antisaccade, Stroop, stop signal, go/no-go, flanker, and Simon tasks. Schizophrenia patients differed from both relatives and controls in making more errors on the antisaccade task and having longer response times on the Stroop task, especially the incongruent condition. Patients also had general, that is, condition independent, increases in reaction times on the go/no-go and flanker tasks and made more errors on the flanker and Simon tasks, suggesting general performance impairments independent of inhibitory demand. Relatives were characterized by hypometric antisaccade amplitude gain despite normal prosaccades, suggesting a selective deficit in non-standard sensorimotor transformations. Schizotypy was correlated with inhibitory performance across a number of tasks in both relatives and controls. Generally, these effects were independent of verbal intelligence levels. Overall, the findings point to rather selective impairments of inhibitory control in the schizophrenia spectrum and confirm a previously observed deficit in antisaccade spatial accuracy as an endophenotype of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Dose reduction of high-dose first-generation antipsychotics or switch to ziprasidone in long-stay patients with schizophrenia: A 1-year double-blind randomized clinical trial.
Authors: Bogers, Jan P. A. M.; Schulte, Peter F. J.; Broekman, Theo G.; Moleman, Peter; de Haan, Lieuve;
Source: European Neuropsychopharmacology, Vol 28(9), Sep, 2018 pp. 1024-1034. Publisher: Elsevier Science;
Abstract: Long-stay patients with severe schizophrenia are frequently treated with high doses of first-generation antipsychotics (FGA). Dose reduction or switching to ziprasidone may reduce the severity of negative symptoms and side effects. We investigated in a randomized double-blind trial whether a dose-reduction strategy to achieve an adequate dose of a FGA (5 mg/day haloperidol equivalents, n = 24) or switching to ziprasidone (160 mg/day, n = 24) in treatment resistant patients would decrease negative symptoms after 1 year of treatment. We found that negative symptoms did not change significantly in either condition. Positive symptoms, excited symptoms, and emotional distress worsened over time with ziprasidone,
resulting in a significant difference between conditions in favour of FGA dose reduction. Relapse and treatment failure, defined as a prolonged or repeated relapse, occurred more often with ziprasidone than with FGA (45.8% versus 20.8%, and 25.0% versus 16.7%, respectively). Treatment with ziprasidone was superior for extrapyramidal symptoms. Our study establishes that lowering high FGA doses to an equivalent of 5 mg/day haloperidol or switching to ziprasidone is feasible in the vast majority of patients but does not improve negative or other symptoms. Neither FGA dose reduction nor switching to ziprasidone is an adequate alternative to clozapine for long-stay patients with severe treatment resistant schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Obesity influences white matter integrity in schizophrenia.
Authors: Spangaro, Marco; Mazza, Elena; Poletti, Sara; Cavallaro, Roberto; Benedetti, Francesco; 
Abstract: Background: White matter (WM) alterations have been consistently described in patients with schizophrenia and correlated with the severity of psychotic symptoms and cognitive impairment. Obesity has been reported in over 40% of patients with schizophrenia and has been associated with cognitive deficits, cardiovascular diseases, metabolic alterations, and overall mortality. Moreover, studies among healthy subjects and subjects at risk for psychosis reported an influence of Body Mass Index (BMI) on structural connectivity. We therefore hypothesized that obesity and overweight could further disrupt WM integrity of patients affected by schizophrenia. Methods: Eighty-eight schizophrenia patients were evaluated for BMI. We divided the sample in overweight/obese and normal weight groups. We then performed whole brain tract-based spatial statistics in the WM skeleton with threshold-free cluster enhancement of DTI measures of WM microstructure: axial (AD), radial (RD), and mean diffusivity (MD), and fractional anisotropy (FA). Results: A significant difference between the two groups was observed: normal weight patients showed higher AD and a higher FA trend compared to obese patients in several fibers’ tracts including longitudinal fasciculus, uncinate fasciculus, corona radiata, thalamic radiation, fronto-occipital fasciculus, cingulum and corpus callosum. Conclusions: Elevated BMI might contribute to WM disruption of schizophrenia by hampering structural connectivity in critical cortico-limbic networks, known to play a crucial role in neurocognitive functioning, emotional processing and psychopathology whose dysfunction are prominent features of the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Intact illusory contour formation but equivalently impaired visual shape completion in first- and later-episode schizophrenia.
Authors: Keane, Brian P.; Paterno, Danielle; Kastner, Sabine; Krekelberg, Bart; Silverstein, Steven M.; 
Source: Journal of Abnormal Psychology Publisher: American Psychological Association; [Journal Article]
Abstract: Visual shape completion is a fundamental process that constructs contours and shapes on the basis of the geometric relations between spatially separated edge elements. People with schizophrenia are impaired at distinguishing visually completed shapes, but when does the impairment emerge and how does it evolve with illness duration? The question bears on the debate as to whether cognition declines after illness onset. To address the issue, we tested healthy controls (n = 48), first-episode psychosis patients (n = 23), and chronic schizophrenia patients (n = 49) on a classic psychophysical task in which subjects discriminated the relative orientations of four sectored circles that either formed or did not form visually completed shapes (illusory and fragmented conditions, respectively). Visual shape completion was quantified as the extent to which performance in the illusory condition exceeded that of the fragmented. Half of the trials incorporated wire edge elements, which augment contour salience and improve shape completion. Each patient group exhibited large visual shape completion deficits that could not be
explained by differences in age, motivation, or orientation tuning. Patients responded normally to changes in illusory contour salience, indicating that they were forming but not adequately employing such contours for discriminating shapes. Shape completion deficits were most apparent for patients with cognitive disorganization, poor premorbid early adolescent functioning, and normal orientation discrimination. Visual shape completion deficits emerge maximally by the first psychotic episode and arise from higher-level disturbances that are related to premorbid functioning and disorganization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The interactive effect of autism and psychosis severity on theory of mind and functioning in schizophrenia.

Authors:
Vaskinn, Anja; Abu-Akel, Ahmad;

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

Abstract:
Objective: Autism and schizophrenia are characterized by impairments in social cognition and functioning. They can co-occur at both the trait/symptom and diagnostic levels. We investigated the concurrent effect of autism and psychotic symptom severity on social cognition and functioning in schizophrenia. Method: Individuals with schizophrenia or schizoaffective disorder were included (N = 81; 32 women). Symptoms were measured with the Positive and Negative Syndrome Scale using the Positive subscale (PANSSPos; Kay, Fiszbein, & Opler, 1987) and the PANSS Autism Severity Score (PAUSS; Kästner et al., 2015). Theory of mind (ToM) was assessed with the Movie for the Assessment of Social Cognition (MASC; Dziobek et al., 2006), which yields scores for three error types: overmentalizing, undermentalizing, and no mentalizing. Functioning was assessed with the Global Assessment of Functioning (GAF-f; Pedersen, Hagtvet, & Karterud, 2007) and the Social Functioning Scale (SFS; Birchwood, Smith, Cochrane, Wetton, & Copestake, 1990). The sample was bimodally distributed and therefore divided into low and high PAUSS groups. We used generalized linear models to examine the effect of PANSSPos, PAUSS, and their interaction on GAF-f, SFS, and MASC scores. Results: For the entire cohort, the PANSSPos × PAUSS interaction was significantly associated with better GAF-f (p = .005), SFS (p = .029), and overall ToM (p = .035), and for the high-PAUSS group, with reduced overmentalizing errors (p = .002), resulting in better overall ToM. Conclusion: Concurrent elevated levels of autism and positive psychotic symptoms seem to benefit functioning and social cognition in schizophrenia. The results are consistent with the diametic model, which posits that autism and schizophrenia are characterized by opposing patterns in mentalizing, and promote the radical idea that the presence of both disorders may be associated with attenuated impairments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Intact perception of coherent motion, dynamic rigid form, and biological motion in chronic schizophrenia.

Authors:
Keane, Brian P.; Peng, Yujia; Demmin, Docia; Silverstein, Steve M.; Lu, Hongjing;

Source:

Abstract:
Background: Prior studies have documented biological motion perception deficits in schizophrenia, but it remains unclear whether the impairments arise from poor social cognition, perceptual organization, basic motion processing, or sustained attention/motivation. To address the issue, we had 24 chronic schizophrenia patients and 27 healthy controls perform three tasks: coherent motion, where subjects indicated whether a cloud of dots drifted leftward or rightward; dynamic rigid form, where subjects determined the tilt direction of a translating, point-light rectangle; and biological motion, where subjects judged whether a human point-light figure walked leftward or rightward. Task difficulty was staircase controlled and depended on the directional variability of the background dot motion. Catch trials were added to verify task attentiveness and engagement. Results: Patients and controls demonstrated similar performance thresholds and near-ceiling catch trial accuracy for each task (uncorrected ps > 0.1; ds < 0.35). In all but the coherent motion task, higher IQ correlated with better performance (ps < 0.001).
Conclusion: Schizophrenia patients have intact perception of motion coherence, dynamic rigid form, and biological motion at least for our sample and set-up. We speculate that previously documented biological motion perception deficits arose from task or stimulus differences or from group differences in IQ, attention, or motivation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
DNA methylation and gene expression of the chemokine (C-X-C motif) ligand 1 in patients with deficit and non-deficit schizophrenia.

Authors:
Zhou, Chao; Chen, Jiu; Tang, Xiaowei; Feng, Xiaotang; Yu, Miao; Sha, Weiwei; Wang, Xiang; Zhang, Xiaobin; Yi, Hongwei; Zhang, Xiangrong;

Source:
Psychiatry Research, Vol 268, Oct, 2018 pp. 82-86. Publisher: Elsevier Science; [Journal Article]

Abstract:
This study detected the differences in gene expression and DNA methylation of CpG sites in CXCL1 gene and further investigated their associations with clinical symptoms in deficit schizophrenia (DS) and non-deficit schizophrenia (NDS). Pyrosequencing and RT-qPCR were separately used to determine DNA methylation and mRNA expression of CXCL1 gene. Both DNA methylation and expression were significantly different among DS, NDS and healthy control (HC) groups. Correlation analysis revealed that CXCL1 gene expression was associated with the negative syndrome in NDS patients, while no association in DS patients was observed. All together, these results suggest that DS may be a specific subgroup of schizophrenia with the characteristic abnormality of peripheral CXCL1 DNA methylation and gene expression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Functional remission in schizophrenia: A FROGS-based definition and its convergent validity.

Authors:
Gorwood, Philip; Mallet, Jasmina; Lancrenon, Sylvie;

Source:

Abstract:
Functional remission concerns only one third of schizophrenia patients who achieved symptomatic remission. We previously developed a scale devoted to functional remission, named the FROGS (Functional Remission Of General Schizophrenia). This instrument encompasses three clinically relevant dimensions. The aim of this study is to provide a threshold for functional remission relying on these three dimensions, and to compare its psychometric properties with other scales devoted to functional remission. We tested the characteristics of functional remission according to the FROGS. The FROGS was used in different European countries and compared to other valid scales (GAF, PSP and PSRS) in a sample of 295 schizophrenia patients. The association with different parameters as external validators was assessed, including clinical remission. A comparison of the classifying properties of each scale compared to the others was made. The four instruments were equally influenced by the PANSS score, the clinical remission according Andreassen's criteria, the number of past hospitalizations and the presence of a paid working activity. These findings provide a simple threshold for the FROGS, tightly linked to the definition of functional remission, with a good convergent validity. This instrument might be easily used to facilitate the assessment of functional remission in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The impact of delay in clozapine initiation on treatment outcomes in patients with treatment-resistant schizophrenia: A systematic review.

Authors:
Approximately one-third of patients with schizophrenia have treatment-resistant schizophrenia (TR-SCZ), which is a condition characterized by suboptimal response to antipsychotics other than clozapine. Importantly, treatment with clozapine—the only antipsychotic with an indication for TR-SCZ—is often delayed, which could contribute to negative outcomes. Given that the specific impact of delay in clozapine initiation is not well understood, we aimed to conduct a systematic search of the Ovid Medline® database to identify English language publications exploring the impact of delay in clozapine initiation on treatment outcomes in patients with TR-SCZ. Additionally, clinico-demographic factors associated with clozapine delay were examined. Our search identified four retrospective studies that showed an association between longer delay in clozapine initiation and poorer treatment outcomes, even after including covariates, such as age, sex, and duration of illness. In addition, we found six studies that showed an association between age and clozapine delay, but results with regard to other clinico-demographic variables were inconsistent. Overall, the available literature reveals a possible link between delay in clozapine use and poorer treatment outcomes in patients with TR-SCZ. However, given the relatively small number of studies on this clinically important topic, future research is warranted to draw more definitive conclusions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Menstrual cycle irregularity and menopause status influence cognition in women with schizophrenia.

Cognitive impairments are a core feature of schizophrenia and contribute significantly to functional complications. Current pharmacological treatments do not ameliorate cognitive dysfunction and the aetiology of cognitive impairments are poorly understood. Hormones of the hypothalamic-pituitary-gonadal (HPG) axis that regulate reproductive function have multiple effects on the development, maintenance and function of the brain and have been suggested to also influence cognition. The aim of the current study was to investigate how HPG axis hormones effect cognition, specifically exploring the influence of menopause status and menstrual cycle irregularity on cognitive performance in women with schizophrenia. The data for the present study represents pooled baseline data from three clinical trials. Two hundred and forty female participants with a diagnosis of schizophrenia or schizoaffective disorder were included in the analysis. Cognition was assessed using the Repeatable Battery for the Assessment of Neuropsychological Status. Hormone assays for serum sex steroids and pituitary hormones (including estradiol, progesterone, luteinising hormone and follicle-stimulating hormone) were conducted and women were classified as postmenopausal; perimenopausal; premenopausal/reproductive, further classified into regular and irregular menstrual cycles. To model a comparison of cognitive performance for i) perimenopausal; ii) post-menopausal women and iii) reproductive aged women with irregular cycles to reproductive aged women with regular cycles a semiparametric regression model (generalised additive mode) was fitted. The results revealed that in females with schizophrenia, menstrual cycle irregularity predicted significantly poorer cognitive performance in the areas of psychomotor speed, verbal fluency and verbal memory. Perimenopause was not associated with cognitive changes and the post-menopausal period was associated with poorer visuospatial performance. This study provides evidence to associate reproductive hormones with cognitive dysfunction in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Authors: Kristof, Zsuliet; Kresznerits, Szilvia; Olah, Mate; Gyollai, Agoston; Lukacs-Miszler, Katalin; Halmai, Tamas; Fountoulakis, Konstantinos N.; Tenyi, Tamas; Dome, Peter; Gonda, Xenia; Source: Psychiatry Research, Vol 268, Oct, 2018 pp. 198-205. Publisher: Elsevier Science; [Journal Article] Abstract: There are conflicting results concerning risk of violence in schizophrenia. Empathy and mentalization deficits are associated both with schizophrenia and violence, however, there are only a few studies with equivocal results concerning their relationship. 88 violent and nonviolent paranoid schizophrenic and violent and nonviolent control males in psychiatric, forensic psychiatric and correctional institutions completed the Ekman 60 Faces test, Faux Pas Recognition Test, Eysenck IVE test, Interpersonal Reactivity Index, and the Spielberger Anger Expression Scale. Data were analysed with ANOVA and logistic regression models. Significant group differences with a characteristic pattern were detected in mentalization, facial affect recognition, fear and anger recognition, interpersonal distress, and frequency of direction of anger expression. Predictors of violent behaviour were different in the schizophrenic and non-schizophrenic groups. Lack of major differences in empathy and mentalization between violent and nonviolent schizophrenia patients suggests that such deficits are core features of schizophrenia but do not determine emerging violence in this illness. Our results emphasise the importance of distinguishing between violence related to core positive symptoms of schizophrenia and that emerging from independent comorbid antisocial personality traits in order to identify targets for screening, detection, prevention and management of violence risk in different subpopulations of schizophrenia patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Sleep profiles and CBT-I response in schizophrenia and related psychoses. Authors: Chiu, Vivian W.; Ree, Melissa; Janca, Aleksandar; Iyyalol, Rajan; Dragovic, Milan; Waters, Flavie; Source: Psychiatry Research, Vol 268, Oct, 2018 pp. 279-287. Publisher: Elsevier Science; [Journal Article] Abstract: This study investigated sleep subtypes in schizophrenia, and their response to Cognitive Behavioural Therapy for Insomnia (CBT-I) treatment. Sleep profiling was conducted using latent class analysis on baseline Pittsburgh Sleep Quality Index data (N = 74 outpatients with schizophrenia who were poor sleepers, 52% male, mean age = 41.4 years). Of these, 40 took part in CBT-I treatment. Analyses revealed three sleep subtypes based on total sleep time (TST), sleep efficiency (SE), and sleep onset latency (SOL) parameters: Cluster 1 (‘classic severe insomnia’, 44.6%), Cluster 2 (‘insomnia with normal sleep duration’, 37.8%), and Cluster 3 (‘insomnia with hypersomnia’, 17.6%). Gains analysis of pre- and post-treatment data from CBT-I participants revealed improvements in sleep and psychopathology in all three clusters, although there were some group differences in the areas and magnitude of improvement. Cluster 1 showed the greatest benefits with longer TST and improved SE. Cluster 2 showed a comparatively blunted treatment response although TST moved closer to recommended sleep guidelines. Cluster 3 showed significant reductions in TST. Altogether, this is the first demonstration of different sleep profiles in schizophrenia and their influence on treatment response to CBT-I. It also supports the notion that therapies should be tailored to the person and their insomnia presentation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A direct examination of the cognitive underpinnings of multitasking abilities: A first study examining schizophrenia. Authors: Laloyaux, Julien; Van der Linden, Martial; Nuechterlein, Keith H.; Thonon, Bénédicte; Larøi, Frank; Source: Psychiatry Research, Vol 268, Oct, 2018 pp. 288-296. Publisher: Elsevier Science; [Journal Article] Abstract:
Many real world activities are complex and require multitasking abilities. However, the nature of these abilities remains poorly understood, and in particular in schizophrenia. The aim of the present study was to provide a better understanding of such abilities with the help of a newly developed computerized tool, the Computerized Meeting Preparation Task (CMPT). Fifty-seven individuals with schizophrenia and 39 healthy controls completed the CMPT and an extensive cognitive battery. Patients were also evaluated with a series of clinical measures. During the CMPT, participants are asked to prepare a room for a meeting while, at the same time, dealing with interruptions, solving problems, and remembering prospective memory instructions. The CMPT was found to significantly differentiate patients and healthy controls for several variables. Results also showed that multitasking abilities were related to a large array of cognitive functions and, in particular, to those associated to executive functioning. These relations were not explained by the presence of a general cognitive impairment. Finally, a double dissociation between multitasking abilities and performance on standard cognitive tests was observed. Altogether, these results underline the importance of evaluating multitasking abilities in schizophrenia as it allows detecting cognitive difficulties that cannot be identified by standard cognitive tests. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Exploring anxiety in schizophrenia: New light on a hidden figure.
Authors: Buonocore, Mariachiara; Bosia, Marta; Baraldi, Maria Alice; Bechi, Margherita; Spangaro, Marco; Cocchi, Federica; Bianchi, Laura; Guglielmino, Carmelo; Mastromatteo, Antonella Rita; Cavallaro, Roberto.
Abstract: Anxiety is among the least studied features of schizophrenia, despite evidence of its significant impact on disease outcome. This work aims to investigate the anxiety construct in a sample of outpatients with schizophrenia, exploring the interplay of clinical, neurocognitive and social cognitive domains, as well as adverse childhood experiences and their relative contribute in determining anxiety. A forward stepwise regression model was performed on a sample of 68 outpatients with schizophrenia, to examine the predictive effect of different variables on anxiety. Predictors have been selected based on previous literature and include psychopathological, neurocognitive and social cognitive measures, as well as premorbid environmental factors. The analysis showed a significant contribution of childhood adverse experiences, followed by personal distress, while no significant effect was found for symptom's severity, nor global cognitive efficiency. The results show that anxiety is mainly determined by early environmental factors, as well as by socio-cognitive dimensions, such as personal distress. Data also suggest that anxiety can be considered as an independent construct, rather than as a mere epiphenomenon of the illness. The study has clinical implications as it highlights the importance of implementing both standardized assessments and group interventions specifically targeting anxiety in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: More intensive probing increases the detection of social anxiety disorders in schizophrenia.
Authors: Roy, Marc-André; Vallières, Chantal; Lehoux, Catherine; Leclerc, Louis-David; Demers, Marie-France; Achim, Amélie M.;
Abstract: This study examined the influence of the assessment methods in detecting social anxiety disorders (SAD). We used a two-stage procedure to elicit social anxiety symptoms (SAS) to diagnose SAD in 80 people with a schizophrenia spectrum psychotic disorder (SZSPD) from an early intervention program. We observed a 28.8% lifetime prevalence of SAD when considering only the SAS elicited using the SCID probes (first stage), and a significant increase to 48.8% after adding the probes from the Liebowitz Social
Anxiety Scale (second stage). In conclusion, the LSAS can increase the sensitivity in detecting SAS and hence SAD comorbid to SZSPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Serum levels of TNF-alpha in patients with chronic schizophrenia during treatment augmentation with sarcosine (results of the PULSAR study).

Authors:
Strzelecki, Dominik; Urban-Kowalczyk, Małgorzata; Wysokiński, Adam;

Source:

Abstract:
Sarcosine, glycine transporter inhibitor, increases glycine levels around NMDA receptor, improving primary negative symptoms of schizophrenia. The aim of our study was to find a potential relationship between initial TNF-alpha level, its changes and schizophrenia symptoms severity, resulting from adding sarcosine to a stable antipsychotic treatment. Sixty subjects with stable schizophrenia were randomized to receive either 2 g of sarcosine or placebo and completed a 6-month, double blind, placebo-controlled study. Three patients on sarcosine and one taking placebo did not complete TNF-alpha tests, planned at the beginning, after 6 weeks and after 6 months. For clinical assessments we used PANSS and CDSS scales. No changes in TNF-alpha serum concentrations in both groups at any time-points was noted. The sarcosine group achieved significant improvement in negative symptoms, general psychopathology and total PANSS score group, however without any significant correlations between TNF-alpha levels and PANSS scores in all assessments. Positive correlations between TNF-alpha levels and CDSS score were found in the placebo group and total study group. Initial TNF-alpha concentrations cannot be used as a predictor of the improvement resulting from adding sarcosine. Sarcosine does not significantly affect TNF-alpha levels. TNF-alpha may be involved in mechanisms related to depressive symptomatology in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The relationship between serum cytokine levels and degree of psychosis in patients with schizophrenia.

Authors:
Dahan, Shani; Bragazzi, Nicola Luigi; Yogev, Ayala; Bar-Gad, Mayan; Barak, Vivian; Amital, Howard; Amital, Daniela;

Source:

Abstract:
Several observations indicate that cytokine concentrations might also relate to the severity of the psychosis. In this study we assessed whether inflammatory and anti-inflammatory cytokine concentrations are associated with the degree of the psychotic manifestations. A group of 41 patients with schizophrenia suffering from an acute psychosis leading to hospitalization in a psychiatric ward were assessed for the intensity of their psychotic manifestations by the PANSS score. Serum IL-2R, IL-6, IL-8, IL-10 were analyzed by commercial ELISA kits. These patients were compared to controls without schizophrenia. At the univariate analysis, statistically significant elevated levels of the cytokines IL-6, IL-2R and IL-8 were detected in the sera of the patients with schizophrenia compared to controls. At the multivariate analysis, statistically significance held only for IL-2R concentration. Furthermore, positive correlation was found between symptom severity as measured by the PANSS and IL-6 levels as well as IL-2R levels. In Conclusion, our data indicate that elevated serum concentrations of IL-6, IL-8 and IL-2R are associated with severe clinical symptoms measured by the total, general, negative and positive scores of the PANSS scale. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Stability and mutual prospective relationships of stereotyped beliefs about mental illness, hope and depressive symptoms among people with schizophrenia spectrum disorders.

**Authors:**
Lagger, Nina; Amering, Michaela; Sibitz, Ingrid; Gmeiner, Andrea; Schrank, Beate;

**Source:**

**Abstract:**
Internalized stigma, hope and depressive symptoms are important variables in the recovery process of people with schizophrenia spectrum disorders, but little is known about their stability or relationship among each other over time. This study aims to unravel the longitudinal stability and relationships of these variables. 99 participants were included in this prospective study assessing internalized stigma, hope and depressive symptoms at baseline, with a first follow-up after three months and a second follow-up after six months. Multilevel models examined if the variables changed over time and a correlation coefficient was conducted to show their relationship to each other. Hope stayed stable over time, whereas internalized stigma and depressive symptoms significantly decreased over the study period. The correlation coefficient showed that internalized stigma and depressive symptoms influenced each other moderately over time. Thus, while hope was a stable construct over time, internalized stigma and depressive symptoms changed significantly and were correlated to each other positively. This implies that participants may adjust to their chronic condition over time, and recovery focused interventions should target both psychological dimensions at the same time. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Aripiprazole and pregnancy: A retrospective, multicentre study.

**Authors:**
Galbally, Megan; Frayne, Jacquie; Watson, Stuart J; Snellen, Martien;

**Source:**
Journal of Affective Disorders, Vol 238, Oct 1, 2018 pp. 593-596. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Background: Aripiprazole is a second generation antipsychotic medication that has been a useful addition to the treatment of severe mental illness due to its low metabolic and sedation risk profile. Pregnancy is a time of high risk of metabolic complications such as gestational diabetes and the postpartum period is often a time when sedation can compromise infant care. To date there is limited data in pregnancy on the safety of aripiprazole use. While available data do not suggest an elevated malformation risk in pregnancy, there is less information available on pregnancy and neonatal complications. Methods: This study presents preliminary data on pregnancy and neonatal complications on 26 women who took aripiprazole in pregnancy. These women attended at antenatal clinics for women with severe mental illness at two hospitals in Australia. Results: Overall aripiprazole was not associated with an increased risk of gestational diabetes. However, use of aripiprazole in pregnancy was associated with an increased risk of pregnancy hypertension, lower birth weight, shorter gestation at birth and higher rates of admission of the neonate than the expected population rates. Limitations: These findings need to be replicated in a larger, well-designed study to ensure they do not reflect confounding factors. Conclusions: Findings demonstrate that aripiprazole is unlikely to pose a metabolic risk in pregnancy but other pregnancy complications including hypertension, need to be examined in further studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Antipsychotic drugs for patients with schizophrenia and predominant or prominent negative symptoms: A systematic review and meta-analysis.

**Authors:**
Krause, Marc; Zhu, Yikang; Huhn, Maximilian; Schneider-Thoma, Johannes; Bighelli, Irene; Nikolakopoulou, Adriani; Leucht, Stefan;

**Source:**

**Abstract:**

Background: Negative symptoms are the core of schizophrenia, but whether antipsychotics are efficacious for their treatment is unclear. Moreover, there is debate whether patients in relevant trials should have predominant negative symptoms or whether prominent negative symptoms are also acceptable. Methods: We systematically reviewed randomised, blinded antipsychotic drug trials in patients with schizophrenia and either predominant or prominent negative symptoms (last search Dec 12, 2017). Separate pairwise meta-analyses were conducted in these two populations. The primary outcome was negative symptoms. Depressive, symptoms, positive symptoms, and extrapyramidal side-effects were analysed as causes of secondary negative symptoms. Findings: We included 21 randomized-controlled trials with 3451 participants which revealed the following significant differences in the primary outcome: in patients with predominant negative symptoms amisulpride was superior to placebo (N = 4; n = 590, SMD 0.47, CI 0.23, 0.71), olanzapine was superior to haloperidol in a small trial (n = 35) and cariprazine outperformed risperidone (N = 1, n = 456, SMD −0.29, CI −0.48, −0.11). In patients with prominent negative symptoms, olanzapine and quetiapine were superior to risperidone in single trials. Overall, studies in prominent negative symptoms were potentially more confounded by improvements of secondary negative symptoms. Interpretation: Amisulpride is the only antipsychotic that outperformed placebo in the treatment of predominant negative symptoms, but there was a parallel reduction of depression. Cariprazine was better than risperidone in a large trial that was well-controlled for secondary negative symptoms, but the trial was sponsored by its manufacturer. Future trials should apply scientifically developed definitions such as the deficit syndrome and the persistent negative symptoms concept. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**

 Neural substrate of unrelenting negative symptoms in schizophrenia: A longitudinal resting-state fMRI study.

**Authors:**

 Li, Mingli; Deng, Wei; Das, Tushar; Li, Yinfei; Zhao, Liansheng; Ma, Xiaohong; Wang, Yingcheng; Yu, Hua; Li, Xiaojing; Meng, Ya-jing; Wang, Qiang; Palaniyappan, Lena; Li, Tao;

**Source:**


**Abstract:**

Developing a mechanistic insight into the specific brain processes that underpin improvement in negative symptoms can help us design novel chemical and physical treatments against these unrelenting symptoms. The aim of the present study is to explore the longitudinal changes in the brain’s regional functional efficiency that accompany improvement in negative symptoms seen in first-episode patients with schizophrenia when treated with antipsychotic for 1 year. Forty-seven first-episode patients with schizophrenia were scanned at a drug-naive baseline state and followed up for 1 year to identify negative symptom responders (Rn) and non-responders (NRn). Fractional amplitude of low-frequency fluctuations (fALFF) and Granger analysis of effective connectivity (EC) were used to examine the different patterns of regional function and connectivity between Rn and NRn during the 1 year follow-up. Increase of fALFF in the left superior temporal gyrus (STG) and increase of EC from the left STG to the dorsolateral prefrontal cortex (DLPFC) was found in Rn compared to NRn. We further validated that the identified changes in fALFF/EC of STG occur specifically in relation to negative symptoms only (i.e., not pseudo-specific in relation to positive, extrapyramidal or depressive symptoms), and occur irrespective of arbitrary clinical categorization of treatment response. An increase in fALFF in the precuneus and the inferior parietal lobule, and a decrease in EC from the left STG to the occipital cortex, were also found at the 1 year follow-up irrespective of improvement in negative symptoms. Interventions that improve the functional efficiency of left STG and its prefrontal connectivity may show efficacy in alleviating negative symptoms in first-episode schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**


Auditory feature perception and auditory hallucinatory experiences in schizophrenia spectrum disorder.

Authors:
Schnakenberg Martin, Ashley M.; Bartolomeo, Lisa; Howell, Josselyn; Hetrick, William P.; Bolbecker, Amanda R.; Breier, Alan; Kidd, Gary; O'Donnell, Brian F.;

Source:

Abstract:
Schizophrenia spectrum disorder (SZ) is associated with deficits in auditory perception as well as auditory verbal hallucinations (AVH). However, the relationship between auditory feature perception and auditory verbal hallucinations (AVH), one of the most commonly occurring symptoms in psychosis, has not been well characterized. This study evaluated perception of a broad range of auditory features in SZ and determined whether current AVHs relate to auditory feature perception. Auditory perception, including frequency, intensity, duration, pulse-train and temporal order discrimination, as well as an embedded tone task, was assessed in both AVH (n = 20) and non-AVH (n = 24) SZ individuals and in healthy controls (n = 29) with the Test of Basic Auditory Capabilities (TBAC). The Hamilton Program for Schizophrenia Voices Questionnaire (HPSVQ) was used to assess the experience of auditory hallucinations in patients with SZ. Findings suggest that compared to controls, the SZ group had greater deficits on an array of auditory features, with non-AVH SZ individuals showing the most severe degree of abnormality. IQ and measures of cognitive processing were positively associated with performance on the TBAC for all SZ individuals, but not with the HPSVQ scores. These findings indicate that persons with SZ demonstrate impaired auditory perception for a broad range of features. It does not appear that impaired auditory perception is associated with recent auditory verbal hallucinations, but instead associated with the degree of intellectual impairment in SZ. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Treatment of auditory hallucinations with bilateral theta burst stimulation (cTBS): Protocol of a randomized, double-blind, placebo-controlled, multicenter trial.

Authors:
Plewnia, Christian; Brendel, Bettina; Schwippel, Tobias; Martus, Peter; Cordes, Joachim; Hasan, Alkomiet; Fallgatter, Andreas J.;

Source:

Abstract:
Auditory verbal hallucinations (AH) are core symptoms of schizophrenia. They are often severely distressing and refractory to therapy. Their perception is associated with increased activity in temporoparietal areas of the brain. Repetitive transcranial magnetic stimulation (rTMS) can reduce focal brain hyperactivity and has been shown to ameliorate AH. However, controlled multicenter clinical trials are still missing, effect sizes are moderate, and the treatment with rTMS is time consuming. Continuous theta burst stimulation (cTBS) is a quicker and potentially more effective technique to reduce cortical hyperactivity. First case and pilot studies indicate effectiveness in the treatment of AH. In this randomized, sham-controlled, double-blind multicenter clinical trial, 86 patients with schizophrenia spectrum disorder will be randomized to either cTBS or sham to the left and right temporoparietal cortex during three consecutive weeks (15 sessions totally). In each session, both hemispheres will be stimulated sequentially. The order in the first session (left–right or right–left, respectively) will be determined by randomization and alternated in all following sessions. Primary outcome is the reduction of mean PSYRATS-AH score after cTBS as compared to sham treatment. Follow-up measurements will be performed 1, 3 and 6 months after the end of the treatment. Statistical analysis will be based on the intention-to-treat population including all randomized patients using an analysis of covariance. This multicenter-controlled clinical trial will be able to provide decisive evidence for the efficacy of cTBS in the treatment of AH. The results will be suitable to clarify the role of this innovative, pathophysiology-based therapeutic approach in treatment guidelines for AH. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Olfactory deficits in individuals at risk for psychosis and patients with schizophrenia: Relationship with socio-cognitive functions and symptom severity.

Authors: Takahashi, Tsutomu; Nakamura, Mihoko; Sasabayashi, Daiki; Komori, Yuko; Higuchi, Yuko; Nishikawa, Yumiko; Nishiyama, Shimako; Itoh, Hiroko; Masaoka, Yuri; Suzuki, Michio;


Abstract: Odor identification deficits are well documented in patients with schizophrenia, but it remains unclear whether individuals at clinical high-risk for psychosis exhibit similar changes and whether their olfactory function is related to social/cognitive functions and symptomatology. In this study, we investigated odor detection sensitivity and identification ability in 32 individuals with at-risk mental state (ARMS), 59 schizophrenia patients, and 169 healthy controls using a T&T olfactometer. The ARMS and schizophrenia subjects were administered the Brief Assessment of Cognition in Schizophrenia (BACS), the Schizophrenia Cognition Rating Scale (SCoRS), and the Social and Occupational Functioning Assessment Scale (SOFAS) to assess their cognitive and social functions, and the Positive and Negative Syndrome Scale (PANSS) for clinical symptoms. Both the ARMS and schizophrenia subjects had lower odor identification ability when compared with healthy controls, while no significant difference was found in the odor detection sensitivity. The lower odor identification ability in the ARMS group correlated with the severity of negative symptoms and weakly correlated with lower performance on the BACS verbal fluency test. The olfactory measures of schizophrenia patients did not correlate with illness duration, medication, symptom severity, and social and cognitive functions. For the ARMS and schizophrenia groups, the olfactory measures did not correlate with the SOFAS and SCoRS scores. These findings suggest that high-risk subjects for psychosis already show odor identification deficits similar to those observed in schizophrenia patients, which probably reflect a biological trait related to vulnerability to psychosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title: Effects of reward on spatial working memory in schizophrenia.

Authors: Cho, Youngsun T.; Lam, Norman H.; Starc, Martina; Santamauro, Nicole; Savic, Aleksandar; Diehl, Caroline K.; Schleifer, Charles H.; Moujaes, Flora; Srilhari, Vinod H.; Repovs, Grega; Murray, John D.; Anticevic, Alan;


Abstract: Reward processing and cognition are disrupted in schizophrenia (SCZ), yet how these processes interface is unknown. In SCZ, deficits in reward representation may affect motivated, goal-directed behaviors. To test this, we examined the effects of monetary reward on spatial working memory (WM) performance in patients with SCZ. To capture complimentary effects, we tested biophysically grounded computational models of neuropharmacologic manipulations onto a canonical fronto-parietal association cortical microcircuit capable of WM computations. Patients with SCZ (n = 33) and healthy control subjects (HCS; n = 32) performed a spatial WM task with 2 reward manipulations: reward cues presented prior to each trial, or contextually prior to a block of trials. WM performance was compared with cortical circuit models of WM subjected to feed-forward glutamatergic excitation, feed-forward GABAergic inhibition, or recurrent modulation strengthening local connections. Results demonstrated that both groups improved WM performance to reward cues presented prior to each trial (HCS d = −0.62; SCZ d = −1.0), with percent improvement correlating with baseline WM performance (r = .472, p < .001). However, rewards presented contextually before a block of trials did not improve WM performance in patients with SCZ (d = 0.01). Modeling simulations achieved improved WM precision through strengthened local connections via neuromodulation, or feed-forward inhibition. Taken together, this work demonstrates that patients with SCZ can improve WM performance to short-term, but not longer-term rewards—thus, motivated behaviors may be limited by strength of reward representation. A potential mechanism for transiently improved WM
performance may be strengthening of local fronto-parietal microcircuit connections via neuromodulation or feed-forward inhibitory drive. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Prospection deficits in schizophrenia: Evidence from clinical and subclinical samples.
Authors:
Yang, Zhuo-ya; Xie, Dong-jie; Zou, Ying-min; Wang, Yi; Li, Ying; Shi, Hai-song; Zhang, Rui-ting; Li, Wen-xiu; Cheung, Eric F. C.; Kring, Ann M.; Chan, Raymond C. K.;
Source:
Abstract:
Previous research has revealed anticipatory pleasure deficits in people with schizophrenia and people with social anhedonia but who do not have schizophrenia. Prospection is an important component of anticipatory pleasure, but little is known about the role of prospection in social anhedonia. In 2 studies, we investigated prospection and anticipatory pleasure in people with schizophrenia and people with social anhedonia using an affective prospection task and a self-report measure, the Temporal Experience of Pleasure Scale (TEPS). In Study 1, we found that people with schizophrenia (n = 31) reported less TEPS anticipatory pleasure, generated less rich and vivid prospections, and reported less preexperiencing of future events than people without schizophrenia (n = 29). In Study 2, we found that people with social anhedonia (n = 34) reported less TEPS anticipatory pleasure, generated less rich prospections, and reported less pleasure and preexperiencing for future events than people without social anhedonia (n = 33). Taken together, prospection impairments and decreased anticipatory pleasure were observed in schizophrenia and social anhedonia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Self-disorders in schizophrenia-spectrum disorders: A 5-year follow-up study.
Authors:
Nordgaard, Julie; Nilsson, Lars Siersbæk; Sæbye, Ditte; Parnas, Josef;
Source:
Abstract:
Self-disorders have been hypothesized to be an underlying and trait-like core feature of schizophrenia-spectrum disorders and a certain degree of temporal stability of self-disorders would therefore be expected. The aim of the study was to examine the persistence of self-disorders measured by the Examination of Anomalous Self Experiences over a time span of 5 years. 48 patients with schizophrenia-spectrum disorders were thoroughly assessed for psychopathology at baseline and 5 years later. Self-disorders were assessed by the Examination of Anomalous Self Experiences. The level of self-disorders was same at the two occasions for the full Examination of Anomalous Self Disorders and for four out of the five domains. For one domain, the level of self-disorders increased slightly from baseline to follow-up. The correlations between baseline and follow-up were moderate. 9 out of the 13 most-frequently rated items at baseline showed equal frequencies at follow-up. The baseline level of self-disorders predicted global symptomatic, but not functional outcome. Self-disorders measured by the Examination of Anomalous Self Experiences show a high level of temporal persistence over 5 years and predict symptomatic outcome. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Increased pericardial adipose tissue and cardiometabolic risk in patients with schizophrenia versus healthy controls.
Authors:
Patients with schizophrenia are at increased risk of diabetes, cardiovascular disease (CVD) and associated mortality versus the general population. Increased intra-abdominal and pericardial adipose tissue are associated with elevated CVD and mortality in the general population, but little is known about these in patients with schizophrenia. This study examined pericardial and intra-abdominal adipose tissue in schizophrenia and compared this to healthy controls. Thirty-one patients with schizophrenia (mean age 41.2 years, 76% males) and 30 healthy volunteers (CTRL) were examined in this study. The primary outcomes were the volumes of pericardial adipose tissue and intra-abdominal adipose tissue, measured using magnetic resonance imaging. Secondary outcomes included diabetes and cardiac event risk assessed by established instruments. Volumes of pericardial adipose tissue were increased in male and female patients with schizophrenia compared to healthy controls after the adjustment of age, sex and body mass index (P < 0.005). The 10-year risk of a cardiac event was significantly higher in patients with schizophrenia. Furthermore, the risk for developing type-2 diabetes mellitus was slightly increased in schizophrenia. Volumes of intra-abdominal adipose tissue were slightly increased in male and female patients with schizophrenia, albeit not statistically significant. This study demonstrates that patients with schizophrenia have increased pericardial adipose tissue versus controls. This increased fat deposit around the heart is highly relevant for understanding the comorbidity between heart disease and schizophrenia. Interventions aiming to reduce pericardial and intra-abdominal adipose tissue, such as exercise, may be essential to reduce the burden of heart disease in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Cannabinoids and glial cells: Possible mechanism to understand schizophrenia.
Authors: Almeida, Valéria; Martins-de-Souza, Daniel;
Abstract: Clinical and neurobiological findings have reported the involvement of endocannabinoid signaling in the pathophysiology of schizophrenia. This system modulates dopaminergic and glutamatergic neurotransmission that is associated with positive, negative, and cognitive symptoms of schizophrenia. Despite neurotransmitter impairments, increasing evidence points to a role of glial cells in schizophrenia pathobiology. Glial cells encompass three main groups: oligodendrocytes, microglia, and astrocytes. These cells promote several neurobiological functions, such as myelination of axons, metabolic and structural support, and immune response in the central nervous system. Impairments in glial cells lead to disruptions in communication and in the homeostasis of neurons that play role in pathobiology of disorders such as schizophrenia. Therefore, data suggest that glial cells may be a potential pharmacological tool to treat schizophrenia and other brain disorders. In this regard, glial cells express cannabinoid receptors and synthesize endocannabinoids, and cannabinoid drugs affect some functions of these cells that can be implicated in schizophrenia pathobiology. Thus, the aim of this review is to provide data about the glial changes observed in schizophrenia, and how cannabinoids could modulate these alterations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Case report: Successful use of the combination of electroconvulsive therapy and clozapine in treating treatment-resistant schizophrenia and catatonia in an adult with intellectual disability.
Authors: Desarkar, Pushpal; Blumberger, Daniel; Daskalakis, Zafiris Jeff;
Abstract:
There is paucity of empirical data regarding the use of either clozapine or electroconvulsive therapy (ECT) in the acute phase and maintenance treatment of schizophrenia in adults with intellectual disability. Herein we report the successful acute and long-term remission of psychotic symptoms and catatonia with the combination of clozapine and ECT in a 26-year-old female with moderate ID and treatment-resistant schizophrenia. To our knowledge, this is the first case example of the successful use of the combination of bilateral, standard-pulse ECT and clozapine in both acute and long-term treatment of treatment-resistant schizophrenia and catatonia in an adult with ID. Our report adds further support to the emerging evidence regarding the efficacy and safety of this combination in treatment-resistant schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Attitudes of mental health clinicians toward perceived inaccuracy of a schizophrenia diagnosis in routine clinical practice.
Authors: Tzur Bitan, Dana; Grossman Giron, Ariella; Alon, Gady; Mendlovic, Shlomo; Bloch, Yuval; Segev, Aviv
Abstract: Background: Mental health clinicians have previously been reported to express reservations regarding the utility and accuracy of the psychiatric classification systems. In this study we aimed to examine clinicians’ experiences with instances of perceived inaccuracy of a schizophrenia diagnosis. Methods: Mental health clinicians (N = 175) participated in an online survey assessing prevalence and perceived reasons for inaccuracies of a schizophrenia diagnosis. Respondents included psychiatric ward directors (13.1%), senior psychiatrists and psychologists (40.5%), and psychiatry and clinical psychology residents (36%). Results: Fifty-three percent of respondents reported encountering instances where a schizophrenia diagnosis was assigned even though clinical presentation did not match diagnostic criteria. Seventy-three percent of senior psychiatrists in a position to determine a diagnosis declared assigning schizophrenia even when controversial among clinical staff, and 15% of them declared doing so frequently. The likelihood of frequently assigning a schizophrenia diagnosis even when clearly controversial was predicted by the perception that an inaccurate diagnosis is assigned due to the presence of negative symptoms (OR 2.20, 95% CI 1.04–4.66, p = 0.039) and due to patient-related factors, such as the need to facilitate rehabilitation (OR 1.77, 95% CI 1.07–2.90, p = 0.024). Conclusions: Although a schizophrenia diagnosis is considered relatively stable and clear, our study indicates that, in clinical practice, the assignment of this diagnosis is frequently controversial. These controversies are associated with the perception that an inaccurate diagnosis is assigned due to diagnostic considerations, or due to the possibility that patients might benefit from such a diagnosis. Implications and limitations for psychiatric practice and discourse are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Polymorphisms in the human serotonin receptor 1B (HTR1B) gene are associated with schizophrenia: A case control study.
Authors: Xia, Xi; Ding, Mei; Xuan, Jin-feng; Xing, Jia-xin; Pang, Hao; Wang, Bao-jie; Yao, Jun
Abstract: Background: Schizophrenia is associated with multiple neurotransmitter disorders, including serotonin (5-hydroxytryptamine, 5-HT). The neuromodulatory action of serotonin on brain function largely depends on the action of specific subtypes of serotonin receptors. The serotonin receptor 1B (HTR1B) gene has been proposed to play putative roles in the development of multiple emotional and psychiatric disorders.
Methods: To study the relationship of HTR1B polymorphisms and schizophrenia, gene information was drawn from a cohort of 310 schizophrenic patients (152 men and 158 women) and 313 healthy controls (153 men and 160 women) of northern Han Chinese descent. The χ2 test was used to compare allele and genotype distributions between case and control groups. The haplotype and linkage equilibrium were also assessed in two group comparisons. Results: We detected 14 SNPs. Male patients were observed to have higher frequencies of the A-allele and AA + AG genotype at rs1778258 than female patients (p = 0.012 and p = 0.015, respectively). Both the A-allele and AA + AG genotype were associated with schizophrenia risk (OR = 1.986 and OR = 2.061, respectively), although the statistical significance of the genotype was lost after Bonferroni correction. Linkage analysis showed that rs17273700, rs11568817, rs9361234 and rs58138557 polymorphisms exhibit strong linkage disequilibrium (LD). In addition, schizophrenic patients show stronger linkage between 11,568,817 and rs130058 than healthy controls. Conclusions: HTR1B polymorphisms are associated with schizophrenia in the northern Han Chinese population, which provides an etiological reference for schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Use of schizophrenia and bipolar disorder polygenic risk scores to identify psychotic disorders.
Authors: Calafato, Maria Stella; Thygesen, Johan H.; Ranlund, Siri; Zartaloudi, Eirini; Cahn, Wiepke; Crespo-Facorro, Benedicto; Diez-Revuelta, Álvaro; Di Forti, Marta; Hall, Mei-Hua; Iyegbe, Conrad; Jablensky, Assen; Kahn, Rene; Kalaydjieva, Luba; Kravariti, Eugenia; Lin, Kuang; McDonald, Colm; McIntosh, Andrew M.; McQuillin, Andrew; Picchioni, Marco; Rujescu, Dan; Shaikh, Madiha; Touloupolou, Timothea; Os, Jim Van; Vassos, Evangelos; Walshe, Muriel; Powell, John; Lewis, Cathryn M.; Murray, Robin M.; Bramon, Elvira; Genetic Risk and Outcome of Psychosis (GROUP) consortium;
Abstract: Background: There is increasing evidence for shared genetic susceptibility between schizophrenia and bipolar disorder. Although genetic variants only convey subtle increases in risk individually, their combination into a polygenic risk score constitutes a strong disease predictor. Aims: To investigate whether schizophrenia and bipolar disorder polygenic risk scores can distinguish people with broadly defined psychosis and their unaffected relatives from controls. Method: Using the latest Psychiatric Genomics Consortium data, we calculated schizophrenia and bipolar disorder polygenic risk scores for 1168 people with psychosis, 552 unaffected relatives and 1472 controls. Results: Patients with broadly defined psychosis had dramatic increases in schizophrenia and bipolar polygenic risk scores, as did their relatives, albeit to a lesser degree. However, the accuracy of predictive models was modest. Conclusions: Although polygenic risk scores are not ready for clinical use, it is hoped that as they are refined they could help towards risk reduction advice and early interventions for psychosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Kinetics of cytokine levels during antipsychotic treatment in schizophrenia: A meta-analysis.
Authors: Romeo, Bruno; Brunet-Lecomte, Marine; Martelli, Catherine; Benyamina, Amine;
Abstract: Background: Immune system dysfunction is a hypothesis in the psychopathology of schizophrenia, but the impact of antipsychotic treatment within this system is not clear. The aim of this meta-analysis was to investigate the impact of antipsychotic treatment on cytokine levels in in vivo studies on schizophrenia. Methods: After a systematic database search, original data were extracted with the help of certain authors. Means and SDs were extracted to calculate standardized mean differences. Cytokine levels were
compared in vivo in schizophrenia patients, before and after antipsychotic treatment. Meta-regressions were performed to explore the influence of demographic and clinical variables on cytokine level standardized mean differences. Stratifications by treatment and diagnosis were also performed. Results: Forty-seven studies were included in this meta-analysis. Proinflammatory cytokine level decreases were found for interleukin-1 β levels (P < .0001) and interferon-γ (P = .01) and a statistical trend towards a decrease in interleukin-6 (P = .08) and tumor necrosis factor-α (P = .07) levels. An antiinflammatory cytokine level increase was found for soluble tumor necrosis factor-R2 (P < .001) and soluble interleukin 2-R (P = .03) levels. A meta-regression analysis found a correlation between interleukin-6 level standardized mean differences and positive schizophrenia symptom score standardized mean differences before and after treatment (P = .01). Stratification by diagnosis or treatment found a possible impact of the kinetics of cytokine levels. Conclusions: The present meta-analysis provides evidence that antipsychotic treatment has an antiinflammatory effect and could normalize immune balance dysfunction in schizophrenia. Interleukin-6 level normalization could be a marker of illness equilibration and thus used in clinical practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Emotion regulation in schizophrenia: A pilot clinical intervention as assessed by EEG and optical imaging (functional near-infrared spectroscopy).

Authors:
Balconi, Michela; Frezza, Alessandra; Vanutelli, Maria Elide;

Source:

Abstract:
Previous research on Schizophrenia (S) revealed anomalies in brain responsiveness during emotion processing, as shown by neuroimaging and electroencephalography (EEG) measures. Nonetheless preserved capacities to explicitly evaluate the emotional significance of affective stimuli in term of valence have been found. The present study applied functional Near-Infrared Spectroscopy (fNIRS) and EEG to explore the spatial and temporal expressions of emotion processing in the brain before (T0) and after (T2) an emotional Neurofeedback (NF) training of patients, assigned to the control or the experimental group. Explicit measures revealed correct identifications of stimuli emotional valence before (T0) and after (T2) the treatment, while implicit measures (EEG and fNIRS) showed a modulation and increased competencies only after the NF (T2), with more balanced prefrontal activity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Suicide

Title:
Suicide and other sudden death bereavement of immediate family members: An analysis of grief reactions six-months after death.

Authors:
Kõlves, Kairi; Zhao, Qing; Ross, Victoria; Hawgood, Jacinta; Spence, Susan H.; de Leo, Diego;

Source:

Abstract:
Introduction: While suicide bereavement has been assumed to be different from bereavement following death by other modes, a number of studies have reported that there are several similarities, particularly for violent deaths. The aims of the current study are to test, using confirmatory factor analysis, the factor structure of Grief Experience Questionnaire (GEQ) that has been proposed in other studies; and to compare short term grief reactions, mental health, and suicidality six-months after bereavement in close family members bereaved by suicide versus sudden death. Methods: Participants were 142 adults who were bereaved following a suicide and 63 who were bereaved following the sudden death of a family member. Data were collected six-months after the death. Results: Analyses did not show good fits for the factor structures proposed for the GEQ in earlier studies. However, a relatively good fit was found for an 8-factor version of the originally proposed GEQ. Bereavement type (suicide vs. sudden death) significantly predicted rejection, somatic reactions, stigmatisation, responsibility and shame on the GEQ, after adjusting for kinship type, gender, age, pre-bereavement diagnosis of mental illness and self-harm behaviours of both the deceased and the bereaved, and current mental health and suicidal ideation of the bereaved. Limitations: Different recruitment methods were used and response rates were relatively low. Conclusions: The new knowledge of bereaved experiences specific to suicide loss at six-months post death, should be channelled into determining the most practical and satisfactory ways to alleviate the impacts of these potentially changeable states of experience. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Gender inequality and suicide gender ratios in the world.

Authors:
Chang, Qingsong; Yip, Paul S. F.; Chen, Ying-Yeh;

Source:

Abstract:
Background: To assess whether gender inequality determines the patterns of suicide gender ratios. Methods: Using suicide data obtained from the World Health Organization Statistical Information System, 2012, suicide gender ratios were calculated and a world map of the ratios constructed. Forest plots were utilized to assess whether gender inequality (indicated by the Gender Inequality Index ['GII'] and male to female sex ratios at birth) moderated the worldwide patterns of suicide gender ratios. Regression analyses were then performed to estimate the extent to which gender inequality affects suicide gender ratios before and after controlling for human development level ('HDI'). Results: Gradient relationships of suicide gender ratios across 3 tertiles of GII were observed (ratios = 2.03, 2.54, 3.51, respectively for high, moderate and low GII, P = 0.03). High sex ratio at birth was significantly associated with lower suicide gender ratio (ratio = 1.64 vs. 2.75, P = 0.00). Regression analyses showed that highest tertile of GII and high sex ratios at birth were significantly associated with lower suicide gender ratios (P = 0.00 and P = 0.00, respectively). When the level of human development level was controlled, high sex ratio at birth remained to be a significant determinant of suicide gender ratios (P = 0.00), whereas the significance of GII disappeared (P = 0.19). Limitations: The cross-sectional data do not allow for causal inferences. Conclusions: Male to female suicide ratios were higher in countries with more egalitarian gender norms. Strategies to eliminate culturally embedded gender discrimination have the potentials to prevent suicides. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Peer specialists in suicide prevention: Possibilities and pitfalls.
Authors: Huisman, Annemiek; van Bergen, Diana D.;
Source: Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: The emergence of peer specialists with histories of suicidality in mental health care services is a recent but scarcely researched societal phenomenon. The current study aimed to explore how peer specialists who have experienced suicidality (either attempted suicide or suicidal ideation) use their experiences to contribute to suicide prevention in mental health care services. Qualitative interviews with 20 peer specialists who have personally dealt with suicidality in their past were conducted. Interviewees perceived their work to have unique value in terms of their approach to making contact with suicidal care consumers on an emotional level, which was perceived to lead to less reluctance on the part of suicidal care consumers to talk about suicidality, as well as affect feelings of being acknowledged and heard. However, the lack of professional distance was perceived to carry several risks, including burdening clients with the peer specialists’ own suicidal experiences, perceived reluctance of coworkers to let peer specialists work with suicidal clients, and the burden of working with suicidal clients for the peer specialists. Specific conditions that were perceived to be needed in order to work with suicidal clients consisted of personal distance to own process of recovery and suicidality, establishing boundaries with the team or colleagues for the peer specialists’ work concerning suicide risk assessment, safety, privacy, and sharing responsibility. Further discussion between mental health care clinicians and peer specialists regarding the role of the peer specialist in suicide prevention is needed to further clarify and optimize their role. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: An unhealable wound: Left by suicide.
Authors: Allphin, Claire;
Abstract: This article is about the author’s experience of being left by suicide and the effect the experience had on her work as an analyst in the consulting room and as a member of psychological organizations. The effects are generalized to others who have been left by suicide based on the writings of those left, and on writings of authors who have researched the subject. Shame and the effects the judgments of society now and in the past have on the person who suffers this experience are central, as well as the positive and negative ways groups are used by a person left by suicide to find solace and to emerge from the darkness of such abandonment. There is a constant longing (often unconscious) for replacement of the lost one. The article seeks to help analysts and those who have been left by suicide understand the suffering and the indelible mark that is experienced when there is a suicide of someone close. Understanding by the analyst is important in order to modulate the shame of this experience. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Predictors of posttraumatic growth in adults bereaved by suicide.
Authors: Drapeau, Christopher W.; Lockman, Jennifer D.; Moore, Melinda M.; Cerel, Julie;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing
Abstract:
Background: Although suicide loss has been associated with several negative outcomes, numerous studies have shown that loss survivors can experience posttraumatic growth (PTG) following the suicide loss of a significant other. However, few studies have explored the mechanisms of such growth. Aims: The aim of this study was to identify predictors of PTG among a sample of adult suicide loss survivors and to explore whether the amount of time since the suicide loss moderated the relation between self-reported coping and PTG. Method: Suicide-bereaved adults (n = 307) completed online questionnaires measuring personality, coping, help-seeking attitudes, social support, and PTG. Results: Hierarchical regression analyses showed five independent associations with PTG: time since loss, perceived closeness, help-seeking attitudes, social support, and problem-focused coping. Time since loss did not moderate the relation between any of the self-reported coping styles and PTG. Limitations: The limitations of this study include a cross-sectional design, potential selection bias, no comparison or control group, and unrepresentative sample demographics of suicide loss survivors. Conclusion: Problem-focused coping showed the strongest association with PTG, independent of time since loss, suggesting that this coping style may facilitate growth throughout the grief trajectory.

Title:
Suicide attempters, suicide ideators, and non-ideators: Differences in protective factors.

Authors:
Teismann, Tobias; Paashaus, Laura; Siegmann, Paula; Nyhuis, Peter; Wolter, Marcus; Willutzki, Ulrike;

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

Abstract:
Background: Suicide ideation is a prerequisite for suicide attempts. However, the majority of ideators will never act on their thoughts. It is therefore crucial to understand factors that differentiate those who consider suicide from those who make suicide attempts. Aim: Our aim was to investigate the role of protective factors in differentiating non-ideators, suicide ideators, and suicide attempters. Method: Inpatients without suicide ideation (n = 32) were compared with inpatients with current suicide ideation (n = 37) and with inpatients with current suicide ideation and a lifetime history of suicide attempts (n = 26) regarding positive mental health, self-esteem, trust in higher guidance, social support, and reasons for living. Results: Non-ideators reported more positive mental health, social support, reasons for living, and self-esteem than suicide ideators and suicide attempters did. No group differences were found regarding trust in higher guidance. Suicide ideators and suicide attempters did not differ regarding any of the study variables. Limitations: Results stem from a cross-sectional study of suicide attempts; thus, neither directionality nor generalizability to fatal suicide attempts can be determined. Conclusion: Various protective factors are best characterized to distinguish ideators from nonsuicidal inpatients. However, the same variables seem to offer no information about the difference between ideators and attempters.

Title:
A qualitative analysis of suicidal psychiatric inpatients views and expectations of psychological therapy to counter suicidal thoughts, acts and deaths.

Authors:
Awenat, Yvonne F.; Peters, Sarah; Gooding, Patricia A.; Pratt, Daniel; Shaw-Núñez, Emma; Harris, Kamelia; Haddock, Gillian;

Source:

Abstract:
Background: Suicide is a global problem and suicidal behavior is common in acute psychiatric wards. Inpatient suicides regularly occur with 10.4/100,000 such deaths recorded in the UK in 2016. Inpatient suicides are potentially the most avoidable of all suicides as inpatients have 24-h staff contact. Current inpatient treatment prioritizes maintenance of physical safety by observation, medication and general supportive measures, however efficacious and effective specific treatments are lacking. Psychological treatments have a growing evidence base for suicide prevention yet provision of inpatient therapy is
uncommon. The present qualitative study aimed to understand the patient acceptability issues by investigating suicidal inpatients views and expectations of a novel suicide-focussed cognitive behavioural psychological therapy which was nested alongside a pilot clinical trial of the intervention. Methods: Thematic analysis of semi-structured individual qualitative interviews with twenty suicidal psychiatric inpatients to investigate their views and expectations about ward-based suicide-focused psychological treatment. Results: Two main themes were identified. The first, ‘A therapy that works’, revealed inpatients’ views of the necessary components for effective ward-based suicide-focused psychological therapy. The second, ‘Concerns about in-patient suicide-focused therapy’, depicted their fears about engaging in this treatment. Results suggested that suicide-focused psychological therapy was cautiously welcomed by inpatients’ whose narratives expressed their needs, priorities and concerns. Further data analysis enabled formation of a user-informed model of suicide-focussed psychological therapy which offers guidance for researchers and clinicians. Conclusions: We conclude that hospitalization of suicidal individuals offers a critical opportunity to intervene with effective treatment to preserve life and that suicide-focussed psychological therapy is likely to be well received by suicidal inpatients warranting further testing with a sufficiently powered definitive trial. It is important that provision of ward-based psychological therapy for suicidal inpatients addresses the considerable context-specific challenges inherent in this setting.


Title: Profile of suicide attempts and risk factors among psychiatric patients: A case-control study.

Authors: Bhatt, Meha; Perera, Stefan; Zielinski, Laura; Eisen, Rebecca B.; Yeung, Sharon; El-Sheikh, Wala; DeJesus, Jane; Rangarajan, Sumathy; Sholer, Heather; Iordan, Elizabeth; Mackie, Pam; Islam, Shofiqul; Dehghan, Mahshid; Thabane, Lehana; Samaan, Zainab;

Source: PLoS ONE, Vol 13(2), Feb 22, 2018 ArtId: e0192998. Publisher: Public Library of Science; [Journal Article]

Abstract: Background: Suicidal behaviour remains challenging for clinicians to predict, with few established risk factors and warning signs among psychiatric patients. Aim: We aimed to describe characteristics and identify risk factors for suicide attempts among patients with psychiatric disorders. Methods: Multivariable logistic regression analysis, adjusted for clinically important confounders, was employed to determine risk factors for suicide attempts within a psychiatric patient population. Results: The case (n = 146) and control groups (n = 104) did not differ significantly with regards to sociodemographic characteristics. The majority of the participants who had attempted suicide did so with high intent to die, and expected to die without medical intervention. The primary method of attempt was pharmaceutical overdose among the case participants (73.3%). Results showed impulsivity (odds ratio [OR] = 1.15, 95% confidence interval [CI] = 1.03±1.30) and borderline personality symptoms (OR = 1.07, 95% CI = 1.01±1.13) were significantly associated with attempted suicide. Conclusions: Our findings indicate that known sociodemographic risk factors for suicide may not apply within psychiatric populations. Prevention strategies for suicidal behaviour in psychiatric patients may be effective, including limited access to means for suicide attempts (i.e. excess pharmaceutical drugs) and target screening for high-risk personality and impulsivity traits.

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Title: Correlates of self-harm and suicide attempts in justice-involved young people.

Authors: Shepherd, Stephane; Spivak, Benjamin; Borschmann, Rohan; Kinner, Stuart A.; Hachtel, Henning;

Source: PLoS ONE, Vol 13(2), Feb 15, 2018 ArtId: e0193172. Publisher: Public Library of Science; [Journal Article]

Abstract: The purpose of this study was to ascertain the prevalence and correlates of self-harm among young people in detention in Australia. The sample included 215 (177 male; 38 female) young people who were
in youth detention in the state of Victoria, Australia. Participants were administered a series of questionnaires related to self-harm, mental health, socio-environmental experiences and behaviours. Overall, one-third (33%) of the sample reported previous self-harm and 12% reported at least one suicide attempt. In a multivariate logistic regression analysis, a history of childhood trauma, contact with mental health services, and low educational interest significantly increased the likelihood of self-harm. Young people who reported a suicide attempt scored significantly higher on the measure of childhood trauma than did youth who had engaged in non-suicidal self-harm. Findings demonstrate a strong connection between childhood traumatic experiences and suicidal behaviours for youth in detention. Trauma histories and mental health concerns must be considered when identifying youth at increased risk of self-harm. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Are early-life antecedents of suicide mortality associated with psychiatric disorders and suicidal ideation in midlife?
Authors: Geoffroy, M.-C.; Gunnell, D.; Clark, C.; Power, C.;
Abstract: Objective: To establish whether previously identified early-life antecedents of suicide mortality (i.e. low birthweight, younger maternal age, higher birth order, externalizing problems and adversities) are associated with proximal psychiatric disorders and suicidal ideation, which are themselves associated with an increased risk of suicide. Methods: Participants were from the 1958 British birth-cohort (N = 8905) with information on prenatal/childhood experiences and the Clinical Interview Schedule-Revised at age 45 years. Outcomes were as follows: any internalizing disorder (anxiety disorder/depressive episode), depressive episode, alcohol use disorder and suicidal ideation. Results: After adjustment, higher birth order (Ptrend = 0.043), younger maternal age (Ptrend = 0.017) and increased number of childhood adversities (Ptrend = 0.026) were associated with an increased risk of internalizing disorders. For example, the OR (95% CI) in fourth- or later-born children was 1.48 (1.06–2.07) and for young maternal age (< 19 years) was 1.31 (0.89–1.91). Effect sizes were similar in magnitude for depressive episode and suicidal ideation, although associations did not reach conventional significance levels. No associations were found for low birthweight and externalizing problems (in males) and investigated outcomes. Conclusion: Associations for younger maternal age, higher birth order and adversities with adult internalizing disorders suggest that psychiatric disorders may be on the pathway linking some early-life factors and suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Experimentally-enhanced perceptions of meaning confer resilience to the interpersonal adversity implicated in suicide risk.
Authors: Collins, Khan R. L.; Legendre, Melissa N.; Stritzke, Werner G. K.; Page, Andrew C.;
Abstract: Background and Objectives: The interpersonal theory of suicide proposes that perceived burdensomeness and thwarted belongingness (PB-TB) are proximal causes of suicidal desire. Here we test whether experimentally induced perceptions of meaningfulness can confer resilience against interpersonal adversity and enhance persistence, the erosion of which is a potential antecedent to suicide risk. Methods: Undergraduate university students (N = 93) were randomly allocated to complete a team task under conditions of high or low task-extrinsic meaning and high or low PB-TB. Participants in the high task-extrinsic meaning condition were given the opportunity to donate to a charity as part of their experimental participation, whereas those in the low task-extrinsic meaning condition were not. Results: Consistent with
the buffering hypothesis that suicide resilience is active only when adversity is heightened, participants in
the high task-extrinsic meaning condition who reported higher levels of perceived meaningfulness
displayed greater willingness to persist in the face of experimentally-induced high PB and TB compared to
those in the low task-extrinsic meaning condition and those in conditions where the interpersonal adversity
was not induced (low PB and TB). Limitations: The meaning induction was effective only in a subset of
participants. The dual induction of PB and TB also precludes inferences about their independent causal
effects on willingness to persist. Conclusions: Meaning-making interventions may attenuate the impact of
proximal interpersonal antecedents of suicidal desire. Enhancing resilience in this manner can potentially
improve the efficacy of prevention efforts beyond the direct amelioration of suicide risk factors. (PsycINFO
Database Record (c) 2018 APA, all rights reserved)


Title:
Healthcare engagement among gay and bisexual men with recent suicide ideation or attempts.
Authors:
Salway, Travis; Ferlatte, Olivier; Purdie, Aaron; Shoveller, Jean; Trussler, Terry; Gilbert, Mark;
Source:
American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Gay and bisexual men experience elevated rates of suicide ideation and attempts, as compared with
heterosexual men, but face unique barriers in accessing health services. In this context, the present study
sought to describe rates of health care engagement among gay and bisexual men with a recent history of
suicide ideation or attempts. An anonymous online survey was conducted with 7,872 Canadian gay and
bisexual men in 2014–2015. The sample was restricted to characterize patterns of mental health care
engagement among respondents who reported suicide ideation or attempts in the previous 12 months.
'Engagement' was defined as having discussed mental health concerns (depression, substance use, or
suicide) with a provider in the previous 12 months. Rates and correlates of engagement were estimated.
Nineteen percent of men reported suicide ideation or attempts in the previous 12 months, of whom 58%
had discussed mental health concerns with a provider. Older age, larger social support networks, and
being out to a health care provider about one’s sexuality were all positively associated with mental health
care engagement. Among those who had not engaged with the health care system, 88% had some
contact with a provider in the previous 12 months. One-third of these men accessed care through a
provider other than their family doctor. Drawing on lessons learned from the HIV crises, collaborations
between gay and bisexual community organizations and decision-makers within the health system are
needed to address elevated rates of suicide ideation and attempts affecting sexual minorities. (PsycINFO
Database Record (c) 2018 APA, all rights reserved)


Title:
LGBT people and suicidality in youth: A qualitative study of perceptions of risk and protective
circumstances.
Authors:
Rivers, Ian; Gonzalez, Cesar; Nodin, Nuno; Peel, Elizabeth; Tyler, Allan;
Source:
Abstract:
Evidence suggests that lesbian, gay, bisexual and trans (LGBT) people are more likely to attempt to take
their own lives in their youth when compared to heterosexual and/or cisgender people. This study draws
on in-depth interviews with 17 LGBT individuals living in England, and explores the narratives used by
participants to better understand their perceptions of risk and protective circumstances to explain suicide
attempts in youth. Using a Goffman-informed thematic analysis, results identified three key themes that
were linked to attempts to end life in youth. The first theme considers the conflicts resulting from first
disclosure of sexual orientation and/or gender identity/trans status and being ‘out’ to others. The second
theme explores participants' accounts of their concurrent mental health issues and how diagnoses of the
mental health issues helped them make sense of their own experiences of attempted suicide. The final
theme explores the experience of grieving over lost relationships and how that grief is received by others,
including health professionals. Our results indicate that some LGBT individuals have effectively, although often arduously, navigated suicidal crises by utilising various approaches to coping. We provide a rich and layered picture of LGBT suicide risk in youth and potential resilience scenarios, although these are a reflection of our specific group of participants’ experiences and realities. We argue that it is important to understand how LGBT individuals with a history of suicide attempts narrate and make sense of their experiences in early life and we suggest that the early negative experiences continue to have an effect on LGBT adults today. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Method of self-harm in adolescents and young adults and risk of subsequent suicide.

Authors:
Beckman, Karin; Mittendorfer-Rutz, Ellenor; Waern, Margda; Larsson, Henrik; Runeson, Bo; Dahlin, Marie;

Source:

Abstract:
Background: Self-harm is common in youth and an important risk factor for suicide. Certain self-harm methods might indicate a higher risk of suicide. The main aim of this study was to determine whether some methods of self-harm in adolescents (10–17 years) and young adults (18–24 years) are associated with a particularly high risk of suicide. A secondary aim was to ascertain how different self-harm methods might affect the probability of psychiatric follow-up. Method: Five Swedish registers were linked in a national population-based cohort study. All nonfatal self-harm events recorded in specialist health care, excluding psychiatry and primary care services, among 10–24 year olds between 2000 and 2009 were included. Methods were classified as poisoning, cutting/piercing, violent method (gassing, hanging, strangulation/suffocation, drowning, jumping and firearms), other and multiple methods. Hazard Ratios (HR) for suicide were calculated in Cox regression models for each method with poisoning as the reference. Odds Ratios (OR) for psychiatric inpatient care were determined in logistic regression models. Analyses were adjusted for important covariates and stratified by age group and treatment setting (inpatient/outpatient). Results: Among adolescents with initial medical hospitalisation, use of a violent method was associated with a near eightfold increase in HR for suicide compared to self-poisoning in the adjusted analysis [HR 7.8; 95% confidence interval (CI) 3.2–19.0]. Among hospitalised young adult women, adjusted HRs were elevated fourfold for both cutting [4.0 (1.9–8.8)] and violent methods [3.9 (1.5–10.6)]. Method of self-harm did not affect suicide risk in young adult men. Adolescents using violent methods had an increased probability of psychiatric inpatient care following initial treatment for self-harm. Conclusions: Violent self-harm requiring medical hospitalisation may signal particularly high risk of future suicide in adolescents (both sexes) and in young adult women. For the latter group this is the case for cutting requiring hospitalisation as well. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Do clinical characteristics predict the cognitive course in early-onset schizophrenia-spectrum disorders?

Authors:
Teigset, Charlotte M.; Mohn, Christine; Brunborg, Cathrine; Juuhl-Langseth, Monica; Holmén, Aina; Rund, Bjorn Rishovd;

Source:

Abstract:
Background: Being in a period with extensive brain maturation, adolescents with early-onset schizophrenia-spectrum disorders (EOS) provide unique neurodevelopmental data that may contribute to a better understanding of schizophrenia at all ages. Cognitive dysfunction is a central feature of schizophrenia and is more pronounced in EOS than in later onset illness. However, there is limited research on both the long-term course of global cognition in EOS, and how cognition over time is influenced by clinical characteristics during the early illness period. Methods: Thirty-one EOS patients and
73 controls (age 12–18) were assessed on clinical variables at baseline (PANSS, duration of untreated psychosis [DUP], hospitalizations, suicide attempts, and remission). Neuropsychological assessments with the MATRICS Consensus Cognitive Battery (MCCB) were conducted at baseline and after both 1 and 2 years, and composite scores of total performances were calculated. The analyses were performed with a linear mixed model. Results: The present study found that global cognition followed a stable course over the first years of the disease in EOS, though at a significantly lower level in EOS compared with the controls. We did not detect a relationship between DUP, remission, positive/negative symptoms, and hospitalizations on one hand, and long-term cognition on the other hand, but PANSS-general and suicide attempt history at baseline were identified as risk factors of longitudinal cognitive function. Conclusions: Though at different levels, the EOS group and the controls had a similar cognitive course over 2 years.


Title: Comparing the effectiveness of brief versus in-depth gatekeeper training on behavioral outcomes for trainees.
Authors: Condron, Susanne; Godoy Garraza, Lucas; Kuiper, Nora; Sukumar, Bhuvana; Walrath, Christine; McKeon, Richard; Crisis:
Source: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Background: A common suicide prevention strategy is training gatekeepers to identify at-risk individuals and refer them to services. Aims: The study aimed to examine whether differences in training outcomes were observed for brief versus in-depth gatekeeper trainings for trainees from varied professional settings while controlling for differences in trainee characteristics and community context. Method: Trainees’ identification and referral behavior 3 months after gatekeeper training was compared with a sample of respondents matched on individual- and community-level variables using propensity score-based techniques. The value was estimated, in terms of additional identification and associated costs, of adopting in-depth training. Results: A higher proportion of trainees who participated in in-depth trainings from K-12 and community settings identified at-risk youth, and a higher proportion of in-depth trainees from mental health settings referred youth to services compared with participants of brief trainings from the same setting and with similar characteristics. The effect of training type on outcomes varied by professional role and community context. Limitations: Self-report measures were used to assess outcomes. Similar measures are used in other studies; their validity has not been conclusively established. Conclusion: Findings suggest certain individuals may benefit from in-depth training more than others, which favors targeting this intervention to particular gatekeepers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Is there a need for LGBT-specific suicide crisis services?
Authors: Goldbach, Jeremy T.; Rhoades, Harmony; Green, Daniel; Fulginiti, Anthony; Marshal, Michael P.;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Background: Lesbian, gay, bisexual, and transgender (LGBT) youth are more than twice as likely to attempt suicide than their peers. Although LGBT-specific crisis services have been developed, little is known about the need for these services beyond that of general lifeline services. Aims: The present study sought to (a) describe the primary reasons for calling a specialized provider as opposed to another and (b)
examine sociodemographic differences in the primary reason by race, ethnicity, gender, age, and sexual orientation. Method: Data from 657 youth who sought crisis services from an LGBT-specific national service provider in the United States were assessed. Logistic regression models assessed demographic differences. Thematic analysis of open-ended responses regarding reasons for choosing this LGBT-specific crisis service provider followed a consensus model. Results: Most respondents indicated they either would not have contacted another helpline (26%) or were not sure (48%). Nearly half (42%) indicated they called specifically because of LGBT-affirming counselors, a reason more commonly reported by gender minority (transgender and gender nonbinary) and queer or pansexual youth than cisgender, gay, or lesbian youth. Conclusion: LGBT-specific crisis services appear to play an important role in suicide prevention. Further research is needed to understand the use of culturally tailored suicide prevention approaches. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Rethinking suicidal behavior disorder.
Authors: Obegi, Joseph H.;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Background: It is a peculiar fact that the deadliest psychiatric disturbance – suicidality – cannot be formally diagnosed. Suicidal behavior disorder (SBD), a condition for further study in the DSM-5, is the field's first attempt to capture suicidality in a diagnosis. Aims: To provoke discussion about the standing of suicidality as a diagnosable psychiatric condition. Method: I present pragmatic and conceptual rationales for why a diagnosis of suicidality is clinically useful but conclude that SBD does little to aid clinicians in assessing suicidality's symptoms, planning treatment, or monitoring progress. Results: To improve the clinical utility of SBD, I re-conceptualize it from the vantage point of descriptive psychiatry. I hypothesize that this revised SBD is an independent, episodic, and frequently co-occurring condition and propose new cognitive, affective, and behavioral criteria that more completely capture the phenomenology of suicidality. Conclusion: The revised SBD is a starting place for dialogue about whether a clinically significant presentation of suicidality is a mental illness and, if it is, what its defining features should be. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Jail duration, demographic characteristics of offenders, and acquired suicide capability.
Authors: Oyeleke, Ajiboye Isaac; TangweTanga, Pius; Ishola, Ajibola Abdulrahamon;
Abstract: The study sought to predict the acquired capability for suicide from length of sentence and socio-demographic characteristics of offenders in a Nigerian prison population. Participants were 139 inmates (mean age = 33.67, SD = 9.24 years; mean length of stay = 6.25 years, SD = 5.02 years), males (95.7%), They were predominantly incarcerated for armed robbery (39.6%), burglary/stealing (18.0%), homicide (9.4%), and rape (8.6%) in Abeokuta prisons, Nigeria. The participants completed the Acquired Capability for Suicide Scale, and socio-demographic characteristic questionnaire. Descriptive statistics, t-test for independence, and multiple regression analysis were computed to predict suicidal capability among prison population from their socio-demographics. Results revealed that demographic characteristics of type of offence, family membership, and type of family were co-joint predictors of suicidal capability among prison inmates. Shorter duration of stay (short termers), being incarcerated for aggravated assault, drug related offences, and stealing were risk factors for acquired suicide capability. The role of family membership and family type were negligible as suicidal risk factors. Correctional services should attend to offender
The association between leukotriene-modifying agents and suicidality: A review of literature.

Authors: Khalid, Faiza; Aftab, Awais; Khatri, Sumita


Abstract: Background: In 2008 Food and Drug Administration issued a warning regarding a possible association between leukotriene-modifying agents and suicidality. Objective: The warning remains controversial and this review of literature is an attempt to examine the evidence on the matter. Methods: Literature search on PubMed. Results: The data supporting a relationship between leukotriene-modifying agents and suicidality comes primarily from reviews of individual safety reports in adverse event databases; it is subject to considerable reporting bias and does not control for confounding factors. Case-control and cohort studies as well as data from clinical trials do not support an association between leukotriene-modifying agents and suicidality. The data from ecological studies offers strong evidence of a lack of positive association between leukotriene-modifying agents and suicide outcomes (attempts and deaths) at the population level. Furthermore, there is no pharmacological mechanism that would explain an association between the two. Conclusion: Overall, the weight of higher quality evidence casts doubt on the association (especially at population level), but is not enough to conclusively disprove the association at an individual level. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Dermatologic conditions and risk of suicide: A case-control study.

Authors: Prabhakar, Deepak; Peterson, Edward L.; Hu, Yong; Rossom, Rebecca C.; Lynch, Frances L.; Lu, Christine Y.; Waitzfelder, Beth E.; Owen-Smith, Ashli A.; Williams, L. Keoki; Beck, Arne; Simon, Gregory E.; Ahmedani, Brian K.


Abstract: Background: Patients diagnosed with skin conditions have a higher risk of comorbid psychiatric conditions and suicide-related outcomes such as suicidal ideations and behaviors. There is paucity of evidence in the US general population about the risk of suicide death in patients with dermatologic conditions. Methods: We conducted a retrospective case-control study to investigate the risk of suicide death in patients receiving care for dermatologic conditions. This study involved 8 US health systems. A total of 2674 individuals who died by suicide (cases) were matched with 267,400 general population control individuals. Results: After adjusting for age, sex, and any mental health or substance use condition, we did not find an association between death by suicide and any skin condition including conditions where clinicians are generally concerned about the risk such as acne (adjusted odds ratio [aOR] = 1.04, p = 0.814), atopic dermatitis (aOR = 0.77, p = 0.28), and psoriasis (aOR = 0.91, p = 0.64). Conclusion: This case-control study provides no evidence of increased risk of death by suicide in individuals with major skin disorders in the US general population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

A CBPR approach to finding community strengths and challenges to prevent youth suicide and substance abuse.
Purpose: To improve health and reduce health disparities, research partnerships with American Indian and Alaska Native communities should build on existing traditions and strengths. The overall goal of this pilot project was to clarify the needs of tribal community members and determine strengths and resources available to the community. Design: Community-based participatory research was the approach used to obtain community input. Data collection methods included, Photovoice (n = 16), digital storytelling (n = 4), and community capacity surveys (n = 128). Results: Quantitative and qualitative findings supported the need to (1) address youth suicide and substance abuse on the reservation and (2) use preexisting resources available in the community. The results led to the development of a strengths-based intervention incorporating the Gathering of Native American’s curriculum. Conclusion: Integral to the development, implementation, and sustainability of the intervention was the truly reciprocal relationship developed between community and university partners. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Association of plasma cortisol levels with clinical characteristics of suicide attempters.
Authors: Papadopoulou, Athanasia; Douzenis, Athanasios; Christodoulou, Christos; Gournellis, Rossetos; Papaigeorgiou, Charalabos; Markianos, Manolis;
Abstract: Objective: There is evidence that suicidal behavior, among others, is an abnormal response to stress caused by a dysfunction in the activity of hypothalamus-pituitary-adrenal axis, and that cortisol levels are low in a considerable number of people attempting suicide. In this study, we aimed to search for associations of plasma cortisol levels with the clinical characteristics of a group of psychiatric suicide attempters. Method: The cortisol was measured in the morning in 200 psychiatric patients hospitalized after a suicide attempt, with diagnoses of major depressive disorder, bipolar disorder, psychosis, and personality/adjustment disorder, and compared to the levels of 138 healthy controls. Comparisons were also made for diagnostic subgroups and across diagnoses, with regard to depressive symptomatology, mode of attempt, suicide intent, number of attempts, and age. Results: Cortisol levels were significantly lower for the whole group of attempters compared to controls. Furthermore, low cortisol levels characterized attempters with personality/adjustment disorder, higher depressive symptomatology, low suicide intent, non-violent attempt mode, repeated attempts, and of younger age. Conclusions: Certain clinical characteristics were identified in attempters with low cortisol levels. In previous studies, low cortisol levels have been associated with impairments in cognitive control, decision-making, and emotional processing that may lead, in the presence of stressors, to suicidal behavior, frequently with non-fatal outcome. Adding plasma cortisol levels to demographic and psychopathological data may help in identifying a subpopulation of attempters with neurocognitive deficits linked to dysfunction of Hypothalamic-Pituitary-Adrenal-axis activity, with implications for treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Anxiety symptoms in older adults with depression are associated with suicidality.
Authors: Bendixen, Anette Bakkane; Engedal, Knut; Selbæk, Geir; Hartberg, Cecilie Bhandari;
Abstract:
Objective: Anxiety symptoms are common in older adults with depression, but whether severe anxiety is associated with poorer outcomes of depression is unknown. The objective of the present study was to examine the association between severity of anxiety and severity of depression and physical illness, suicidality, and physical and cognitive functioning in older adults with depression. Methods: We included 218 older adults with diagnoses of a depressive disorder according to the ICD-10 criteria; their mean age (SD) was 75.6 (7.2), and 67.0% were women. The Geriatric Anxiety Inventory (GAI) was used to measure the severity of anxiety symptoms. The Montgomery-Aasberg Depression Rating Scale (MADRS) was used to assess the severity of depression. We obtained information on the level of functioning with the Physical Self-Maintenance Scale (PSMS) by Lawton and Brody and on cognition with the Mini-Mental State Examination (MMSE) and the Clock-Drawing Test (CDT). Physical health was determined based on information regarding falls and weight loss and an assessment of each patient's general medical condition. The treating physician evaluated current suicidality in a comprehensive and standardized way. Results: Higher GAI scores were significantly associated with scores on the MADRS (β = 0.233, p = 0.002) and suicidality (β = 0.206, p = 0.006). Levels of physical or cognitive functioning were not associated with the GAI score. Conclusion: The severity of anxiety symptoms was associated with the severity of depression and suicidality in older adults with depressive disorders. The results could indicate a need to focus greater attention on the treatment of anxiety and suicidality in older patients with depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicide exposure in the population: Perceptions of impact and closeness.
Authors: Cerel, Julie; Maple, Myfanwy; Van De Venne, Judy; Brown, Melissa; Moore, Melinda; Flaherty, Chris
Abstract: Recent studies of people exposed to suicide point to a continuum of effects moderated by a perception of closeness to the deceased. We investigated the importance of perception of impact of the death on mental health outcomes of those exposed to suicide. Female sex, younger age, and multiple exposures to suicide were associated with greater risk for poorer outcomes. Suicide exposed with high impact was more likely to have depression, anxiety, posttraumatic stress disorder, prolonged grief, and suicide ideation. Findings can help focus postvention resources for suicide-exposed individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The psychology of euthanasia: Why there are no easy answers.
Authors: Ricou, Miguel; Wainwright, Tony
Source: European Psychologist Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Voluntary euthanasia has been legalized in several countries and associated with this development there has been much discussion concerning the relationship between the ethical principle of autonomy and the respect for human life. Psychological science should make a significant contribution to understanding how polarizing positions may be taken in such debates. However, little has been written concerning the implications of this research for the euthanasia debate and about the contributions of psychology. In the same way, very little is written about the psychologist's role in countries where voluntary euthanasia or assisted suicide is legalized. We take as a starting assumption that there are no solutions that will meet everyone's wishes or needs, but that an understanding of psychological ideas, can assist in developing strategies that may help people with opposing views come to some agreement. In our view, it is fundamental to a fruitful analysis, to leave aside a polarized approach and to understand that an eventual answer to the question of how we approach voluntary euthanasia will only be achieved after the hard
process of carefully considering the consequences of having either legalized voluntary euthanasia or its prohibition, in the context of a psychological understanding. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Psychodynamics of suicide in lesbian, gay, bisexual, or transgender youth.
Authors: Bojarski, Emeric; Qayyum, Zheala;
Abstract: Lesbian, gay, bisexual, and transgender (LGBT) youth are a vulnerable population at high risk of suicide and, as such, benefit from an informed psychotherapeutic approach to treatment. While it is clear that sexual orientation and gender identity are independent dimensions from psychopathology, LGBT youth are frequently marginalized and may face unique challenges with self-acceptance and identification with peers, family, and society, increasing risk of social isolation, which in turn increases vulnerability to anxiety, mood disorders, substance use, and suicide. We elaborate on the common phenomenon of ambivalent repression of the sexual self in adolescents associated with intertwined themes frequently expressed in suicidal lesbian, gay, transgender, bisexual, and queer patients on the inpatient adolescent unit: anger directed toward internal and external objects; desire for self-punishment, atonement, and possibly rebirth; and desperation and desire to escape psychic pain. We enhance our discussion with case examples and practical therapeutic considerations that emerge from these themes that can be harnessed across treatment settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Response to unfairness across the suicide risk spectrum.
Authors: Carbajal, Jessica M.; Gamboa, Jorge L.; Moore, Jordan; Smith, Favrin; Ann Eads, Lou; Clothier, Jeffrey L.; Cáceda, Ricardo;
Abstract: Suicidal behavior is frequently triggered by social crises, such as familial, romantic, social or work-related conflict. A variety of cognitive and social functioning impairments has been associated with suicidal thoughts and acts. One of the precipitating and perpetuating factors of social conflict is the desire for retribution after a perceived offense, even at one's own detriment. We utilized the Ultimatum Game—a behavioral economic task which examines the behavioral response to perceived unfairness—in order to characterize the response to unfairness across the acute suicide risk spectrum. We examined five groups of adult individuals of both genders (n = 204): High- and Low-Lethality recent Suicide Attempters, Suicidal Ideators, Non-Suicidal Depressed Patients; and Healthy Controls. We also measured demographic and clinical variables. Even though all depressed groups showed similar rejection rates in the Ultimatum Game, there was a higher likelihood of rejecting offers in the low stakes condition in all acutely suicidal groups compared with healthy controls. Stake size, offer, education, and gender of the proposer were significantly associated with rejection rates. Acutely suicidal patients may be more vulnerable to adverse interpersonal interactions. Further characterization of social behavior may provide targets for secondary and tertiary prevention for high-risk individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Predictors of short-term repetition of self-harm among patients admitted to an emergency room following self-harm: A retrospective one-year cohort study.

Authors:
Kawahara, Yoko Yoshida; Hashimoto, Satoshi; Harada, Masahiro; Sugiyama, Daisuke; Yamada, Shu; Kitada, Maki; Sakurai, Toshihiro; Takahashi, Takeshi; Yamashita, Kensho; Watanabe, Kenjiro; Mimura, Masaru; Fujisawa, Daisuke;

Source:

Abstract:
We conducted a retrospective chart-review study, examining predictors of the repetition of short-term self-harm (< 1 month and < 6 months) among the patients who were admitted to an emergency department in Japan following self-harm. A total of 405 patients were enrolled and were followed-up for a subsequent one year. The incidence of repeated self-harm within one- and six- months were 6.4% and 13.1%, respectively. Cox's proportional hazards model analyses demonstrated that history of self-harm and comorbid physical illness were associated with repeated self-harm within one month. The patients who lived alone and who were directly discharged from the emergency room after referral to a psychiatrist were at higher risk for repeated self-harm within both one and six months. Living on public assistance and having been discharged from psychiatric wards within the past 12 months were associated with repetition within six months. These risk factors should be incorporated into routine assessment at an emergency room, and elaborate follow-up plan should be provided to the patients with these risk factors upon discharge from the emergency room. Further prospective studies are warranted, addressing more comprehensive factors that are associated with short-term risk for self-harm and suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Friendship, depression, and suicide attempts in adults: Exploratory analysis of a longitudinal follow-up study.

Authors:
Marver, Julia E.; Galfalvy, Hanga C.; Burke, Ainsley K.; Sublette, M. Elizabeth; Oquendo, Maria A.; Mann, J. John; Grunebaum, Michael F.;

Source:

Abstract:
Social support is thought to protect against the risk of suicidal behavior in young people and late life, but less is known about the role of friendship in adults. We explored the effect of friendship on suicide attempt risk during 1-year follow-up of 132 adults presenting with major depressive episode (MDE). Items from the Social Adjustment Scale–Self-Report were used as an index of frequency and quality of recent friendship contacts. Survival methods tested associations of friendship with risk of suicide attempt, recurrent MDE, and related outcomes during follow-up. Impaired friendship predicted greater risk of suicide attempt in an unadjusted Cox model. This association was stronger for quality (p = .009) than frequency (p = .081) of friendship contacts. In the adjusted model, the effect of friendship on suicide attempts was largely explained by self-reported depression severity. Friendship has a potentially bidirectional relationship with depression, and its effect on suicidal behavior appears to occur through its relationship with depression. Future research should examine the effect of antidepressant treatment on friendship and be designed to test mediation models of relationships between friendship, depression, and suicidal behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Darkness into light? Identification with the crowd at a suicide prevention fundraiser promotes well-being amongst participants.

Authors:
Kearns, Michelle; Muldoon, Orla T.; Msetfi, Rachel M.; Surgenor, Paul W. G.;

Source:
Suicide is recognised to be subject to social contagion, with an elevated risk of adverse outcomes amongst those affected. Drawing upon research within the social identity approach, we hypothesised that, for those bereaved by suicide, identifying with similar others could provide 'a social cure'. A large cross-sectional study and a longitudinal study were carried out at a charity fundraiser for suicide prevention, with participants completing an online survey before and after the event. Results showed that, for those who lost someone they knew (Study 1) or a family member (Study 2) to suicide, there was a significant increase in psychological well-being after the event. This was mediated by identification with the crowd. These findings demonstrate that collective participation in a suicide awareness event can be an effective social intervention for those bereaved by suicide in terms of psychological well-being, with implications for informing best-practice interventions targeting this at-risk group. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Disparities in mortality by disability: An 11-year follow-up study of 1 million individuals.

Objectives: This longitudinal study examines to what extent the risk of mortality—all-cause, natural death, suicide, and unintentional injury mortality—differs by types and severity of disabilities as well as disability status. Methods: Data were the National Sample Cohort of 1,025,340 individuals in South Korea followed from 2002 to 2013. Cox regression with time-variant variables was used to estimate the hazard ratio of mortality by disability. Results: Individuals with disabilities had a higher risk of mortality compared to those without (HR 1.84, 95% CI 1.80–1.88 for natural death; HR 1.83, 95% CI 1.64–2.03 for suicide; HR 1.54, 95% CI 1.38–1.71 for unintentional injury). All types of disability were associated with an increased risk of natural death. Individuals with mental disability were the highest risk group for suicide (HR 7.14, 95% CI 5.31–9.60). People defined as having severe disability had an elevated risk for all categories of mortality. Conclusions: Disabilities are important markers of high risk of mortality. Findings call for actions to reduce mortality risk of people with disabilities, including preventing suicidal behaviors of those with mental disability. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Liberating burdensomeness of suicide survivorship loss: A critical interpretive synthesis.

Aims and objectives: What is an interpreted and synthesised understanding of responses of survivors to a suicide death of a close person? Background: It is well known that survivors of suicide loss who are in a close relationship with the deceased are at high risk for suicidality and health conditions. Nurses in various settings need evidenced-informed approaches to encounter these vulnerable persons and support their healing journey from postvention to prevention. Design: The design is reflexive and iterative. Method: A Critical Interpretive Synthesis comprised of six phases: formulating the review question; searching literature; sampling; determining quality; extracting data; interpretive synthesis. Qualitative content analysis was also. Results: Based on a sample of 15 published full-text qualitative and quantitative nursing research studies published between 1990 and 2016, an aggregated, interpreted and synthesised understanding of responses of survivors of suicide loss to the suicide death of a close person emerged. Four synthesised concepts were: dreading burden of suicide risk and stigma; facing burdensomeness in
the aftermath of suicide death; enduring being burdened-unburdened, striving to invest in living; and liberating burdensomeness, journeying toward healing. Conclusions: Contextually, geo-cultural gaps exist in published nursing studies. Most studies were from North American and a few from Asia. The reported suicide deaths occurred over a wide range of time. Conceptually, four synthesised concepts can be viewed as a process of moving from burdensomeness to liberating burdensomeness. Methodologically, a small body of knowledge that met quality appraisal was interpreted and synthesised into an understanding of an evidenced-informed approach to guide nurses’ encounters with survivors of suicide loss. Relevance to clinical practice: The results contribute to an evidenced-informed approach for nurses in practice to support survivors of suicide loss journeying from burdensomeness to liberating burdensomeness. Results also serve as a foundation for further research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-17427-001&site=ehost-live

Title: Factors predicting recovery from suicide in attempted suicide patients.
Authors: Sun, Fan-Ko; Lu, Chu-Yun; Tseng, Yun Shan; Chiang, Chun-Ying
Abstract: Aims and objectives: The aim of this study was to explore the factors predicting suicide recovery and to provide guidance for healthcare professionals when caring for individuals who have attempted suicide. Background: The high rate of suicide is a global health problem. Suicide prevention has become an important issue in contemporary mental health. Most suicide research has focused on suicidal prevention and care. There is a lack of research on the factors predicting suicidal recovery. Design: A cross-sectional design was adopted. Methods: A correlational study with a purposive sample of 160 individuals from a suicide prevention centre in southern Taiwan was conducted. The questionnaires included the Brief Symptom Rating Scale-5, Suicidal Recovery Assessment Scale and Beck Hopelessness Scale. Descriptive statistics and linear regressions were used for the analysis. Results: The mean age of the participants was 40.2 years. Many participants were striving to make changes to create a more stable and fulfilling life, had an improved recovery from suicide and had a good ability to adapt or solve problems. The linear regression showed that the Beck Hopelessness Scale scores (β = .551, p < .001) and Brief Symptom Rating Scale-5 (β = .218, p = .003) and past suicidal behaviour (β = .145, p = .008) were significant predictors of individuals’ recovery from suicide. They accounted for 57.1% of the variance. Conclusions: Suicidal individuals who have a lower level of hopelessness, a better ability to cope with their mental condition and fewer past suicidal behaviours may better recover from suicide attempts. Relevance to clinical practice: The nurses could use the results of this study to predict recovery from suicide in patients with attempted suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-17367-001&site=ehost-live

Title: Nonsuicidal self-injury is predictive of suicide attempts among individuals with mood disorders.
Authors: Chesin, Megan S.; Galfavy, Hanga; Sonmez, Cemile Ceren; Wong, Amanda; Oquendo, Maria A.; Mann, J. John; Stanley, Barbara;
Abstract: Nonsuicidal self-injury (NSSI) prior to age 18 was evaluated as a risk factor for adulthood suicide attempt (SA). Archival data from 222 mood-disordered participants were analyzed using multivariate Cox proportional hazards analysis. Participants with a youth SA were excluded. The hazards of SA among adult participants with a history of youth NSSI were twice than those of mood-disordered participants without youth NSSI (hazard ratio = 2.00, 95% confidence interval = 1.16–3.44, p = .01). Moreover, participants who had both youth and adult NSSI attempted suicide significantly earlier than participants
who began NSSI as an adult. Youth NSSI is associated with persistent, elevated SA risk in adulthood.


**Title:**
Examining components of emotion regulation in relation to sleep problems and suicide risk.

**Authors:**
Ward-Ciesielski, Erin F.; Winer, E. Samuel; Drapeau, Christopher W.; Nadorff, Michael R.;

**Source:**

**Abstract:**
Background: Sleep has emerged as an important factor in elevated risk for suicide and suicidal behaviors; however, the mechanisms accounting for this relationship are poorly understood. Emotion regulation is a well-established correlate of self-injurious behaviors; however, the broad construct has recently been shown to provide limited predictive utility. More nuanced investigations into the processes involved in emotion regulation may address this gap. This study sought to examine the mediating role of emotion regulation between sleep disturbances and suicide risk, as well as to evaluate a moderated mediation model in which down- and up-regulation of emotions would moderate this mediation. Methods: Participants were 972 adults recruited from a crowdsourcing website (Amazon's Mechanical Turk) who completed self-report questionnaires regarding nightmares, suicide risk, and emotion regulation. Results: Emotion regulation mediated the direct effect of nightmares on suicide risk and suicide attempts. Downregulation of negative affect moderated the mediation of nightmares on suicide risk more clearly than upregulation of positive affect, and neither component of emotion regulation exhibited moderated mediation in the suicide attempt model. Limitations: Generalizability of our findings from an online community sample will need to be established with replication in other samples. Additionally, we used cross-sectional measures in our mediation models. Conclusions: Downregulation of negative emotions may be particularly salient in relation to the severity of suicide risk and, as a result, relative deficits in this area should be considered when making risk determinations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
The Darknet and suicide.

**Authors:**
Mörch, Carl-Maria; Côté, Louis-Philippe; Corthésy-Blondin, Laurent; Plourde-Léveillé, Léa; Dargis, Luc; Mishara, Brian L.;

**Source:**

**Abstract:**
Context: The Internet contains both public content ('Surface Web'), and private content ('Deep Web') sometimes hosted on exclusive networks ('Darknets') only accessible using dedicated software such as TOR (The Onion Router). This software makes it almost impossible to identify its users. Information media have reported on suicide-related aspects of Darknets, for example when poisons that can be used to kill oneself are offered for sale (Le Garff et al., 2016) when users discuss ways to kill oneself in anonymous forums (Ferrara, 2016; Franceschi-Bicchierai, 2015) and suicides that follow bullying or 'doxing' (online divulgation without consent of intimate personal information) (Bartlett, 2015). Several recent studies have analyzed the nature of suicide content on the Surface Web, but to date, there have been no systematic investigations of suicidal content available on Darknets. Objectives: The object was to document the nature and accessibility of suicide-related information available on the TOR Darknet or via the TOR software. Methods: We replicated the methodology used by Biddle et al. (2008, 2016) in their studies of the Surface Web, using TOR on the Darknet. We identified and chose nine search engines used on the TOR Darknet: TORCH the TOR search engine, Notevil, Ahmia, Candle, Hidden Wiki, Darknet (onion.link), Duckduckgo and Grams. Two research assistants independently coded the first 30 results of searches using the keywords, 'suicide' and 'suicide methods'. Results: There were 476 'hits' in the search for
'suicide' and 'suicide method' using TOR, with fewer sites dedicated to suicide (4%), compared to the Surface Web (23.1%) (Biddle et al., 2016). Over half of the sites proposed by the TOR search engines (252, 52.9%) were outdated, inaccessible or not containing content pertinent to suicide or suicide methods. Several of the TOR search engines provided access to forums ('chat boards') where suicide was a topic (70, 14.8%). These were usually pro-suicide, are blocked or filtered by most of the Surface Web engines (e.g. Google). Discussion: Persons concerned with suicide prevention should conduct further investigations of pro-suicide forums that are accessible using TOR and their users, comparing them with the Surface Web. New strategies to prevent suicide may need to be developed for Darknets. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Naturally absorbed polyunsaturated fatty acids, lithium, and suicide-related behaviors: A case-controlled study.
Authors: Kurosawa, Keiko; Terao, Takeshi; Masayuki, Kanehisa; Ippei, Shiotsuki; Ishii, Nobuyoshi; Ryuichi, Takenaka; Sakamoto, Teruo; Matsukawa, Takehisa; Yokoyama, Kazuho; Shuntaro, Ando; Atsushi, Nishida; Matsuoka, Yutaka;
Source: Journal of Affective Disorders, Vol 241, Dec 1, 2018 pp. 200-205. Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: Previous studies have investigated the effects of omega-3, omega-6 and lithium on suicide-related behaviors separately. This study was performed to comprehensively investigate the effects of naturally absorbed EPA, DHA, arachidonic acid and lithium in relation to suicide attempt and deliberate self-harm, with adjustment for each other. Methods: We analyzed plasma EPA, DHA, arachidonic acid levels and serum lithium levels of 197 patients including 33 patients with suicide attempts, 18 patients with deliberate self-harm, and 146 control patients. Results: Multivariate logistic regression analysis with adjustment for age, gender, EPA, DHA, arachidonic acid and log-transformed lithium levels revealed that the negative associations with EPA levels (adjusted OR 0.972, 95% CI 0.947–0.997, p = 0.031) and log-transformed lithium levels (adjusted OR 0.156, 95% CI 0.038–0.644, p = 0.01) and the positive association with DHA levels (adjusted OR 1.026, 95% CI 1.010–1.043, p = 0.002) were significant in patients with suicide attempts than in control patients. The analysis also demonstrated that the positive association with arachidonic acid levels (adjusted OR 1.015, 95% CI 1.005–1.025, p = 0.004) was significant in patients with deliberate self-harm than in control patients. Limitations: The limitations are relatively small number of patients and the effects of demographics of individual patients could not be adjusted for the analyses. Conclusions: The present findings suggest that, as naturally absorbed nutrients, higher EPA and lithium levels may be associated with less suicide attempt, and that higher arachidonic acid levels may be associated with more deliberate self-harm. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Understanding suicide: Focusing on its mechanisms through a lithium lens.
Authors: Malhi, Gin S.; Das, Pritha; Outhred, Tim; Irwin, Lauren; Morris, Grace; Hamilton, Amber; Lynch, Katie; Mannie, Zola;
Abstract: Background: Current intervention strategies have been slow in reducing suicide rates, particularly in mood disorders. Thus, for intervention and prevention, a new approach is necessary. Investigating the effects of a medication known for its anti-suicidal properties on neurobiological and neurocognitive substrates of suicidal thinking may provide a deeper and more meaningful understanding of suicide. Method: A literature search of recognised databases was conducted to examine the intersection of suicide, mood
disorders, and the mechanisms of lithium. Results: This review synthesises the extant evidence of putative suicide biomarkers and endophenotypes and melds these with known actions of lithium to provide a comprehensive picture of processes underlying suicide. Specifically, the central importance of glycogen synthase kinase-3β (GSK3β) is discussed in detail because it modulates multiple systems that have been repeatedly implicated in suicide, and which lithium also exerts effects on. Limitations: Suicide also occurs outside of mood disorders but we limited our discussion to mood because of our focus on lithium and extending our existing model of suicidal thinking and behaviour that is contextualised within mood disorders. Conclusions: Focusing on the neurobiological mechanisms underpinning suicidal thinking and behaviours through a lithium lens identifies important targets for assessment and intervention. The use of objective measures is critical and using these within a framework that integrates findings from different perspectives and domains of research is likely to yield replicable and validated markers that can be employed both clinically and for further investigation of this complex phenomenon. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
From ideation to action: Differentiating between those who think about suicide and those who attempt suicide in a national study of young adults.

Authors:
Wetherall, Karen; Cleare, Seonaid; Eschle, Sarah; Ferguson, Eamonn; O'Connor, Daryl B.; O'Carroll, Ronan E.; O'Connor, Rory C.;

Source:

Abstract:
Background: Although many suicide risk factors have been identified, there is still relatively little known about the factors that differentiate those who think about suicide from those who make a suicide attempt. Aims: Using the integrated motivational-volitional model (IMV) of suicidal behaviour as a framework, this study hypothesised that (i) motivational and volitional phase factors would differentiate non-suicidal controls from those who had a history of suicidal ideation or suicide attempts, and (ii) within a multivariable model only volitional phase factors would differentiate between those who had a history of suicidal ideation and those who had attempted suicide. Method: The Scottish Wellbeing Study (n = 3508) is a nationally representative study of young people (18–34 years) recruited throughout Scotland. Using multinomial regression analysis, three groups (non-suicidal control (n = 2534), lifetime suicide ideation (n = 498) and lifetime suicide attempt (n = 403) groups) were compared on motivational and volitional phase variables. Results: Consistent with the IMV model, motivational and volitional phase variables differentiated the control group from both the ideation and attempt groups. Only volitional phase variables differentiated between the suicide attempt group and the suicidal ideation group in the multivariable model; with those reporting a suicide attempt being higher on acquired capability, mental imagery about death, impulsivity, and being more likely to know a friend who had made a suicide attempt. Having a family member or friend die by suicide or a family member attempt suicide did not differentiate between the groups. Limitations: The findings were based on cross-sectional data derived from self-report measures. Conclusions: These findings provide further support for the IMV model, and highlight potential targets for clinical intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Proximally-occurring life events and the first transition from suicidal ideation to suicide attempt in adolescents.

Authors:
Paul, Elise;

Source:

Abstract:
Background: Informed by diathesis-stress models of suicide risk, this paper investigated the role of proximally-occurring stressful life events in the first transition from suicidal ideation to suicide attempt in
adolescence. Interactions between stressful life events and psychiatric disorders in relation to this progression were also examined. Methods: Data are from a subsample (N = 928) of adolescents with lifetime suicidal ideation from the National Comorbidity Survey-Adolescent Supplement. Logistic regression analyses compared adolescents who had transitioned to a first suicide attempt (n = 81) in the year prior to the study to adolescents with suicidal ideation only (n = 847). Results: Multivariate logistic regressions implicated increased risk for progression from suicidal ideation to a first suicide attempt in the presence of a recent romantic break-up as well as more recent stressful life events. However, among adolescents with suicidal ideation and either a recent romantic break-up or above-average recent stressors, neither a disruptive behavior disorder, mood disorder, nor a substance use disorder intensified the risk for progressing to a first suicide attempt. Limitations: Analyses are cross-sectional and therefore limit causal inferences. Conclusions: Findings underscore the importance of comprehensive suicide risk evaluations that consider proximally-occurring interpersonal stressors which may influence the first transition from thinking about suicide to acting in adolescence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Gender-specific study of recurrent suicide attempts in outpatients with multiple substance use disorders.
Source: Journal of Affective Disorders, Vol 241, Dec 1, 2018 pp. 546-553. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: people suffering from substance use disorders (SUD) often die by suicide, so that the prevention of suicide attempts (SA) remains a top priority in this population. SA recurrence is common and is associated with suicide death, but this phenotype has been overlooked in SUD populations. Thus, we aimed at identifying the risk factors of SA recurrence in SUD, controlling for both gender and levels of exposure to addictive substances, including tobacco. Methods: we consecutively recruited 433 treatment-seeking outpatients with either opiate or cocaine use disorder and assessed their lifetime history of addictive and suicidal symptoms by standardized questionnaires. They were reliably classified as never, single or recurrent (≥ 2) suicide attempters, whose characteristics were identified by multinomial regression, stratified by gender; and compared to our previous work on serious SA in order to identify common or different risk profiles. Results: 86/140 (61%) suicide attempters reported recurrence. The mean number of SA was 3.1. Recurrence was independently associated with psychiatric hospitalization in both genders, with nicotine dependence in men and with sedative use disorders in women. Limitations: psychiatric diagnoses were derived from the current medication regimen. Conclusion: specific and possibly avoidable/treatable risk factors for the recurrence of SA in SUD have been identified for the first time, opening new avenues for research and prevention in this high-risk population. Apart from nicotine dependence, these risk factors were very similar to those of serious SA. Although this comparison is indirect for now, it suggests a common liability towards suicidal behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Examination of the latent factor structure and construct validity of the stigma of suicide scale-short form.
Authors: L. Williams, Caitlin; Cero, Ian; Gauthier, Jami M.; K. Witte, Tracy;
Source: Death Studies, Vol 42(10), Nov-Dec, 2018 pp. 616-626. Publisher: Taylor & Francis; [Journal Article]
Abstract: A major limitation of research on attitudes toward suicide is that most measures lack evidence of a stable factor structure. To investigate the structure of recently developed stigma of suicide scale-short form (SOSS-SF), we conducted an exploratory factor analysis in a sample of 499 undergraduates. Results revealed a three-factor structure: Stigma, Isolation/Depression, and Glorification/Normalization. We also identified good convergent and discriminant validity between the SOSS-SF and related constructs. In a
separate sample of 570 undergraduates, a confirmatory factor analysis (CFA) demonstrated adequate fit for the three-factor model. In addition, a multiple-group CFA demonstrated invariance across gender. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Anxiety sensitivity and suicidal ideation/suicide risk: A meta-analysis.

Authors:
Stanley, Ian H.; Boffa, Joseph W.; Rogers, Megan L.; Hom, Melanie A.; Albanese, Brian J.; Chu, Carol; Capron, Daniel W.; Schmidt, N. Brad; Joiner, Thomas E.;

Source:

Abstract:
Objective: Suicide is a global public health concern. To inform the prevention and treatment of suicidality, it is crucial to identify transdiagnostic vulnerability factors for suicide and suicide-related conditions. One candidate factor is anxiety sensitivity (AS)—the fear of anxiety-related sensations—which has been implicated in the pathogenesis of a host of mental health outcomes, including suicidal thoughts and behaviors. Importantly, AS is distinct from trait anxiety and negative affectivity, highlighting its potential incremental utility in the understanding of psychopathology. Despite a burgeoning body of literature demonstrating that AS is linked to suicidal thoughts and behaviors, this research has yet to be synthesized.

Method: This meta-analysis includes 33 articles representing 34 nonredundant samples (N = 14,002) that examined at least one relationship between AS global or subfactor (i.e., cognitive, physical, social) scores and suicidal ideation and/or suicide risk.

Results: Findings revealed small-to-moderate and moderate associations between global AS and suicidal ideation (r = .24, 95% confidence interval (CI): [.21, .26], p < .001) and suicide risk (r = .35, 95% CI [.31, .38], p < .001), respectively. All AS subfactors evinced significant associations with suicidal ideation (rs = .13 – .24) and suicide risk (rs = .22 – .32).

Conclusions: AS is related to suicidal ideation and global suicide risk. Research is needed to disentangle AS from other indices of distress in the prediction of suicidal thoughts and behaviors. Theoretical and clinical implications of these findings are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Availability and use of mental health services in European countries: Influence on national suicide rates.

Authors:
König, Daniel; Fellinger, Matthäus; Pruckner, Nathalie; Hinterbuchinger, Barbara; Dorffner, Georg; Gleiss, Andreas; Vyssoki, Sandra; Vyssoki, Benjamin;

Source:

Abstract:
Background: Previous research suggests significant increases in suicide mortality rates in European countries following the economic crisis of 2008. However, the relationship between national differences in availability and use of mental health services and suicide rates has not been extensively examined yet.

Materials and methods: Data on mental health services and socioeconomic variables were derived from Eurostat for the years 2000–2013 for ten European countries. The national health care variables consisted of suicide mortality rate (SMR), average length of hospital stay and number of hospitalizations due to affective disorder or any psychiatric disorder, number of psychiatric beds and number of prescribed antidepressants. Economic variables included the gross domestic product (GDP), the gross domestic product per 1000 inhabitants (Real GDP), the rate of unemployment and the GINI-coefficient as a measurement for the equality of wealth distribution. Mixed models were used to investigate the potential influence of the onset of the economic crisis in 2008 on each of the psychiatric variables. Multivariable regression analyses were used to assess the influence on suicide mortality rates. Results: In this study, a significant change in slope starting from 2008 was revealed for the number of psychiatric beds, hospitalizations due to affective disorder or any psychiatric disorder and for prescribed antidepressants.
Furthermore, a significant step change for hospitalizations due to affective disorder was observed in 2008. SMR exhibited a significant step change in 2008 for males and females as well as a significant change in slope from 2008 onwards for males only. Contrary to our hypothesis, most variables showed no statistically significant influence on SMR. Only a higher number of available psychiatric beds was significantly associated with higher suicide mortality rates. This effect, however, was only significant for females and did not remain significant after correcting for economic variables. Less than 10% of suicide mortality rate variability could be explained by a model including all variables, further corroborating the multifactorial etiology of suicide. Limitations: Since administrative registry data was used, the results should be interpreted with caution. Results might not be applicable to countries not included. Conclusion: While significant changes in the psychiatric variables, as well as SMR, were observed, no statistically significant influence on SMR remained after correcting for country, time and economic variables. Our study suggests the necessity of a more comprehensive international data gathering effort. Further research is needed to identify populations at risk of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Association between irritability and suicide-related outcomes across the life-course. Systematic review of both community and clinical studies.

Authors:
Orri, Massimiliano; Perret, Lea C.; Turecki, Gustavo; Geoffroy, Marie-Claude;

Source:

Abstract:
Background: Irritability is gaining considerable attention as a risk factor for suicide-related outcomes (suicide mortality, attempt, and ideation). However, the evidence of this association is scant. We conducted a systematic review of the evidence regarding the associations between irritability and suicide-related outcomes across the life-course. Methods: We conducted a systematic search on Medline and PsycINFO (up to January 2018) for original articles published in English investigating the association between irritability and suicide-related outcomes. Two researchers independently screened the articles, assessed the quality of the evidence (New-Castle-Ottawa Scale) and extracted study characteristics.

Results: Thirty-nine studies were retrieved, most were of low/medium quality. Twelve assessed irritability in childhood/adolescence (6 in community samples, 6 in clinical samples) and 27 in adulthood (7 in community samples, 20 in clinical samples). In both childhood/adolescence and adult samples, most community-based studies reported a positive association between irritability and suicidal ideation and/or attempt, while clinical studies reported mixed findings. More specifically, in clinical studies, the association of irritability with suicide-related outcomes (i) was not supported among adult depressed patients, (ii) findings were inconsistent in adult bipolar patients, (iii) for inpatients/outpatients with various psychiatric disorders/conditions, association was observed in adulthood but not in childhood/adolescence.

Limitations: Differences in methodology and definition/measurement of irritability limited the comparability of included studies. Conclusions: Although irritability has been proposed as a promising transdiagnostic factor associated with suicide-related outcomes, the absence of consensus in the definition of irritability (vs anger or reactive/impulsive aggression), the poor methodological quality, and the lack of developmental considerations mitigate the conclusions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
History of suicide attempt and right superior temporal gyrus volume in youth with treatment-resistant major depressive disorder.

McLellan, Quinn; Wilkes, T. Christopher; Swansburg, Rose; Jaworska, Natalia; Langevin, Lisa Marie; MacMaster, Frank P.;

Source:
Abstract:
Background: Growing evidence suggests an endophenotype for suicidality, including brain morphometric features, could provide an improved platform for suicide risk assessment. Reduced right superior temporal gyrus (rSTG) volumes have been implicated in suicidality across psychiatric disorders. Treatment-resistant depression (TRD) has unique neurobiology and adolescents with TRD are at increased suicide risk. Here, we investigated whether reduced rSTG volume was present in adolescents with TRD and history of suicide attempt. Methods: 45 adolescents—14 with history of suicide attempt and TRD, 14 without a suicide attempt history and TRD, and 17 healthy controls—underwent magnetic resonance imaging and reconstructed rSTG volumes were compared. Depressive and anxious symptoms were assessed with Hamilton depression and anxiety rating scales, and differences between attempters and non-attempters were explored. Results: Adolescents with TRD and history of suicide attempt showed reduced rSTG volume compared to healthy controls. Exploratory analyses revealed greater diurnal variation in depressive symptoms in the suicide attempt group compared to non-attempters. Limitations: Sample size and temporal separation between suicide attempt date and data collection limits interpretation of findings. Conclusions: Reduced rSTG volume may serve as a marker of suicide attempt in adolescence and specific symptom features may have a role in suicide risk assessment. Presently, risk assessment is limited by patient self-report and clinical judgement. A biological model of suicidality will be key to improve risk assessment and could lead to novel treatment approaches. Our findings extend previous results and contribute to our neurobiological understanding of suicidality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Perspectives on suicide and suicide prevention among members of Christian faith-based organizations.

Authors: Bazley, Renée; Pakenham, Kenneth;

Source: Spirituality in Clinical Practice Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: This study investigated perspectives of suicide and suicide prevention among members of Christian faith-based organizations (FBOs). Seventy-three individuals responded to two open-ended questions soliciting their views on why people suicide and how suicide can be prevented. Content analyses revealed seven reasons for suicide categories (hopelessness, despair, combined stressors and maladaptive coping, perceived and actual disconnectedness from others, mental illness, lack of effective response from others, and lack of belief in Jesus as God) and eight suicide prevention categories (increase education and awareness, proactive engagement with those at risk, increase community resilience, communicate value and purpose, professional interventions, provide hope, policy initiatives, and unsure). Findings indicate that compassionate perspectives on suicide and constructive ideas about suicide prevention exist among Christian FBO members. This is important for future work involving active and systematic recruitment of Christian FBOs in suicide prevention initiatives. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Attempted suicide and oxytocin-related gene polymorphisms.

Authors: Parris, Michelle S.; Grunebaum, Michael F.; Galfalvy, Hanga C.; Andronikashvili, Ana; Burke, Ainsley K.; Yin, Honglei; Min, Eli; Huang, Yung-yu; Mann, J. John;

Source: Journal of Affective Disorders, Vol 238, Oct 1, 2018 pp. 62-68. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Oxytocin may moderate prosocial behaviors, but has also been implicated in negative mental health outcomes. A single-nucleotide polymorphism (SNP) of the oxytocin receptor gene (OXTR), rs53576, and a SNP of the CD38 gene, which regulates oxytocin secretion, rs3796863, have been associated with depression and suicidal ideation. Methods: We conducted an exploratory study
investigating the relationship of these two SNPs to history of suicide attempt. Secondary analyses explored relationships of genotype with sex, diagnosis, history of abuse, depression, suicidal ideation, and attachment and personality traits. Subjects were depressed adults with DSM-IV major depressive disorder (MDD; n = 161) or bipolar disorder (BD; n = 75). Results: The A allele of rs53576 was associated with suicide attempt history. A differential effect of rs3796863 genotype on suicide attempt risk was found by diagnosis. In the BD sample, CC and AC genotypes were associated with higher odds of suicide attempt compared to AA, while in the MDD sample, AC subjects were more likely than CC subjects to have made an attempt. Limitations: Our assessment of social sensitivity was limited to measures of attachment style and abuse history and did not differentiate between types of abuse. Plasma oxytocin was not measured. Conclusions: These findings add to evidence for the involvement of oxytocin in suicide attempts and identify a potential biomarker for differentiating depressed attempters from non-attempters. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Theoretical and empirical foundations of a novel online social networking intervention for youth suicide prevention: A conceptual review.

Authors:
Bailey, Eleanor; Rice, Simon; Robinson, Jo; Nedeljkovic, Maja; Alvarez-Jimenez, Mario;

Source:

Abstract:
Suicide is a major public health problem and is the second leading cause of death in young people worldwide. Indicating a lack of adequate treatment approaches, recent data suggest a rising suicide rate. Current approaches to suicide prevention do not sufficiently account for the specific needs of young people or the ways in which they engage with the health system, nor are they adequately theory-driven. In this paper, we review an empirically-supported theoretical model of suicide together with the latest evidence in treating young people who are at risk. We discuss the potential efficacy of social-media-based online interventions, with a particular focus on how they may be uniquely placed to target interpersonal risk factors for suicide. We highlight the risks associated with such interventions, including the potential for contagion to occur. Based on prominent theoretical models and gaps in existing treatment approaches, we propose a newly-developed, theory-driven, online social-networking-based intervention for suicide prevention in young people. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Prior suicide attempts predict worse clinical and functional outcomes in young people attending a mental health service.

Authors:
Iorfino, Frank; Hermens, Daniel F.; Cross, Shane P. M.; Zmicerevska, Natalia; Nichles, Alissa; Groot, Josine; Guastella, Adam J.; Scott, Elizabeth M.; Hickie, Ian B.;

Source:

Abstract:
Background: Mental disorders and suicidal thoughts and behaviours are common in help-seeking youth. Few studies report the longitudinal associations between these phenomena and clinical and functional outcomes. This study examined whether prior suicide attempts predict poorer outcomes in mental health service attendees. Methods: Clinical and functional data from 1143 individuals (aged 12–30) attending a primary care-based mental health service in Australia were collected over 3–60 months (median = 21 months). Odds ratios (OR) with 95% confidence intervals for the effect of a prior suicide attempt on follow-up outcomes were estimated (adjusted for confounders). Results: Prior suicide attempts were common (n = 164; 14%) and prospectively associated with suicidal thoughts (OR = 1.71), suicide attempts (OR = 2.59), self-harm (OR = 1.71), an increased likelihood of being diagnosed with bipolar disorder (OR = 2.99), and the onset of an alcohol/substance use disorder (OR = 2.87). Over the course of care, no suicide
attempts were reported in 1052 (92%) individuals, but 25 (2%) had recurrent attempts, and 66 (6%) had new onset of an attempt. New onset was associated with being female and previous suicidal ideation or self-harm; recurrent attempts were associated with being older and comorbid alcohol/substance use disorder. Limitations: The cohort includes only individuals who remained in clinical contact, and the consistency of their documentation varied (across clinicians and over time). Conclusions: Young people with prior suicide attempts are vulnerable to ongoing suicidal behaviours, and poorer clinical and functional outcomes. More intensive management strategies may be needed to directly address these behaviours and the long-term risks they confer. These behaviours also emerge over the course of care among those with no previous history, which has important implications for active service-level strategies that target these behaviours for all of those who present to such services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Double trouble: Nonsuicidal self-injury and its relationship to suicidal ideation and number of past suicide attempts in clinical adolescents.

Authors: Mbroh, Hayden; Zullo, Lucas; Westers, Nicholas; Stone, Laura; King, Jessica; Kennard, Betsy; Emstlie, Graham; Stewart, Sunita;


Abstract: Background: Death by suicide is one of the leading causes of mortality among adolescents, and nonsuicidal self-injury (NSSI) is one of the strongest predictors of suicide attempts (SAs). The underlying bases for this relationship are unknown. We derived two hypotheses from the Interpersonal Psychological Theory of Suicide (IPTS): unmet interpersonal needs would explain NSSI's association with suicidal ideation (SI) and increased capability for suicide would explain NSSI's relationship with SA. Methods: Adolescents hospitalized on a psychiatric inpatient unit (N = 289) provided measures of current SI, number of past SAs, unmet interpersonal needs (perceived burdensomeness and thwarted belongingness), capability for suicide (fearlessness about death [FAD] and pain tolerance), depressive symptoms, and number of NSSI methods utilized. Results: Depressive symptoms, but not unmet interpersonal needs, explained NSSI's association with SI. FAD and SI, but not depressive symptoms or pain tolerance, accounted for NSSI's relationship with SA. FAD was associated with SA, but it did not fully account for NSSI's relationship with SA. Conclusions: This study utilized a cross-sectional design and retrospective, self-report measures. Conclusions: Our study provides partial support for the role of the IPTS variables in NSSI's relationship with SA in adolescents. The finding that depressive symptoms and not unmet interpersonal needs explained NSSI's association with SI contradicts the IPTS. However, in those with SI, FAD was linearly associated with SA, which is consistent with the IPTS. Future studies are needed to clarify the persistent basis for NSSI's relationship with SA beyond FAD and SI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Body mass index and risk of suicide: A systematic review and meta-analysis.

Authors: Amiri, Sohrab; Behnezhad, Sepideh;

Source: Journal of Affective Disorders, Vol 238, Oct 1, 2018 pp. 615-625. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Studies have examined associations between obesity and suicide. However, the overall outcomes of the studies are not fully elucidated, and the orientation of these studies needs to be identified. The aim of this systematic review and meta-analysis was to determine the suicide risk based on body mass index (BMI). Methods: The authors systematically searched PubMed, Scopus, PsycInfo and Google Scholar databases until December 2017. After the screening process, 15 prospective studies were
included in meta-analysis. Stata-14 was used for meta-analysis. Forest Plot was calculated for the whole of the 15 studies and the subgroups; publication bias was examined as well. Results: In obesity group, Pooled Risk Ratio (RR) was achieved for suicide mortality (RR = 0.67; 95% confidence interval (CI) CI = 0.54–0.81) and suicidal ideation (RR = 1.50; 95% CI = 0.76–2.23). It was also measured in overweight group, for suicide mortality (RR = 0.78; 95% CI = 0.71–0.85) and suicidal ideation (RR = 1.17; 95% CI = 0.65–1.69). Conclusion: Overall, there is an inverse association between obesity and overweight with suicide mortality and attempted suicide, and positive association between obesity and overweight with suicidal ideation. There was no evidence of publication bias. Overall, our findings indicate the role of BMI in suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Authors: Gillies, Donna; Christou, Maria A.; Dixon, Andrew C.; Featherston, Oliver J.; Rapti, Iro; Garcia-Anguita, Alicia; Villasis-Keever, Miguel; Reebye, Pratibha; Christou, Evangelos; Al Kabir, Nagat; Christou, Panagiota A.;
Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: To provide meta-analytic estimates of self-harm from all community-based studies of adolescents from 1990 through 2015, estimates of suicidal risk, and characteristics including age profile, frequency, types, seeking help, and reasons. Method: Databases, bibliographies, and the internet were searched for cross-sectional and cohort studies of 12- to 18-year-olds. Meta-analytic estimates of the prevalence and characteristics of self-harm, risk of suicidal behaviors, and rates comparing different methods were calculated. Results: One hundred seventy-two datasets reporting self-harm in 597,548 participants from 41 countries were included. Overall lifetime prevalence was 16.9% (95% CI 15.1–18.9), with rates increasing to 2015. Girls were more likely to self-harm (risk ratio 1.72, 95% CI 1.57–1.88). The mean age of starting self-harm was 13 years, with 47% reporting only 1 or 2 episodes and cutting being the most common type (45%). The most frequent reason was relief from thoughts or feelings. Slightly more than half sought help, but for most this was from a friend. Suicidal ideation (risk ratio 4.97) and attempts (risk ratio 9.14) were significantly higher in adolescents who self-harmed, but this was higher with more frequent self-harm. Methodologic factors also were associated with higher rates of self-harm. Conclusion: Interventions that can lower suicidal risk should be made available to adolescents who self-harm frequently as soon as possible. Preventative interventions that help adolescents deal with negative feelings should be instituted at the onset of puberty. Because friends are frequently asked for support, interventions also should be developed for peer groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Rethinking lethality in youth suicide attempts: First suicide attempt outcomes in youth ages 10 to 24.
Authors: McKean, Alastair J. S.; Pabbati, Chaitanya P.; Geske, Jennifer R.; Bostwick, J. Michael;
Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: Although suicide is the second most frequent cause of death in American youth, suicide research has heretofore been confined to convenience samples that represent neither psychiatric nor general populations and that fail to include individuals dying at their first attempts. These limitations were addressed by assembling a youth cohort followed from the first medically recorded attempt (index attempt [IA]). It was hypothesized this approach would more accurately represent the prevalence of completed suicide after an attempt and underscore lethality based on method. Method: This study draws from a
previously reported retrospective-prospective all-age cohort identified through the Rochester Epidemiology Project. The original 1,490-subject sample included 813 Olmsted County youth 10 to 24 years old (n = 258 male, n = 555 female; 54.6% of total cohort) with IAs from January 1, 1986 through December 31, 2007 and followed until December 31, 2010. Results: Twenty-nine of 813 subjects (3.6%) killed themselves during the study period, with 28 of 29 dying before their 25th birthday and 20 of 28 (71.4%) dying at their first attempt. Despite composing only 31.7% of the cohort (258 of 813), male subjects composed most suicides: 23 of 29 (79.3% of suicides; 8.9% of male subjects) versus 6 of 29 female subjects (20.7% of suicides; 1.1% of female subjects). Eighty-five percent of all IA deaths involved firearms. More than a third of youth—41.2%—lacked a psychiatric history prior to IA. Conclusion: These data show that more than half the IAs occurred in youth, with approximately three-fourths of completed youth suicides occurring at the IAs. In parsing cause of IA death in the all-age cohort, the contribution of firearms figured even more prominently in the subsample of youth (85.0%) than in those at least 25 years old (64.3%). The high IA lethality suggests that prevention efforts commencing after the IA are too late for most victims. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicide risk in the detachment from reality: Failures in the quest for love that saves.
Authors: Pompili, Maurizio;
Abstract: Suicide is among the leading causes of death worldwide, accounting for almost one million annual deaths globally. The author presents an exploration into the suicidal mind using Freud's cathexis and decathexis theory. This model describes the patient's withdrawal from reality and the need to gratify libidinal and aggressive drives in the internal world. Theories and beliefs of other authors are used to introduce the importance of early disturbed relationships with parental figures. Working with the particular subtype of suicidal patient described in this essay may be a challenge for clinicians. A psychodynamic approach may help in the understanding of the patient's complex and private world of psychological pain. If unresolved, the patient's conflicts may precipitate suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Identifying potential mass shooters and suicide terrorists with warning signs of suicide, perceived victimization, and desires for attention or fame.
Authors: Lankford, Adam;
Abstract: In the United States and Europe, the distinction between public mass shooters and suicide terrorists no longer seems particularly meaningful. A number of public mass shooters have considered using bombs and claimed to be sacrificing themselves for an ideological cause, and many suicide terrorists have attacked without organizational support, using firearms, for what appear to be largely personal reasons. Previous research has also documented several common factors in these offenders’ lives, including (a) suicidal motives and life indifference, (b) perceived victimization, and (c) desires for attention or fame. These factors are not always easy for observers to recognize in advance, so mental health professionals, the public, and law enforcement officials might need help from experts to more successfully identify at-risk individuals. This article reviews the evidence of each factor, provides a list of specific warning signs, and offers recommendations for future research. Ultimately, an evidence-based approach to prevention could
help save both the lives of many potential victims and the lives of the would-be attackers themselves. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicidal ideation and suicidal behavior as rare adverse events of antidepressant medication: Current report from the AMSP multicenter drug safety surveillance project.

Authors:
Stübner, Susanne; Grohmann, Renate; Greil, Waldemar; Zhang, Xueqiong; Müller-Oerlinghausen, Bruno; Bleich, Stefan; Rüther, Eckart; Möller, Hans-Jürgen; Engel, Rolf; Falkai, Peter; Toto, Sermin; Kasper, Siegfried; Neyazi, Alexandra;

Source:
International Journal of Neuropsychopharmacology, Vol 21(9), Sep, 2018 pp. 814-821. Publisher: Oxford University Press; [Journal Article]

Abstract:
Background: Suicidal ideations, suicide attempts, and fatal suicides are rare adverse drug reactions to antidepressant drugs, but they essentially are clinically relevant. Drawing on a larger dataset of the European drug surveillance program, the present naturalistic study updates a previous contribution (Stübner et al., 2010). Methods: First an analysis of the comprehensive data collected in 81 psychiatric hospitals from 1993 to 2014 by the European drug surveillance program Arzneimittelsicherheit in der Psychiatrie was made. All documented single cases of suicidal ideations or behavior judged as adverse drug reactions to antidepressant drugs were carefully assessed as to their clinical features and drug prescriptions. Results: Among 219,635 adult hospitalized patients taking antidepressant drugs under surveillance, 83 cases of suicidal adverse drug reactions occurred (0.04%): 44 cases of suicidal ideation, 34 attempted suicides, and 5 committed suicides were documented. Restlessness was present in 42 patients, ego-dystonic intrusive suicidal thoughts or urges in 39 patients, impulsiveness in 22 patients, and psychosis in 7 patients. Almost all adverse drug reactions occurred shortly after beginning antidepressant drug medication or increasing the dosage. Selective serotonin reuptake inhibitors caused a higher incidence of suicidal ideation and suicidal behavior as adverse drug reactions than noradrenergic and specific serotonergic antidepressants or tricyclic antidepressants, as did monotherapy consisting of one antidepressant drug, compared to combination treatments. Significance Statement: The debate on suicidal thoughts and behavior as adverse drug reactions of treatment with antidepressants is still ongoing. While pharmacoepidemiological studies indicate a decline in suicides with increasing prescriptions of antidepressants, metaanalyses of controlled trials and clinical reports suggest possible new-onset suicidality due to antidepressant treatment. A drug monitoring program identified 83 cases of suicidal adverse drug reactions that may be associated with antidepressant treatment. The analysis allows to describe clinical features that might be considered as possible warning signs. The results show that antidepressant-induced suicidal thoughts and behaviors are rare and that the risk of developing suicidal adverse drug reactions appears to be different for various groups of antidepressants. There was a higher proportion of antidepressant monotherapy among patients with suicidal adverse drug reaction compared with all patients monitored. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content.

Authors:
Blades, Caroline A.; Stritzke, Werner G. K.; Page, Andrew C.; Brown, Julia D.;

Source:

Abstract:
One obstacle potentially hindering research on suicide is the assumption that assessing suicide may make individuals more likely to engage in suicidal thoughts or behaviours; a concern expressed by ethics committees, researchers, and clinicians. However, decisions which are overly cautious and restrictive when approving research proposals will hinder important research in this area. The present aim was to conduct a meta-analysis to examine whether asking about suicide or exposure to suicide-related content
in research studies led to changes in participants' levels of distress, suicidal ideation, or suicide attempts. A systematic search of peer-reviewed and unpublished literature from 2000 to 2017 identified 18 studies. Exposure to suicide-related content led to significant, albeit small, reductions in suicidal ideation ($g = -0.13, p < .001$) and a lower likelihood of engaging in suicidal behaviour ($OR = 0.714, p < .05$). The reduction in suicidal ideation was moderated by age such that adolescents showed nearly twice as large a reduction in suicidal ideation from pre- to post-exposure as adults did. Thus, evidence to date suggests that asking research participants about suicide does not increase risk, and may be associated with small benefits. Ethics review boards should calibrate their consideration of the risks associated with participation based on the available evidence and relative to the cost of depriving potential participants of any benefits that participation may offer. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Hope squads: Peer-to-peer suicide prevention in schools.

**Authors:**
Wright-Berryman, Jennifer; Hudnall, Greg; Hopkins, Rodney; Bledsoe, Cathy;

**Source:**

**Abstract:**
The current article discusses on Hope squad program, a peer-to-peer suicide prevention in schools. Hope Squads can be found in all levels of schools, making it unique to other peer-to-peer suicide prevention programs that are designed for secondary education settings only. Initial pilot evaluation data suggest that the modules increase skills, resources, and self-efficacy in helping, and that burnout is low among Hope Squad members. The next step for Hope Squad evaluation will be to study the differences in training effectiveness across different school levels, types of schools, and types of programs. Future research studies will include comparison studies and design of a randomized controlled trial. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Mental Health Services/Mental Health Promotion and Prevention

Title:
Availability and use of mental health services in European countries: Influence on national suicide rates.

Authors:
König, Daniel; Fellinger, Matthäus; Pruckner, Nathalie; Hinterbuchinger, Barbara; Dorffner, Georg; Gleiss, Andreas; Vyssoki, Sandra; Vyssoki, Benjamin;

Source:

Abstract:
Background: Previous research suggests significant increases in suicide mortality rates in European countries following the economic crisis of 2008. However, the relationship between national differences in availability and use of mental health services and suicide rates has not been extensively examined yet.

Materials and methods: Data on mental health services and socioeconomic variables were derived from Eurostat for the years 2000–2013 for ten European countries. The national health care variables consisted of suicide mortality rate (SMR), average length of hospital stay and number of hospitalizations due to affective disorder or any psychiatric disorder, number of psychiatric beds and number of prescribed antidepressants. Economic variables included the gross domestic product (GDP), the gross domestic product per 1000 inhabitants (Real GDP), the rate of unemployment and the GINI-coefficient as a measurement for the equality of wealth distribution. Mixed models were used to investigate the potential influence of the onset of the economic crisis in 2008 on each of the psychiatric variables. Multivariable regression analyses were used to assess the influence on suicide mortality rates. Results: In this study, a significant change in slope starting from 2008 was revealed for the number of psychiatric beds, hospitalizations due to affective disorder or any psychiatric disorder and for prescribed antidepressants. Furthermore, a significant step change for hospitalizations due to affective disorder was observed in 2008. SMR exhibited a significant step change in 2008 for males and females as well as a significant change in slope from 2008 onwards for males only. Contrary to our hypothesis, most variables showed no statistically significant influence on SMR. Only a higher number of available psychiatric beds was significantly associated with higher suicide mortality rates. This effect, however, was only significant for females and did not remain significant after correcting for economic variables. Less than 10% of suicide mortality rate variability could be explained by a model including all variables, further corroborating the multifactorial etiology of suicide. Limitations: Since administrative registry data was used, the results should be interpreted with caution. Results might not be applicable to countries not included. Conclusion: While significant changes in the psychiatric variables, as well as SMR, were observed, no statistically significant influence on SMR remained after correcting for country, time and economic variables. Our study suggests the necessity of a more comprehensive international data gathering effort. Further research is needed to identify populations at risk of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Trends in the prevalence of psychological distress and the use of mental health services from 2007 to 2016 in Japan.

Authors:
Nishi, Daisuke; Susukida, Ryoko; Usuda, Kentaro; Mojtabai, Ramin; Yamanouchi, Yoshio;

Source:

Abstract:
Background: Little is known regarding trends of psychological distress and use of mental health services in Japan during recent years. Methods: This study examined trends in severe and moderate psychological distress and the use of mental health services among adults (≥ 18 years old), using the Comprehensive Survey of Living Conditions in Japan from 2007, 2010, 2013, and 2016 (Total N = 2,159,005, all survey years combined). We defined a score of ≥ 13 on Kessler Psychological Distress Scale (K6) as severe distress and a K6 score between 5 and 12 as moderate distress. Age- and sex-specific trends of psychological distress and the use of mental health services were also examined. Results: As compared
with 2007, those with severe distress slightly increased in 2016 (4.01%–4.15%, p = 0.02) while those with moderate distress remained mostly unchanged (24.61%–24.69%, p = 0.61). The use of mental health services steadily increased in this decade for both with severe distress (11.95%–15.76%, p < 0.01) and with moderate distress (2.60%–3.56%, p < 0.01). The prevalence of severe distress among women aged 25–29 years old was highest in 2016 among all the age groups although the use of mental health services was not particularly high among women in this age group. Limitations: Cross-sectional nature of the data did not allow us to examine the causal relationship between psychological distress and the use of mental health services. Conclusions: In spite of an observed increase in the use of mental health services, the prevalence of psychological distress slightly increased. Further studies are necessary to identify sources of treatment gap especially for vulnerable demographic subgroups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Mentalising skills in generic mental healthcare settings: Can we make our day-to-day interactions more therapeutic?

Authors:
Welstead, H. J.; Patrick, J.; Russ, T. C.; Cooney, G.; Mulvenna, C. M.; Maclean, C.; Polnay, A.;

Source:

Abstract:
Aims and method: Caring for patients with personality disorder is one of the biggest challenges in psychiatric work. We investigated whether mentalisation-based treatment skills (MBT-S) teaching improves clinicians' understanding of mentalising and attitudes towards personality disorder. Self-report questionnaires (Knowledge and Application of MBT (KAMQ) and Attitudes to Personality Disorder (APDQ)) were completed at baseline and after a 2-day MBT-S workshop. Results: Ninety-two healthcare professionals completed questionnaires before and after training. The mean within-participant increase in scores from baseline to end-of-programme was 11.6 points (95% CI 10.0–13.3) for the KAMQ and 4.0 points (1.8–6.2) for the APDQ. Clinical implications: MBT-S is a short intervention that is effective in improving clinicians' knowledge of personality disorder and mentalisation. That attitudes to personality disorder improved overall is encouraging in relation to the possibility of deeper learning in staff and, ultimately, improved care for patients with personality disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The development of an outcome measure for liaison mental health services.

Authors:
Guthrie, Else; Harrison, Mathew; Brown, Richard; Sandhu, Rajdeep; Trigwell, Peter; Abraham, Seri; Nawaz, Shazada; Kelsall, Peter; Thomasson, Rachel;

Source:

Abstract:
Aims and method: To develop and pilot a clinician-rated outcome scale to evaluate symptomatic outcomes in liaison psychiatry services. Three hundred and sixty patient contacts with 207 separate individuals were rated using six subscales (mood, psychosis, cognition, substance misuse, mind–body problems and behavioural disturbance) plus two additional items (side-effects of medication and capacity to consent for medical treatment). Each item was rated on a five-point scale from 0 to 5 (nil, mild, moderate, severe and very severe). Results: The liaison outcome measure was acceptable and easy to use. All subscales showed acceptable interrater reliability, with the exception of the mind–body subscale. Overall, the measure appears to show stability and sensitivity to change. Clinical implications: The measure provides a useful and robust way to determine symptomatic change in a liaison mental health setting, although the mind–body subscale requires modification. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Community treatment orders in England: Review of usage from national data.

Authors: Gupta, Susham; Akyuz, Elvan U.; Baldwin, Toby; Curtis, David;


Abstract: Aims and method: Community treatment orders (CTOs) have been in use in England and Wales since November 2008; however, their effectiveness has been debated widely, as has the question of which methodology is appropriate to investigate them. This paper uses national data to explore the use of CTOs in England. Results: About 5500 patients are subject to CTOs at any one time. Each year, ~4500 patients are made subject to a CTO each year and ~2500 are fully discharged, usually by the responsible clinician; fewer than half of CTO patients are recalled, and two-thirds of recalls end in revocation. The low rate of CTO discharges by mental health tribunals (below 5%) suggests that they are not used inappropriately. Clinical implications: The introduction of CTOs in England has coincided with a reduction in psychiatric service provision due to the economic downturn. Pressures on services might be even more severe if patients currently subject to CTOs instead needed to be detained as in-patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Rural school-based mental health services: Parent perceptions of needs and barriers.

Authors: van Vulpen, Kimberly Searcey; Habegar, Amy; Simmons, Teresa;


Abstract: The benefits of school-based mental health services have been supported in prior research and literature. Studies have shown that approximately one in five youths in schools today have diagnosable mental health disorders. However, research has identified that close to 70 percent of those youths do not receive the services they need. This gap in care has a significant impact on the academic, social, and emotional well-being of youths. Parent involvement is essential in bridging services. However, parents often face barriers in accessing mental health care for their child. The aim of this study was to explore parent perceptions of needs and barriers to school-based mental health services. This exploratory study included 607 parent and guardian respondents. Findings showed that parents were overwhelmingly in support of schools being involved in addressing the mental health needs of students. Anxiety, depression, and bullying were the top emotional and behavioral issues that parents recognized as the main challenge for their child. Lack of parent support, understanding that mental health issues even exist in youths, and lack of supportive school programs were identified as key factors that place youths at risk of not receiving the services they need. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Evaluation of new flexible and integrative psychiatric treatment models in Germany - assessment and preliminary validation of specific program components.

Authors: Johne, Jakob; von Peter, Sebastian; Schwarz, Julian; Timm, Jürgen; Heinze, Martin; Ignatyev, Yuriy;


Abstract:
Background: Flexible and integrative treatment (FIT) models are rather novel in German mental health care. This study aimed at identifying and evaluating empirically based, practicable, and quantifiable program components that describe the specific treatment structures and processes of German FIT models. Methods: A multi-step, iterative research process, based on Grounded Theory Methodology (GTM), was used to identify and operationalise components. A complex algorithm and expert-interviews were applied to quantify the relative weight of each component and to develop a sum score. Face and content validity were examined and internal consistency was tested by Cronbach's α coefficient. Results: Ten of eleven FIT components could be operationalised, quantified and united in the total score. All operationalised components showed sufficient face and content validity and eight components had a good reliability. Conclusions: The components are a first step in the process of operationally defining German FIT models. They considerably overlap with various critical ingredients of international FIT models and may serve as a theoretical basis for constructing fidelity tools and research guides to enable process and outcome evaluation of German FIT models. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Adapting empirically supported treatments in the era of integrated care: A roadmap for success.
Authors: Strosahl, Kirk D.; Robinson, Patricia J.;
Abstract: The emerging era of integrated care represents a major opportunity for clinical psychology to migrate empirically supported treatments (ESTs) into the mainstream of public health. To succeed will require us to modify current ESTs to make them brief, cost-effective, patient-centered and acceptable to and easily learned by both the mental health and health-care professionals that will deliver them. Changes to the recently modified standards for designating ESTs are proposed that will facilitate adoption of a population health model of treatment development and testing, designed to promote rapid dissemination of empirically supported interventions that are a 'good fit' for integrated settings. Defining characteristics of the 'new look' for ESTs are examined. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reconciling stakeholder interests in the era of open data.
Authors: De Nadai, Alessandro S.;
Source: Bulletin of the Menninger Clinic, Vol 82(3), Sep, 2018 pp. 253-259. Publisher: Guilford Publications;
Abstract: While there is great enthusiasm about new data sharing initiatives in mental health research, some concerns have recently been expressed that reflect tension between those who generate data and those who engage in secondary data analysis. While many aspects of data sharing have been considered, some of this tension has not been fully addressed. If this tension continues to go unresolved, enthusiasm for data sharing initiatives may be hindered. The author suggests solutions to these issues after carefully considering respective stakeholder interests (including those of patients, researchers, and funding agencies). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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


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


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


Title: Health status and social characteristics among the uninsured using a mental health free clinic.
Authors: Kamimura, Akiko; Gardner, Noel; Ahmed, Fattima; Nourian, Maziar M.; Myers, Kyl; Olson, Lenora M.; The Source: Journal of Behavioral Health Services & Research, Vol 45(1), Jan, 2018 pp. 112-123. Publisher: Springer;
Abstract: This study examined characteristics of first time patients utilizing a mental health free clinic. Participants were adult patients who had completed a new patient intake form between April 2011 and May 2014. A chart review was based on information from the patient intake form. A self-administered survey was used for follow-up patients regarding their mental and physical health. Physical and mental health measures included physical and mental health functioning measured by SF-12 and depression measured by the Patient Health Questionnaire-9 (PHQ-9). The 19-item Medical Outcomes Study Social Support Survey (MOS-SSS) was a measure of social support. Ongoing Abuse Screen (OAS) was a measure of intimate partner violence. Discussion focuses on four key findings. First, the leading diagnoses for first time patients were depression and anxiety while follow-up patients reported lower physical and mental health functioning than the US general population. Second, the results from both study populations show that lifetime prevalence of all types of IPV ranges from 30 to 50%. Third, the percentage of non-US-born patients seen at the mental health free clinic for both first time and follow-up patients was lower than the percentage seen at a primary care free clinic in the same city. Fourth, the non-US-born follow-up patients reported a lower percentage of a family history of substance use compared to US-born patients. The finding that the common diagnoses among mental health free clinic patients were depression and anxiety is similar to a study of a primary care free clinic where the most common diagnosis among patients seeking mental health services was depression or major depressive disorder/generalized anxiety disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: How do women's partners view perinatal mental health services? A qualitative meta-synthesis.
Authors: Lever Taylor, Billie; Billings, Jo; Morant, Nicola; Johnson, Sonia;
Source: Clinical Psychology & Psychotherapy, Vol 25(1), Jan-Feb, 2018 pp. 112-129. Publisher: John Wiley & Sons; [Journal Article]
Abstract: Objectives: Perinatal mental health difficulties are prevalent among women and can adversely affect their partners too. There is also increasing recognition that a woman's partner can play a vital role in relation to her perinatal mental health and should be supported and involved in decisions about her care. Yet it is unclear how services are experienced by the partners of women with perinatal mental health difficulties. This study aimed to synthesize qualitative evidence of partners' views of perinatal mental health care. Methods: A systematic search of 5 electronic databases identified 20 studies that met the inclusion criteria. The findings of these studies were synthesized using an approach based on meta-ethnography. Results: Six themes were identified, namely, the marginalization and neglect of women's partners, an unmet need for information, partners' ambivalence about involvement and support, practical barriers to involvement, views about support for women's partners, and the impact on partners of the care women
Conclusions: Given the importance of women's partners in relation to perinatal mental health as well as to women's engagement with support and treatment outcomes, greater consideration should be given to their needs to ensure they feel well informed and involved in perinatal mental health care, rather than marginalized. However, professionals also need to challenge the barriers to involvement and support that women's partners face and consider the ways in which services may reinforce these barriers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Implementation of electronic health records among community mental health agencies.
Authors: Larrison, Christopher R.; Xiang, Xiaoling; Gustafson, Mara; Lardiere, Michael R.; Jordan, Neil;
Abstract: Assessed the rate of electronic health record (EHR) adoption among community mental health agencies (CMHAs) using a national survey conducted by the National Council for Behavioral Health in 2011. Understanding the extent to which CMHAs have begun to incorporate EHRs into their operations, and which agency characteristics distinguish early adopters of EHRs among CMHAs, provides valuable information about the status of health IT in behavioral healthcare delivery and how to promote its use. The study is a secondary data analysis of a cross-sectional national survey collected from key informants representing their CMHAs. The data from the survey were analyzed using univariate and bivariate methods. This study presents the only national data available as of 2017 on EHR implementation among CMHAs. The use of EHRs is generally perceived as beneficial to the quality of behavioral healthcare by mental health professionals across organizational settings. EHRs allow more complete and faster retrieval of medication documentation, improve efficiency and safety, and facilitate information sharing and coordination of mental health and primary care services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The nature of the therapeutic alliance between nurses and consumers with Anorexia Nervosa in the inpatient setting: A mixed-methods study.
Authors: Zugai, Joel S.; Stein-Parbury, Jane; Roche, Michael;
Abstract: Aims and objectives: To develop a greater understanding of the nature of the inpatient therapeutic alliance between nurses and consumers with Anorexia Nervosa (AN). Background: Consumers with AN value interpersonal relationships with nurses, finding these relationships meaningful and therapeutic. It is established that the therapeutic alliance enhances outcomes for consumers with AN. However, establishing the therapeutic alliance in the inpatient setting is considered challenging. Design: This study employed a two-phase mixed-method explanatory sequential design. An initial quantitative survey, phase one, was followed by the collection and analysis of qualitative data, phase two. Methods: Phase one employed validated survey instruments, measuring the perceived degree of therapeutic alliance and elements of ward milieu. Phase two involved semi-structured interviews that focused on therapeutic relationships between nurses and consumers, with specific exploration of the results from phase one. Data collection commenced May 2014 and concluded February 2015. Results: The therapeutic alliance involved interpersonal engagement and a balanced application of authority. In a therapeutic alliance, nurses cared for consumers with interpersonal finesse, whilst maintaining clear distinction between the consumer as an individual and AN as an illness. Nurses also developed a therapeutic alliance by occupying their position of power with consistent yet individualised expectations and by maintaining appropriate professional boundaries. Conclusions: The therapeutic alliance between nurses and consumers with AN is not developed through negotiation of equal partners. Rather, the therapeutic
alliance is dependent on nurses' capacity to maintain their position of power, whilst demonstrating their trustworthiness to the consumer. In trusting nurses, consumers felt safer in investing in a new concept of well-being. Relevance to Clinical Practice: By understanding the nature of the therapeutic alliance as it is described in this study, nurses have an enhanced capacity to develop effective therapeutic alliances with consumers. A maternalistic nursing style emerged as a viable approach. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mental health service user experiences of targeted violence and hostility and help-seeking in the UK: A scoping review.
Authors: Carr, Sarah; Holley, Jessica; Hafford-Letchfield, Trish; Faulkner, Alison; Gould, Dorothy; Khisa, Christine; Megele, Claudia;
Abstract: Background: The aim of this research scoping review was to assemble an evidence base for the UK on mental health service user experiences and perspectives on mental health-related targeted violence and hostility (‘disability hate crime’). It also aims to address some of the gaps in the knowledge on risk management, help-seeking and prevention from the perspectives of those who experienced targeted violence and hostility because of their mental health problems or psychiatric status. Methods: Seven key mental health and social care bibliographic databases were searched for relevant UK research studies from 1990 until 2016. Grey literature was identified through online searches. A scoping review charting approach and thematic analysis methodology were used to analyse the studies. Results: In total 13 studies were finally included, over half of which used survey methods. All studies included people with experiences of mental health problems. The studies provide information on: the types of potential hate crime; indicate where incidents take place; give some insight into the victims' relationship with the perpetrators; the location of incidents as well as the psychological, social, financial and physical impacts on the victim; the types of help-seeking behaviours adopted by the victims; a range coping strategies that people with mental health problems adopted in response to experiences of targeted violence or abuse. Conclusion: This scoping review provides a UK-based overview of mental health service user concepts and experiences of mental health-related targeted violence and hostility (‘disability hate crime’). It reveals some specific issues relating to mental health and disability hate crime. Further investigation into disability hate crime with a specific focus on mental health is required. This is a UK-based overview, which offers a useful comparator for researchers, practitioners and policy-makers internationally. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Translating interventions that target criminogenic risk factors for use in community based mental health settings.
Authors: Wilson, Amy Blank; Bonfine, Natalie; Farkas, Kathleen J.; Duda-Banwar, Janelle;
Abstract: This study explored facilitators and barriers associated with engaging criminogenic interventions in community mental health service settings. Focus groups and guided large group discussions were conducted with 46 consumers, providers and administrators. Results suggest that participants were generally supportive of offering criminogenic interventions to justice involved persons with serious mental illness in community based mental health service settings. Key issues to consider when engaging criminogenic interventions in community mental health service settings include identifying sustainable funding sources, providing adequate training for staff, and tailoring the delivery and pace of the content to
the particular treatment needs of SMI participants. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Impact of socioeconomic position and distance on mental health care utilization: A nationwide Danish follow-up study.

Authors:
Packness, Aake; Waldorff, Frans Boch; Christensen, René dePont; Hastrup, Lene Halling; Simonsen, Erik; Vestergaard, Mogens; Halling, Anders;

Source:

Abstract:
Purpose: To determine the impact of socioeconomic position (SEP) and distance to provider on outpatient mental health care utilization among incident users of antidepressants. Method: A nationwide register-based cohort study of 50,374 persons-years. Results: Persons in low SEP were more likely to have outpatient psychiatrist contacts [odds ratio (OR) 1.25; confidence interval (CI) 1.17–1.34], but less likely to consult a co-paid psychologist (OR 0.49; CI 0.46–0.53) and to get mental health service from a GP (MHS-GP) (OR 0.81; CI 0.77–0.86) compared to persons in high SEP after adjusting for sociodemographics, comorbidity and car ownership. Furthermore, persons in low SEP who had contact to any of these therapists tended to have lower rates of visits compared to those in high SEP. When distance to services increased by 5 km, the rate of visits to outpatient psychiatrist tended to decrease by 5% in the lowest income group (IRR 0.95; CI 0.94–0.95) and 1% in the highest (IRR 0.99; CI 0.99–1.00). Likewise, contact to psychologists decreased by 11% in the lowest income group (IRR 0.89; CI 0.85–0.94), whereas rate of visits did not interact. Conclusion: Patients in low SEP have relatively lower utilization of mental health services even when services are free at delivery; co-payment and distance to provider aggravate the disparities in utilization between patients in high SEP and patients in low SEP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Older men with bipolar disorder diagnosed in early and later life: Physical health morbidity and general hospital service use.

Authors:
Almeida, Osvaldo P.; Hankey, Graeme J.; Yeap, Bu B.; Golledge, Jonathan; Flicker, Leon;

Source:
Journal of Affective Disorders, Vol 241, Dec 1, 2018 pp. 269-274. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Bipolar disorder (BD) has been associated with greater health morbidity burden, but it is unclear if this association is affected by age at the time of diagnosis and how this might impact on the use of general hospital services. Methods: Cross-sectional study investigating the prevalence of common medical morbidities among participants with early (EOBD) and late onset diagnosis of BD (LOBD—age at diagnosis ≥ 60 years) derived from a community-representative sample of 37,183 men aged 65–85 years. Cohort study over a follow up period of up to 17.7 years investigating the hazard of general hospital use among older men associated with EOBD and LOBD taking into account age and prevalent medical morbidities. Results: 250 older men had a recorded diagnosis of BD, 75 of whom had LOBD. Diabetes, stroke and diseases of the respiratory and digestive systems were more frequent in men with than without BD. There were no differences in the distribution of medical morbidities between men with EOBD and LOBD. The adjusted hazard ratio (HR) of contact with general hospital services was significantly higher among men with EOBD (HR = 1.33; 95%CI = 1.14, 1.54) and LOBD (HR = 1.27, 95%CI = 1.06, 1.51) compared with older men without BD. Older men with EOBD had the highest number of contacts with general hospital services during follow up, although men with EOBD and LOBD did not differ in the number of contacts due to episodes of mania or depression. The medical reasons for contact with general hospital services of men with EOBD and LOBD overlapped but were not identical. Conclusions: Older men
with BD experience greater health morbidity than men without BD. Older men with BD access hospital services for the management of physical morbidities earlier and more frequently than men without BD. Age at the time of diagnosis of BD has limited impact on the risk of contact with general medical services, although subtle differences in the physical morbidity of men with EOBD and LOBD warrant further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The relationship between on-campus service utilization and common mental health concerns in undergraduate college students.

Authors:
Bourdon, Jessica L.; Moore, Ashlee A.; Long, Elizabeth C.; Kendler, Kenneth S.; Dick, Danielle M.;

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

Abstract:
Little research exists into the trends associated with on-campus service utilization for mental health concerns of college students. Rates of broad service utilization exist, but no published study has examined the direct relationship between a range of common mental health symptoms and on-campus service utilization. The aims of the present study are to explore (1) which common mental health concerns are associated with specific on-campus service utilization in undergraduate students and (2) whether endorsement of more mental health concerns will predict a higher number of services utilized. Data were utilized from 3,734 undergraduates at a large (more than 20,000 undergraduates), urban university (Mage = 19.94 years, SD = 0.55 years; female = 66%). Four on-campus services (University Counseling Services, University Health Services, The Wellness Resource Center, and Disability Support Services) were regressed onto mental health concerns associated with symptoms of three disorders (anxiety, depression, alcohol use disorder [AUD]) and two mental health risk factors (stressful life events [SLEs], antisocial behaviors [ASBs]). AUD symptoms predicted the most overall and specific service utilization, followed by depression symptoms and SLEs. Anxiety symptoms and ASBs were not significant predictors when combined with other variables. This is the first study to investigate trends specific to on-campus college student service utilization. Findings will be helpful to mental health professionals on similar college campuses by providing insight into programming and outreach initiatives for these or related services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
'Conversational Advice': A mixed-methods analysis of medical residents’ experiences co-managing primary care patients with behavioral health providers.

Authors:
Hemming, Patrick; Levine, R. B.; Gallo, Joseph J.;

Source:

Abstract:
Objective: When integrated behavioral health clinicians (IBHCs) and residents co-manage patients, residents may learn new approaches. We aimed to understand the effect of co-management on residents' behavioral health (BH) management learning. Methods: Residents completed a web-based survey enquiring: whether co-management included a shared visit and/or face-to-face meeting with an IBHC, whether residents received feedback from the IBHC, and what they learned. Qualitative responses were coded thematically using a constant comparative method. Results: Among 117 respondents (overall response rate 72%, 117/163), from five residencies recruited from 40 residencies with BH integration, residents were significantly more likely to receive feedback if they had a shared visit with the patient and an IBHC (yes 69% vs. no 33%; adjusted OR 3.0, 95% CI 1.2–7.6). Residents reported three major learning themes: interpersonal communication skills awareness, BH skills awareness, and newly adopted attitudes toward BH. Residents who received feedback were more likely to report themes of interpersonal communication skills awareness (yes 26.6% vs. no 9.4%). Conclusion: BH integration promotes increased feedback for residents practicing face-to-face co-management with IBHCs, and a positive influence.
regarding residents’ attitudes and perceived skills. Practical implications: Residency programs can meaningfully improve residents’ learning by promoting face-to-face co-management with IBHCs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Therapist turnover and client non-attendance.
Authors: Babbar, Shaili; Adams, Danielle R.; Becker-Haimes, Emily M.; Skriner, Laura C.; Kratz, Hilary E.; Cliggitt, Lauren; Inacker, Patty; Beidas, Rinad S.
Abstract: Objectives: Although turnover, defined as when a therapist leaves his/her organization, occurs frequently in public mental health organizations, its impact on clients is understudied. This study examined the effects of turnover on client engagement among youth receiving services in one public mental health agency. Methods: Data were abstracted through a retrospective chart review of 76 clients who initiated outpatient trauma-focused treatment with 30 therapists between June 2013 and January 2016 at one agency in Philadelphia. Client demographic information, client session attendance, and therapist for each session was abstracted from each chart. The dependent variable (i.e., client engagement) was operationalized as client attendance to scheduled sessions. Mixed-effects regression analyses were used. Results: Youth who experienced therapist turnover were 86% more likely to miss a future scheduled therapy session. When exploring this effect by diagnosis, youth without a Post-Traumatic Stress Disorder (PTSD) diagnosis were more likely to miss a scheduled session following therapist turnover than those with a PTSD diagnosis (p < .05). Conclusions: Therapist turnover is a strong predictor of client engagement among youth receiving trauma-focused treatment, and a PTSD diagnosis may be a protective factor against missing sessions. Implications for treatment planning in the face of therapist turnover are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: An examination of the relationship between maternal depression and barriers to child mental health services.
Authors: Acri, Mary C.; Bornheimer, Lindsay A.; Hamovitch, Emily; Lambert, Kate
Abstract: Objective: Maternal depression is a common, chronic set of disorders associated with significant burden to caregivers, children and families. Some evidence suggests that depression is associated with perceptions of barriers to child mental health treatment and premature termination from services. However, this relationship has not yet been examined among a predominantly low-income sample, which is at disproportionately high risk of depression, child mental health problems, and treatment drop out. Accordingly, the purpose of this study is to examine the relationships between caregiver depression and perceived barriers to treatment. Methods: Three hundred twenty (n = 320) children between the ages of 7 to 11 and their caregivers were assigned to either the 4 Rs and 2Ss for Strengthening Families, which is a multiple family group intervention, or services as usual (SAU) consisting of typical outpatient mental health services. Caregiver depression was measured by the Center for Epidemiologic Depression Scale; perceived barriers to treatment were assessed via the Kazdin Barriers to Treatment Scale. Results: Clinically significant levels of depressive symptoms at baseline were significantly associated with greater scores in all four barriers to treatment subscales (stressors and obstacles competing with treatment, treatment demands and issues, perceived relevance, relationship with therapist) at post-test. Conclusions: Addressing maternal mental health, and attending to stressors that impede poverty-impacted families from
child services is critical for the health and functioning of caregivers, and to ensure that children with mental health problems receive treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Mental health service use in Australia: The role of family structure and socio-economic status.

Authors: Vu, Xuan-Binh (Benjamin); Biswas, Raaj Kishore; Khanam, Rasheda; Rahman, Maisha;


Abstract: Objective: To investigate the patterns and the determinants of mental health service use by children and adolescents in Australia. Method: Data from Young Minds Matter (YMM): The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing is used in this study. YMM is a face-to-face household survey conducted in 2013–2014 that collected information from 6310 parents/carers of children aged 4–17 years (55% of eligible households). A self-reported survey of 2967 (89% of eligible youth) 11-to 17-year-olds from these households was also conducted. Bivariate analyses are used in this study to examine the variables and their distributions over the outcome variables. Binary logit models are used to investigate the determinants of mental health service use. Results: Parent reported data shows that among children aged 4–17 years, 12%, 1.2% and 0.6% utilised health services, school services and telephone services, respectively. Youth reported data reveals that approximately 7.2%, 2% and 4% and 23.5% of children aged 11–17 years used health services, school services, telephone services and online services, respectively. Youth reported data further shows that online services were the most popular type of mental health service among adolescents. Those with anxiety or ADHD constituted the highest proportion of children that used any type of mental health services. Logistic analysis of parent reported data shows that children from step, blended and sole-parent households compared to original parent households were more likely to use any type of mental health service, and the same trend was seen for children living in inner regional areas compared to those living in major cities. Children of parents with lower education or unemployed parents were also more likely to utilise health services. Conclusion: From the findings, it is concluded that age-relevant mental health services should be improved and made available for children and adolescents. Secondly, school and health services should have a particular focus on complex disorders like ADHD, anxiety and conduct disorders, as these are the services most used by children who suffer from these conditions. Finally, areas of low socio-economic status should focus on improving their school and health services as these are the services used most by children from these backgrounds. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Prior suicide attempts predict worse clinical and functional outcomes in young people attending a mental health service.

Authors: Iorfino, Frank; Hermens, Daniel F.; Cross, Shane P. M.; Zmicerevska, Natalia; Nichles, Alissa; Groot, Josine; Guastella, Adam J.; Scott, Elizabeth M.; Hickie, Ian B.;

Source: Journal of Affective Disorders, Vol 238, Oct 1, 2018 pp. 563-569. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Mental disorders and suicidal thoughts and behaviours are common in help-seeking youth. Few studies report the longitudinal associations between these phenomena and clinical and functional outcomes. This study examined whether prior suicide attempts predict poorer outcomes in mental health service attendees. Methods: Clinical and functional data from 1143 individuals (aged 12–30) attending a primary care-based mental health service in Australia were collected over 3–60 months (median = 21 months). Odds ratios (OR) with 95% confidence intervals for the effect of a prior suicide attempt on follow-up outcomes were estimated (adjusted for confounders). Results: Prior suicide attempts were common (n = 164; 14%) and prospectively associated with suicidal thoughts (OR = 1.71), suicide attempts (OR =
2.59), self-harm (OR = 1.71), an increased likelihood of being diagnosed with bipolar disorder (OR = 2.99), and the onset of an alcohol/substance use disorder (OR = 2.87). Over the course of care, no suicide attempts were reported in 1052 (92%) individuals, but 25 (2%) had recurrent attempts, and 66 (6%) had new onset of an attempt. New onset was associated with being female and previous suicidal ideation or self-harm; recurrent attempts were associated with being older and comorbid alcohol/substance use disorder. Limitations: The cohort includes only individuals who remained in clinical contact, and the consistency of their documentation varied (across clinicians and over time). Conclusions: Young people with prior suicide attempts are vulnerable to ongoing suicidal behaviours, and poorer clinical and functional outcomes. More intensive management strategies may be needed to directly address these behaviours and the long-term risks they confer. These behaviours also emerge over the course of care among those with no previous history, which has important implications for active service-level strategies that target these behaviours for all of those who present to such services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: Randomised controlled trial.

Authors: Reavley, Nicola J.; Morgan, Amy J.; Fischer, Julie-Anne; Kitchener, Betty; Bovopoulos, Nataly; Jorm, Anthony F.;

Source: BMC Psychiatry, Vol 18, Sep 26, 2018 ArtID: 312. Publisher: BioMed Central Limited; [Journal Article]

Abstract: The WorkplaceAid study was to compare the effects of eLearning or blended (eLearning plus face-to-face course delivery) Mental Health First Aid (MHFA) courses on public servants' knowledge, stigmatising attitudes, confidence in providing support and intentions to provide support to a person with depression or post-traumatic stress disorder (PTSD). Methods: A randomized controlled trial was carried out with 608 Australian public servants. Participants were randomly assigned to complete an eLearning MHFA course, a blended MHFA course or Red Cross eLearning Provide First Aid (PFA) (the control). The effects of the interventions were evaluated using online questionnaires pre- and post-training. The questionnaires centred around vignettes describing a person meeting the criteria for depression or PTSD. Primary outcomes were mental health first aid knowledge and desire for social distance. Secondary outcomes were recognition of mental health problems, beliefs about treatment, helping intentions and confidence and personal stigma. Feedback on the usefulness of the courses was also collected. Results: Both the eLearning MHFA and blended MHFA courses had positive effects compared to PFA eLearning on mental health first aid knowledge, desire for social distance, beliefs about professional treatments, intentions and confidence in helping a person and personal stigma towards a person with depression or PTSD. There were very small non-significant differences between the eLearning MHFA and blended MHFA courses on these outcome measures. However, users were more likely to highly rate the blended MHFA course in terms of usefulness, amount learned and intentions to recommend the course to others. Conclusions: The blended MHFA course was only minimally more effective than eLearning MHFA in improving knowledge and attitudes. However, course satisfaction ratings were higher from participants in the blended MHFA course, potentially leading to greater benefits in the future. Longer-term follow-up is needed to explore this. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Peer specialists in suicide prevention: Possibilities and pitfalls.

Authors: Huisman, Annemiek; van Bergen, Diana D.;

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

Abstract:
The emergence of peer specialists with histories of suicidality in mental health care services is a recent but scarcely researched societal phenomenon. The current study aimed to explore how peer specialists who have experienced suicidality (either attempted suicide or suicidal ideation) use their experiences to contribute to suicide prevention in mental health care services. Qualitative interviews with 20 peer specialists who have personally dealt with suicidality in their past were conducted. Interviewees perceived their work to have unique value in terms of their approach to making contact with suicidal care consumers on an emotional level, which was perceived to lead to less reluctance on the part of suicidal care consumers to talk about suicidality, as well as affect feelings of being acknowledged and heard. However, the lack of professional distance was perceived to carry several risks, including burdening clients with the peer specialists' own suicidal experiences, perceived reluctance of coworkers to let peer specialists work with suicidal clients, and the burden of working with suicidal clients for the peer specialists. Specific conditions that were perceived to be needed in order to work with suicidal clients consisted of personal distance to own process of recovery and suicidality, establishing boundaries with the team or colleagues for the peer specialists' work concerning suicide risk assessment, safety, privacy, and sharing responsibility. Further discussion between mental health care clinicians and peer specialists regarding the role of the peer specialist in suicide prevention is needed to further clarify and optimize their role.

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Title: Peer specialists: Exploring the influence of program structure on their emerging role.
Authors: McCarthy, Sharon; Chinman, Matthew; Mitchell-Miland, Chantele; Schutt, Russell K.; Zickmund, Susan; Ellison, Marsha Langer;
Source: Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Although peer specialists play an increasing role in mental health service delivery, little is known about the best program structures for maximizing effective service delivery. This study reports on qualitative data from a larger study on peer specialists working with veterans in a Veterans Affairs homelessness program who were dually diagnosed with substance abuse and mental health concerns. Peer specialists were trained to deliver a recovery support program that is carried out weekly over 9 months and includes 20 structured sessions using a workbook and 20 unstructured, individually planned sessions. A sample of 20 veterans who were in the program were interviewed, along with 8 case managers and 3 peer specialists involved with the program. Interview transcripts were coded for 3 elements of program structure: time, content, and delivery. Results show that the program structure allowed flexibility for individual needs and that the workbook sessions were useful. Veterans ascribed value to the peer specialist delivering the content, compared to working alone on the material. Deliberate use of unstructured time with the peer specialist was seen as reducing isolation, increasing community integration, and encouraging recovery activities. The weekly, dependable nature of the program was seen as highly positive, whereas the 9-month duration was seen as too short. All groups interviewed expressed satisfaction with the program, although the case managers reported some reservations related to supervision and boundaries. Results suggest that, compared to completely structured or unstructured approaches that are common for peer specialist services, a middle level of structure for peer specialist programs could be a useful alternative.

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Title: Better access growing pains.
Authors: Mathews, Rebecca;
Source: Canadian Psychology/Psychologie canadienne, Vol 59(4), Nov, 2018 Special Issue: Psychotherapy / Psychothérapie. pp. 382-386. Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
The provision of psychological services for mental health disorders under the Australian universal health scheme, Medicare, provides access to mental health treatment for the Australian population and has drawn considerable attention and commentary both in Australia and internationally. The initiative, known as Better Access to Psychiatrists, Psychologists and General Practitioners has had broad uptake and has demonstrated positive outcomes including reducing levels of psychological distress and providing treatment to population groups that would not have otherwise been in a position to access psychological services. Along with the many benefits provided by the initiative, there have also been some challenges. This article raises some of the key challenges that have emerged out of the initiative, some of which have resulted in unforeseen consequences, for the community, but particularly for the psychology profession. Many of these challenges remain and it is hoped that in identifying and discussing these there may be impetus for change in the future, as part of the Australian initiative, and also as part of similar models being considered in other countries. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Identifying research priorities for digital technology in mental health care: Results of the James Lind Alliance Priority Setting Partnership.
Authors: Hollis, Chris; Sampson, Stephanie; Simons, Lucy; Davies, E. Bethan; Churchill, Rachel; Betton, Victoria; Butler, Debbie; Chapman, Kathy; Easton, Katherine; Gronlund, Toto Anne; Kabir, Thomas; Rawsthorne, Mat; Rye, Elizabeth; Tomlin, André;
Abstract: Digital technology, including the internet, smartphones, and wearables, provides the possibility to bridge the mental health treatment gap by offering flexible and tailored approaches to mental health care that are more accessible and potentially less stigmatising than those currently available. However, the evidence base for digital mental health interventions, including demonstration of clinical effectiveness and cost-effectiveness in real-world settings, remains inadequate. The James Lind Alliance Priority Setting Partnership for digital technology in mental health care was established to identify research priorities that reflect the perspectives and unmet needs of people with lived experience of mental health problems and use of mental health services, their carers, and health-care practitioners. 644 participants contributed 1369 separate questions, which were reduced by qualitative thematic analysis into six overarching themes. Following removal of out-of-scope questions and a comprehensive search of existing evidence, 134 questions were verified as uncertainties suitable for research. These questions were then ranked online and in workshops by 628 participants to produce a shortlist of 26. The top ten research priorities, which were identified by consensus at a stakeholder workshop, should inform research policy and funding in this field. Identified priorities primarily relate to the safety and efficacy of digital technology interventions in comparison with face-to-face interventions, evidence of population reach, mechanisms of therapeutic change, and the ways in which the effectiveness of digital interventions in combination with human support might be optimised. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effects of stigma on determinants of mental health help-seeking behaviors among male college students: An application of the information-motivation-behavioral skills model.
Authors: DeBate, Rita DiGioacchino; Gatto, Amy; Rafal, Gregor;
Abstract: Considered a public health issue, the prevalence and severity of poor mental well-being on college campuses has continued to rise. While many college campuses offer mental health counseling services, and utilization rates are increasing, their proportional usage is low especially among males, who often deal with poor mental well-being by adopting unhealthy coping strategies. The purpose of this study was to use
the Information-Motivation-Behavioral Skills (IMB) model to assess the relationship between the determinants as factors that may impact help-seeking behaviors in a large sample (n = 1,242) of male college students. Employing a cross-sectional study design, a 71-item online survey assessed information via total mental health literacy (MHL), motivation via attitudes toward mental health and subjective norms regarding mental health, and behavioral skills via intentions regarding help-seeking behaviors, and stigma. Results revealed correlations between information and motivation (r = .363, p < .01), information and behavioral skills (r = .166, p < .01), and motivation and behavioral skills (r = .399, p < .01). Multiple regression was used to determine stigma is a mediator for all relationships. These findings represent an opportunity to take a public health approach to male mental health through developing multilayered interventions that address information, motivation, behavioral skills, and stigma. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Peer delivered services in mental health care in 2018: Infancy or adolescence?

Authors:
Farkas, Marianne; Boevink, Wilma;

Source:

Abstract:
Peer support is now considered to be a central component of the behavioral health care system in countries such as the US, Canada, Australia and the UK. Professionals looking to improve their ability to promote recovery have strategies and training programs that include collaborating with peers in their services. The incorporation of peers into the standard mental health workforce has seen the majority hired into roles regarded as unique to a person with personal mental health experience. However, others hold positions in which peers’ personal experiences are not required, but considered additive. This includes, for example, rehabilitation workers such as case managers, employment specialists and job coaches. While implementation and methodological issues still exist, the greater clarity around what peer support actually is, the greater variety of available training programs, the current development of a fidelity scale, the suggestion of standardized competencies, better designed RCTs, and the emergence of manualized peer developed/led interventions, are exciting advances in the growth of peer delivered services over the past six years. These advances justify characterizing peer support services as well beyond their infancy. Rather, they are an established, maturing area of development and study, with great promise for the future of services to promote recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
An efficient nurse practitioner–led community-based service model for delivering coordinated care to persons with serious mental illness at risk for homelessness.

Authors:
Baker, Jeannemarie; Travers, Jasmine L.; Buschman, Penelope; Merrill, Jacqueline A.;

Source:

Abstract:
Background: Access to mental health care is a struggle for those with serious mental illness (SMI). About 25% of homeless suffer from SMI, compared with 4.2% of the general population. Objective: From 2003 to 2012, St. Paul’s Center (SPC) operated a unique model to provide quality care to the homeless and those at risk for homelessness, incarceration, and unnecessary hospitalization because of SMI. Data were available for analysis for the years 2008 to 2010. Design: The SPC was developed, managed, and staffed by board-certified psychiatric/mental health nurse practitioners, offering comprehensive mental health services and coordinated interventions. Results: All clients were housed and none incarcerated. From 2008 to 2010, only 3% of clients were hospitalized, compared with 7.5% of adults with SMI. Clinical, academic, and community partnerships increased value, but Medicaid reimbursement was not available. Conclusion: Mental health provisions in the recently passed 21st Century Cures Act support community
mental health specialty treatment. The SPC provides a template for similar nurse practitioner–led models. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A bright spark in an uncertain landscape.
Authors:
Beeber, Linda S.;
Source:
Abstract:
In this column, I want to talk about a bright spark in an uncertain landscape, the Inter-departmental Serious Mental Illness Coordinating Committee (ISMICC; 'ismic'). ISMICC is a new federal committee that is addressing some of the factors that are drivers of inequities in care. Together we defined our shared essential pillars of a transformed mental health care system: scientific data, individualized services, equal consumer–provider partnerships, recovery, holism, self-determination, resilience, dignity, meaningful work, a home in the community, preventive care, and support for families and caregivers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Effectiveness of integrated care including therapeutic assertive community treatment in severe schizophrenia-spectrum and bipolar I disorders: Four-year follow-up of the ACCESS II study.
Authors:
Schöttle, Daniel; et al.;
Source:
PLoS ONE, Vol 13(2), Feb 27, 2018 ArtID: e0192929. Publisher: Public Library of Science; [Journal Article]
Abstract:
The ACCESS-model offers integrated care including assertive community treatment to patients with psychotic disorders. ACCESS proved more effective compared to standard care (ACCESS-I study) and was successfully implemented into clinical routine (ACCESS-II study). In this article, we report the 4-year outcomes of the ACCESS-II study. Between May 2007 and December 2013, 115 patients received continuous ACCESS-care. We hypothesized that the low 2-year disengagement and hospitalization rates and significant improvements in psychopathology, functioning, and quality of life could be sustained over 4 years. Over 4 years, only 10 patients disengaged from ACCESS. Another 23 left for practical reasons and were successfully transferred to other services. Hospitalization rates remained low (13.0% in year 3; 9.1% in year 4). Involuntary admissions decreased from 35% in the 2 years prior to ACCESS to 8% over 4 years in ACCESS. Outpatient contacts remained stably high at 2.0–2.4 per week. We detected significant improvements in psychopathology (effect size d = 0.79), illness severity (d = 1.29), level of functioning (d = 0.77), quality of life (d = 0.47) and stably high client satisfaction (d = 0.02) over 4 years. Most positive effects were observed within the first 2 years with the exception of illness severity, which further improved from year 2 to 4. Within continuous intensive 4-year ACCESS-care, sustained improvements in psychopathology, functioning, quality of life, low service disengagement and re-hospitalization rates, as well as low rates of involuntary treatment, were observed in contrast to other studies, which reported a decline in these parameters once a specific treatment model was stopped. Yet, stronger evidence to prove these results is required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Attitudes toward e-mental health services in a community sample of adults: Online survey.
Authors:
A large proportion of treatments in youth mental health care are prematurely terminated by the patient. Treatment dropout can have severe consequences. Since ethnic minority youth are treated less often for mental disorders than other youth, it is important to analyse their risk for dropout and to determine if there are ethnicity-specific determinants. This review aimed to provide an overview of the findings from empirical studies on child and adolescent therapy dropout by ethnic minority and to determine if there were ethnicity-specific dropout determinants. An extensive literature search was performed to locate relevant journal articles. Identified articles were inspected for relevant references and these articles were then included in the meta-analysis. A total of 27 studies were accepted for analysis. The results showed that ethnic minority patients have a higher risk of treatment dropout than ethnic majority patients and that dropout rates are ethnically specific. Several differences in dropout predictors among the ethnic groups were found. In spite of diverse results, review limitations, and the lack of several key variables in the available research, some clinical recommendations are made. The review indicates that to prevent
dropout, therapists should pay attention to variables such as ethnic background, therapist–patient ethnic match, and the quality of the therapeutic relationship. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reporting sexual violence on mental health wards.
Authors: Foley, Marian; Cummins, Ian;
Abstract: Purpose: The purpose of this paper is to report the findings of a scoping study that explored the extent of recorded sexual violence perpetrated on inpatients on mental health (MH) units.
Design/methodology/approach: A Freedom of Information Act (FOI) request was sent to 45 police forces. The FOI asked for the number of recorded offences of rape and sexual assault by penetration for the five years 2010-2015. Following the responses from the police, a similar FOI request was sent to MH trusts.
Findings: There were significant variations in the way that both police forces and MH trusts approached the recording of this information. Research limitations/implications: The research highlights variation and inadequacy of current recording practices in relation to sexual offences committed against inpatients on MH units. Practical implications: There needs to be more consistent systems of recording of allegations of sexual assault and responses to them by agencies. In the trust recording of these incidents, it is recommended that a specific category of sexual violence is created. On a national level, the Office for National Statistics should produce a national data set that records the number of rapes that are committed in MH inpatient units. Originality/value: This paper highlights the 'gap' of information in relation to recorded rape and may indicate that complainants with a history of mental illness are less likely to have their allegation recorded as a crime. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of quality of care in mental health supported accommodation services in England: A multiple regression modelling study.
Authors: Dalton-Locke, Christian; Attard, Rosie; Killaspy, Helen; White, Sarah;
Abstract: Background: Specialist mental health supported accommodation services are a key component to a graduated level of care from hospital to independently living in the community for people with complex, longer term mental health problems. However, they come at a high cost and there has been a lack of research on the quality of these services. The QuEST (Quality and Effectiveness of Supported tenancies) study, a five-year programme of research funded by the National Institute for Health Research, aimed to address this. It included the development of the first standardised quality assessment tool for supported accommodation services, the QuIRC-SA (Quality Indicator for Rehabilitative Care – Supported Accommodation). Using data collected from the QuIRC-SA, we aimed to identify potential service characteristics that were associated with quality of care. Methods: Data collected from QuIRC-SAs with 150 individual services in England (28 residential care, 87 supported housing and 35 floating outreach) from four different sources were analysed using multiple regression modelling to investigate associations between service characteristics (local authority area index score, total beds/spaces, staffing intensity, percentage of male service users and service user ability) and areas of quality of care (Living Environment, Therapeutic Environment, Treatments and Interventions, Self-Management and Autonomy, Social Interface, Human Rights and Recovery Based Practice). Results: The local authority area in which the service is located, the service size (number of beds/places) and the usual expected length of stay were each negatively associated with up to six of the seven QuIRC-SA domains. Staffing intensity was positively associated with two domains (Therapeutic Environment and Treatments and Interventions) and negatively associated with one (Human Rights). The percentage of male service users was positively
associated with one domain (Treatments and Interventions) and service user ability was not associated with any of the domains. Conclusions: This study identified service characteristics associated with quality of care in specialist mental health supported accommodation services that can be used in the design and specification of services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Introducing Mother Baby Connections: A model of intensive perinatal mental health outpatient programming.

Authors:
Geller, Pamela A.; Posmontier, Bobbie; Horowitz, June Andrews; Bonacquisti, Alexa; Chiarello, Lisa A.;

Source:

Abstract:
Perinatal mental health problems, experienced by 15–20% of women, are a significant public health issue associated with adverse effects among childbearing women; yet only 20–25% receive adequate treatment. There has been a recent proliferation of intensive perinatal day treatment programs in the United States. To meet this need in the greater Philadelphia area, we introduce Mother Baby Connections (MBC), an innovative interdisciplinary, attachment-focused, intensive, outpatient perinatal mental health program recently launched at Drexel University. The purpose of this paper is to (1) present an overview of MBC, its theoretical framework for services, and its evidence-based components, highlighting the unique factors that differentiate this program from traditional outpatient treatment, and (2) present clinical outcome data utilizing scores from reliable and valid scales, including enrollment to discharge outcomes from 20 months of MBC operation. In sum, outcomes for 20 predominantly minority women with complete measures showed significant improvements in maternal depression symptom severity, maternal functioning, birth trauma symptoms, perceived stress, parenting stress, and emotional regulation. Effect sizes were medium to large (i.e., 0.42–2.00). We conclude that MBC is a viable model for tailored intensive outpatient treatment to foster maternal mental health and functioning during the perinatal period. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title:
Individuals with Borderline Personality Disorder manifest cognitive biases implicated in psychosis.

Authors:
Puri, Priya; Kumar, Devvarta; Muralidharan, Kesavan; Kishore, M. Thomas;

Source:
Psychiatry Research, Vol 267, Sep, 2018 pp. 414-419. Publisher: Elsevier Science; [Journal Article]

Abstract:
Individuals with Borderline Personality Disorder (BPD) frequently manifest psychotic symptoms. Certain cognitive biases have been implicated in the genesis and maintenance of psychotic symptoms. The present study aimed at exploring whether individuals with BPD manifest these cognitive biases. Twenty-eight individuals with BPD and 28 healthy participants were assessed on four sub-domains of the Davos Assessment of Cognitive Biases Scale, viz. jumping to conclusions, belief inflexibility, attention for threat and external attribution. The BPD group had significantly higher scores on all the four cognitive biases in comparison to the healthy controls. Thus, the findings of the present study indicate that individuals with BPD manifest cognitive biases implicated in psychosis more prominently than healthy individuals. These findings can be used to improve the existing psychotherapeutic techniques for BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Difficulties regulating emotions mediates the associations of parental psychological control and emotion invalidation with borderline personality features.

Authors:
Hope, Nora H.; Chapman, Alexander L.;

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

Abstract:
Extant research has supported a connection between socialization in childhood and difficulties regulating emotions. The biosocial theory of borderline personality disorder (BPD; Crowell, Beauchaine, & Linehan, 2009; Linehan, 1993) suggests that emotion dysregulation is a core mechanism underlying the extreme behaviors, mood instability, identity disturbance, and relationship instability observed in BPD. The present study investigated the impact of socialization factors related to emotions, parental autonomy support, parental psychological control, and childhood trauma on BPD features in a nonclinical young adult sample (N = 357). Relationships between socialization factors and BPD features were evaluated using structural equation modeling, to test integrative hypotheses informed by biosocial theory and self-determination theory. We found that recalled experiences of childhood trauma, emotional magnification of negative emotions, neglect of negative emotions, and parental psychological control were positively associated with BPD features. Difficulties regulating emotions mediated the relationships of childhood emotion socialization factors and psychological control with BPD features. Implications for future research, resiliency, and intervention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Meta-analysis to derive an empirically based set of personality facet criteria for the alternative DSM-5 model for personality disorders.

Authors:
Watters, Carolyn A.; Bagby, R. Michael; Sellbom, Martin;

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

Abstract:
The alternative model for personality disorders (AMPD) is outlined in Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. This model includes 25 dimensional trait facets that are used as criteria for six personality disorders in addition to impairment in functioning. Numerous
previous studies have examined the degree to which the proposed trait facets converge with the Section II personality disorders (PDs) they are meant to capture, but the results from these various studies have been inconsistent. The current investigation sought to provide a meta-analysis of published and unpublished data, and in particular, to develop empirically derived trait criterion profiles for each of the six AMPD PDs. A total of 25 independent data sets utilizing diverse samples and methods that included measurement of AMPD traits and at least one Section II PD derived from both published and unpublished work were considered for this review. The findings indicated general support for the traits proposed for each of the six PDs within the AMPD, with obsessive-compulsive PD the notable exception. The discriminant validity, however, was questionable for several of the PDs; several nonproposed traits also correlated with the Section II PD counterparts at moderate to large degrees. Intraclass correlations used to model the agreement across the empirically derived trait profiles for each of the six PDs, however, revealed that most of the disorders were relatively distinct from one another. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Borderline personality disorder in adolescence as a generalization of disorganized attachment.
Authors: Miljkovitch, Raphaële; Deborde, Anne-Sophie; Bernier, Annie; Corcos, Maurice; Speranza, Mario; Pham-Scottez, Alexandra;
Abstract: Several researchers point to disorganized attachment as a core feature of borderline personality disorder (BPD). However, recent studies suggest that specific internal working models (IWMs) of each parent combine to account for child outcomes and that a secure relationship with one parent can protect against the deleterious effects of an insecure relationship with the other parent. It was thus hypothesized that adolescents with BPD are more likely to be disorganized with both their parents, whereas non-clinical controls are more secure with at least one of their caregivers. Thirty-six adolescents with BPD and 30 control participants (aged 13–19) were included. Psychiatrist diagnosis was verified with the Structured Interview for DSM-IV Personality Disorders (SIDP-IV) and comorbidity was assessed using the Kiddie-SADS. Reported trauma was assessed with the Childhood Trauma Questionnaire (CTQ). Attachment IWMs of each parent were assessed with the Attachment Multiple Model Interview (AMMI), which enables separate coding for each attachment figure and in which disorganization is conceptualized as conflicting attachment strategies within a specific relationship. Results of a logistic regression analysis suggested that beyond insecure attachment, being disorganized not just with one but with both parents is particularly characteristic of adolescents with BPD. Conversely, belonging to the non-clinical group was predicted by higher security scores with the father and lower deactivation with the mother. Although higher levels of childhood abuse or neglect were reported by adolescents with BPD, the retained attachment dimensions predicted group membership over and above reported trauma. These findings have important implications for clinical intervention and highlight the protective role fathers may have. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Disinhibited attachment behavior among infants of mothers with borderline personality disorder, depression, and no diagnosis.
Authors: Lyons-Ruth, Karlen; Riley, Caitlin; Patrick, Matthew P. H.; Hobson, R. Peter;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Disinhibited attachment behavior is related to early institutional rearing and to later social maladaptation. It is also seen among infants reared at home whose mothers have histories of child maltreatment or psychiatric hospitalization. However, little is known about the maternal psychiatric diagnoses that might be associated with disinhibited behavior or the mechanisms through which maternal diagnosis might
influence infant behavior. In the current study (N = 59), 2 maternal diagnoses, borderline personality disorder (BPD; n = 13) and depression (n = 15), were compared with a no diagnosis group (n = 31) on extent of infant disinhibited behavior. Disinhibited infant behavior was assessed at infant age of 12–18 months using the validated Rating of Infant–Stranger Engagement. Mother–infant interaction was coded using the Atypical Maternal Behavior Instrument for Assessment and Classification. Results indicated that infants of mothers with BPD were significantly more likely to be rated as disinhibited in their behavior toward the stranger compared with infants of mothers with depression and with no diagnosis. Disinhibited behavior was further related to the quality of mother–infant interaction, and maternal frightened/disoriented interaction partially mediated the effect of maternal BPD on infant disinhibited behavior. Disinhibited behavior among previously institutionally reared infants is relatively resistant to intervention after toddlerhood and is associated with maladaptation into adolescence. Therefore, high priority should be placed on understanding the developmental trajectories of home-reared infants with disinhibited behavior and on providing early assessment and early parenting support to mothers with BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Evaluating the assessment of the ICD-11 personality disorder diagnostic system.
Authors: Oltmanns, Joshua R.; Widiger, Thomas A.;
Source: Psychological Assessment Publisher: American Psychological Association; [Journal Article]
Abstract: Proposed for the ICD-11 is a dimensional model of personality disorder that, if approved, would be a paradigm shift in the conceptualization of personality disorder. The proposal consists of a general severity rating, 5 maladaptive personality trait domains, and a borderline pattern qualifier. The general severity rating can be assessed by the Standardized Assessment of Severity of Personality Disorder (SASPD), the trait domains by the Personality Inventory for ICD-11 (PiCD), and the borderline pattern by the Borderline Pattern Scale (BPS), which is developed in the present study. To date, no study has examined the relations among all 3 components, due in part to the absence of direct measures for each component (until recently). The current study develops and provides initial validation evidence for the BPS, and examines the relations among the BPS, SASPD, and PiCD. Also considered is their relationship with the 5-factor model of general personality as well as with 2 other measures of personality disorder severity (including the DSM–5 Level of Personality Functioning Scale [LPFS]). Further, an alternative trait-based coding of the DSM–5 LPFS is examined (modeled after the ICD-11 SASPD), suggesting that its coverage of diverse maladaptivity may not be because it assesses the core of personality disorder, but rather because it has items specific to the different domains of personality. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Longitudinal associations among primary and secondary psychopathic traits, anxiety, and borderline personality disorder features across adolescence.
Authors: Vaillancourt, Tracy; Brittain, Heather;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: The individual and societal burden of psychopathy warrants an investigation into identifying its early precursors and developmental course. Accordingly, we examined the longitudinal pathways between primary and secondary psychopathic traits, anxiety, and borderline personality disorder (BPD) features across adolescence. Participants included 572 Canadian adolescents (253 girls; aged 13.96 [SD = 0.37] in Grade 8; 70.6% Caucasian) who were assessed annually on five occasions (Grades 8–12) using the Antisocial Process Screening Device (psychopathic traits), the Behavior Assessment System for Children-2 (symptoms of anxiety), and the Borderline Personality Features Scale for Children (features of BPD). Autoregressive latent trajectory models with structured residuals provided stringent tests of within-person
Results indicated that primary psychopathic traits were preceded by and predicted anxiety such that individuals who increased in primary psychopathic traits subsequently declined in anxiety, and vice versa. Results also indicated that BPD features were associated with secondary psychopathic traits and anxiety. Specifically, increases in BPD features were linked with increases in secondary psychopathic traits and anxiety. Our results suggest that even after accounting for between-person associations and other known correlates, the development of psychopathic traits is embedded within the development of emotional characteristics and personality features. This highlights areas for intervention in adolescence, particularly around the core, shared trait of impulsivity and anger. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Attribution of intentions and context processing in psychometric schizotypy.

Authors: Rinaldi, Romina; Lefebvre, Laurent; Blekic, Wivine; Laroi, Frank; Laloyaux, Julien;


Abstract: Introduction: Impairment in Theory of mind (TOM) has frequently been associated with schizophrenia and with schizotypy. Studies have found that a tendency to over-attribute intentions and special meaning to events and to people is related to positive psychotic symptoms. Further, it has been suggested that this intentionality bias may be due to a broader deficit in context processing (CP). The aim of the present study was thus to investigate the relationship between positive schizotypy and both over-attribution of intentions and context processing. Methods: One-hundred and nineteen healthy individuals completed the Schizotypal Personality Questionnaire and were assessed with tasks measuring contextual treatment and ToM. Results: Results revealed that positive schizotypy was significantly related to an over-attribution of intentions on the ToM task and with a faster processing of implicit context. Partial correlational analyses indicated that the association between the attribution of intentions and positive schizotypy was not explained by a deficit of CP. In contrast, stepwise multiple regression analyses showed that both an over-attribution of intentions and a faster processing of implicit context significantly predicted positive schizotypy. Conclusions: These results show that an over-attribution of intention is independent from a broader deficit in context information processing and that they both possibly contribute to the development and maintenance of positive psychotic symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Bipolar affective disorder and borderline personality disorder: Differentiation based on the history of early life stress and psychoneuroendocrine measures.

Authors: Mazer, Angela Kaline; Cleare, Anthony J.; Young, Allan H.; Juruena, Mario F.;


Abstract: Introduction: Borderline Personality Disorder (BPD) and Bipolar Affective Disorder (BD) have clinical characteristics in common which often make their differential diagnosis difficult. The history of early life stress (ELS) may be a differentiating factor between BPD and BD, as well as its association with clinical manifestations and specific neuroendocrine responses in each of these diagnoses. Objective: Assessing and comparing patients with BD and BPD for factors related to symptomatology, etiopathogenesis and neuroendocrine markers. Methodology: The study sample consisted of 51 women, divided into 3 groups: patients with a clinical diagnosis of BPD (n = 20) and BD (n = 16) and healthy controls (HC, n = 15). Standardized instruments were used for the clinical evaluation, while the history of ELS was quantified with the Childhood Trauma Questionnaire (CTQ), and classified according to the subtypes: emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. The functioning of the
The hypothalamic-pituitary-adrenal (HPA) axis was evaluated by measuring a single plasma cortisol sample. Results: Patients with BPD presented with more severe psychiatric symptoms of: anxiety, impulsivity, depression, hopelessness and suicidal ideation than those with BD. The history of ELS was identified as significantly more prevalent and more severe in patients (BPD and BP) than in HC. Emotional abuse, emotional neglect and physical neglect also showed differences and were higher in BPD than BD patients. BPD patients had greater severity of ELS overall and in the subtypes of emotional abuse, emotional neglect and physical neglect than BD patients. The presence of ELS in patients with BPD and BP showed significant difference with lower cortisol levels when compared to HC. The endocrine evaluation showed no significant differences between the diagnoses of BPD and BD. Cortisol measured in patients with BPD was significantly lower compared to HC in the presence of emotional neglect and physical neglect. A significant negative correlation between the severity of hopelessness vs cortisol; and physical neglect vs cortisol were found in BPD with ELS. The single cortisol sample showed a significant and opposite correlations in the sexual abuse diagnosis-related groups, being a negative correlation in BD and positive in BPD. Discussion: Considering the need for a multi-factorial analysis, the differential diagnosis between BPD and BD can be facilitated by the study of psychiatric symptoms, which are more severe in the BPD patients with a history of early life stress. The function of the HPA axis assessed by this cortisol measure suggests differences between BPD and BP with ELS history. Conclusion: The integrated analysis of psychopathology, ELS and neuroendocrine function may provide useful indicators to differentiate BPD and BD diagnoses. These preliminary data need to be replicated in a more significant sample with improved and multiple assessments of HPA axis activity. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Abstract:
Objective: Starting from discordant results in the literature, our contribution aims at clarifying the mediating role of rejection sensitivity (RS) in the untrustworthiness bias in Borderline Personality Disorder (BPD).
Method: To do so, we examine whether BPD traits are connected to an untrustworthiness bias toward neutral male and female faces in a non clinical sample of young female college students (N = 110). Unlike previous research, we examine the potential role of the different components of RS (emotional and cognitive) separately, and we consider the anger dimension as potentially relevant for trust ratings.
Results: Our results demonstrated that only the emotional components (anxiety and anger) and not the cognitive (expectation) mediated the association between BPD traits and trust ratings.
Conclusions: We discussed the importance of considering all three components of RS for a better understanding of the relation between BPD and trust appraisal.


Title: Rejection sensitivity and internet addiction in Adolescence: Exploring the mediating role of emerging personality disorders.
Authors: Fontana, Andrea; Callea, Antonino; Casini, Erica; Curti, Valeria;
Abstract:
Objective: Internet Addiction is a form of dependence widespread diffused in adolescence. Although Internet Addiction appear to be related to personality disorders in adults, more research is needed to understand the relationship between Internet Addiction and emerging personality disorders in adolescence. Furthermore, Internet Addiction seems to be associated to Rejection Sensitivity (RS), described as the tendency to expect, perceive, and overreact to overt or covert interpersonal rejection.
Method: We aim at investigating the role of emerging personality disorders in mediating between RS and Internet Addiction. 269 adolescents completed self-reports on RS, emerging personality patterns and internet addiction. Results: We tested two mediational models. In the first model, we hypothesized that Depressive Personality Pattern mediates between Anxious responses about rejection and Internet Addiction. In the second model, we hypothesized that Borderline Tendency mediates between Anger responses about rejection and Internet Addiction. We found evidence supporting this two models.
Conclusions: In conclusion, specific emerging personality disorders mediate between RS and Internet addiction.


Title: Personality traits and disorders in childhood: Clinical evaluation and diagnosis.
Authors: Fortunato, Alexandro; Speranza, Anna Maria;
Abstract:
Objective: Aim of the paper is to examine the controversial issue of personality traits and disorders in childhood. Method: A literature review of clinical and research data was performed, and a conceptual synthesis was proposed. Results: Although there are still few longitudinal studies able to clarify the evolution of personality traits from childhood to adulthood, a growing number of studies confirmed emerging personality patterns in childhood and the need for early intervention and prevention. After a discussion of clinical and research data on continuity vs discontinuity in personality disorders, we propose a conceptual synthesis of emerging personality patterns in childhood, conjugating both top-down (theoretical) and bottom-up (research) perspectives. Conclusions: The literature review showed that a
deeper understanding of personality and mental functioning in childhood is still required and that emerging personality patterns and disorders need specific assessment and empirical derived classification that takes into account the developmental perspective. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Do narcissistic subtypes really exist? An ongoing debate.
Authors: Di Pierro, Rossella; Madeddu, Fabio;
Abstract: Narcissistic pathology is a topic of great interest for both researchers and clinicians nowadays. A growing body of research has investigated pathological narcissism to understand its nature and to reach a comprehensive definition of such personality pathology. We revised empirical and theoretical literature on pathological narcissism to show how its conceptualizations have changed over time. Also, we presented which objectives have been reached by experts in narcissism in the attempt to univocally define the phenomenon in recent times. Finally, we highlighted which aspects of the definition of narcissistic pathology are still not clear and remain the subject of debates at present. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Obsessive-compulsive personality disorder and personality organization: Implications for psychosocial functioning.
Authors: De Panfilis, Chiara; Schito, Graziana; Riccardi, Silvia; Roscigno, Federica; Marchesi, Carlo;
Abstract: Objective: This study evaluated whether the tendency of patients with obsessive-compulsive personality disorder (OCPD) to exhibit varying degrees of functional impairment could be explained by their underlying level of personality organization (PO). Method: Twenty-three outpatients with OCPD and twenty-five age and sex matched healthy controls completed measures of global, relational and occupational functioning, satisfaction for their daily activities, and PO. Results: OCPD patients exhibited lower psychosocial functioning than controls across all the examined domains, and their functional impairment correlated with increased difficulties in PO. Specifically, greater identity diffusion and greater use of primitive defenses accounted for the association between OCPD status and lower satisfaction and enjoyment in daily functioning. Conclusions: These preliminary findings suggest that the extensive difficulties in the capacity to ‘work and love’ exhibited by OCPD patients could be explained by their distorted self-other representations and use of maladaptive defense styles. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Personality disorders: The missing diagnosis in psycho-oncology?
Authors: Di Mattei, Valentina Elisabetta; Mazzetti, Martina; Taranto, Paola; Bernardi, Martina; Carnelli, Letizia;
Abstract:
Personality can be defined as those characteristics of an individual that account for consistent patterns of thinking, feeling, and behaving. The first studies on personality in psycho-oncology focused on the role of personality traits with respect to cancer incidence and survival; in light of virtually no empirical evidence on a personality-cancer causal association, a more consistent line of research later investigated the relationship between personality and adjustment to disease and treatment. Specifically, there is evidence that certain personality traits, such as neuroticism and negative affectivity, predict poorer levels of quality of life in cancer patients, whereas extraversion and optimism dimensions are associated with better outcomes. Research has been far more limited on the topic of personality disorders in the oncological setting, despite the notable implications that personality disorder patients pose in the interaction with healthcare staff, which can in turn result in suboptimal care. Nonetheless, cooperation with mental health professionals is essential in order to manage complications that may arise in the treatment of these patients, thus promoting the implementation of appropriate treatment plans. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
An examination of Psychopathy Checklist-Revised latent factor structure via exploratory structural equation modeling.

Authors:
Cooke, David J.; Sellbom, Martin;

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

Abstract:
The Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003) is widely used in clinical and forensic practice. Its latent factor structure has been subject to debate and controversy for almost 40 years. Various principal component and factor models have been proposed. It is argued that the use of independent cluster models has been questionable. The use of models that assume that symptoms will have zero loadings on all but one factor fails to reflect the clinical reality that symptoms of personality disorder are likely to be the consequence of multiple latent traits. This misspecification of models will lead to excessive latent factor correlations, which, in turn, have a negative impact on the nomological network of relations among latent traits and other constructs. In this study, we applied exploratory structural equation modeling (ESEM) to PCL-R data derived from a multisite U.K. sample. First, we tested models derived from the 3- and 4-factor perspectives using confirmatory factor analysis. Second, we tested ESEM models based on these two perspectives. The 3-factor model displayed stability across both analytic methods, with the latent factor correlations being smaller in the ESEM analysis. The 4-factor model displayed less stability across analytic methods, with a major crime factor accounting for a large proportion of variance in numerous items. Comprehensive Assessment of Psychopathic Personality domain ratings were used as external criteria. The concurrent validity of the 3-factor ESEM model was conceptually clearer than that for the equivalent 4-factor model. The application of ESEM may provide greater clarity to the debate regarding the latent structure of the PCL-R. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title: Prospective observational cohort study of 'treatment as usual' over four years for patients with schizophrenia in a national forensic hospital.

Authors: Richter, Melanie S.; O'Reilly, Ken; O'Sullivan, Danny; O'Flynn, Padraic; Corvin, Aiden; Donohoe, Gary; Coyle, Ciaran; Davoren, Mary; Higgins, Caroline; Byrne, Orla; Nutley, Tina; Nutty, Andrea; Sharma, Kapil; O'Connell, Paul; Kennedy, Harry G.;

Source: BMC Psychiatry, Vol 18, Sep 8, 2018 ArtID: 289. Publisher: BioMed Central Limited; [Journal Article]

Abstract: Background: We evaluated change in response to multi-modal psychosocial 'treatment as usual' programs offered within a forensic hospital. Methods: Sixty nine patients with a diagnosis of schizophrenia or schizoaffective disorder were followed for up to four years. Patient progress was evaluated using the DUNDRUM-3, a measure of patient ability to participate and benefit from multi-modal psychosocial programs and the HCR-20 dynamic items, a measure of violence proneness. We report reliable change index (RCI) and reliable and clinically meaningful change (RMC). We assessed patients' cognition using the MCCB, psychopathology using the PANSS. The effect of cognition and psychopathology on change in DUNDRUM-3 was examined using hierarchical multiple regression with age, gender, and baseline DUNDRUM-3 scores. Results: The DUNDRUM-3 changed significantly (p < 0.004, d = 0.367, RCI 32% of 69 cases, RMC 23%) and HCR-20-C (p < 0.003, d = 0.377, RCI 10%). Both cognition and psychopathology accounted for significant variance in DUNDRUM-3 at follow up. Those hospitalized for less than five years at baseline changed more than longer stay patients. Mediation analysis demonstrated that the relationship between cognition and change in violence proneness (HCR-20-C) was both directly affected and indirectly mediated by change in DUNDRUM-3. Conclusions: Change in response to multi-modal psychosocial programs (DUNDRUM-3) reduced a measure of violence proneness over four years. Forensic in-patients' ability to benefit from psychosocial treatment appears to be a function of the outcome measure used, unit of measurement employed, degree of cognitive impairment, psychopathology, and length of stay. Lower risk of re-offending may be partially attributable to participation and engagement in psychosocial interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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

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

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

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


Title: The utility of the HCR–20 in an Australian sample of forensic psychiatric patients.
Authors: Shepherd, Stephane M.; Campbell, Rachel E.; Ogloff, James R. P.;
Abstract: The Historical Clinical Risk Management–20 (HCR–20) is utilised internationally to assess an individual's risk for violence. Despite being widely administered in Australian correctional and forensic populations, the predictive validity of the HCR–20 instrument has never been explored in Australian settings. This retrospective study investigated the predictive validity of the HCR–20 for an Australian cohort of 136 forensic psychiatric patients. Findings support the relationship between the HCR–20 and violent offending post hospital discharge. The HCR–20 Total, Historical, and Risk Management scales shared moderate to large positive correlations with several reconviction categories. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Perceptions of Social Climate and Aggressive Behavior in Forensic Services: A Systematic Review.(includes abstract)
Authors: Robinson, Joanne Craig, Leam A. Tonkin, Matthew; Trauma,
Abstract: Social climate is a term used to describe the environment of a particular setting which may influence the moods and behaviors of the people inhabiting that setting. This review explores perceptions of social climate in secure forensic services and the associations with aggression. Article searches were conducted using electronic databases, hand-searching reference lists, and contacting experts. Inclusion/exclusion criteria were applied to each study, and quality screens conducted on the remaining articles to establish those for inclusion. A total of seven studies were identified. Factors which were found to have an association with aggression included patients' perceptions of safety, the level of cohesion between patients, the atmosphere of the environment, and an open group climate. It is argued that services which create positive social climates for both staff and patients are more likely to observe lower levels of aggression.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=131844215&site=ehost-live

Title: Differentiating delusional disorder from the radicalization of extreme beliefs: A 17-factor model.
Authors: Cunningham, Mark D.;
Abstract: Threat assessment professionals and forensic mental health experts face a challenging differential in determining whether a potential violent actor or postviolence defendant suffers from a delusional disorder
or is simply radicalized in his extreme religious or political beliefs. No published model for analysis (i.e., structured professional judgment, SPJ) is available to aid in systematically distinguishing these cases or promoting transparency in associated reports and testimony. In the model of analysis (SPJ) proposed herein, 7 primary arenas of analysis were distilled from scholarship regarding features of delusions and delusional disorder: belief content; belief style; subjective distress and social dysfunction associated with the belief; social influences in belief formation, maintenance, and behavior; social inclusion; prodromal factors; and behavioral or action factors. Seventeen factors are specified for operationally defining and qualitatively describing the 7 primary arenas of analysis. Within each factor, features may be specified that further disaggregate the analysis. This SPJ tool is termed: Model of Analysis for Differentiating Delusional Disorder from the Radicalization of Extreme Beliefs–17 Factor (MADDD-or-Rad-17). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
LGB Q&A: An investigation of the influence of sexual orientation on professional practice among LGBQ-affiliated forensic mental health professionals.
Authors:
Cox, Jennifer; Stanziani, Marissa R.; Coffey, C. Adam; deLacy, Rachel L.;
Source:
Abstract:
Recent decades have seen an increase in research examining the experiences of Lesbian, Gay, Bisexual, Queer, and other-identifying (LGBQ) individuals in the workplace, including surveys and empirical studies exploring how an individual’s sexual orientation influences their work, instances of workplace discrimination due to sexual orientation, and the impact of antidiscrimination legislation in changing workplace culture. However, research has yet to examine the experience of LGBQ-identifying forensic mental health professionals. A survey of 37 forensic psychologists and psychiatrists who self-identified with the LGBQ community found half of all participants viewed their sexual orientation as impacting their professional identity in some way. Qualitative analyses suggest this may include an interest in research about or a desire to work with LGBQ-identifying individuals. Although one third of the participants in this study reported they did not believe there was LGBQ related prejudice or discrimination in the field of forensic mental health, 81% of participants reported experiencing some form of prejudice/discrimination. Further, over half of all participants reported changing their professional practice, physical appearance, and/or behaviors to influence others’ perceptions of their sexual orientation. In total, these data suggest LGBQ-identifying forensic mental health professionals may simultaneously feel as though the field is particularly accepting of nonheterosexuality while also identifying ways in which their sexual orientation impacts their workplace behaviors and environment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Developing a ward ethos based on Positive Behavioural Support within a forensic mental health ‘psychiatric intensive care unit’.
Authors:
Hughes, Jamie Anthony; Davies, Bronwen E.;
Source:
Mental Health and Prevention, Vol 10, Jun, 2018 pp. 28-34. Publisher: Elsevier Science; [Journal Article]
Abstract:
Positive Behavioural Support (PBS) is a framework that aims to prevent challenging behaviours occurring and safely manage them when they do. Proactive approaches have been promoted in government policy and guidance. The aim of this study was to co-produce a ward ethos founded upon the PBS model. Semi-structured interviews were conducted with service users (n = 6) and two focus groups run for staff members (n = 14). Thematic analysis was employed in the analysis of interviews and group transcripts. Analysis revealed relevant themes under the categories: Slow triggers, fast triggers, primary prevention, secondary prevention and crisis management. Based on the themes elicited a poster was developed
promoting the values and practices of the PICU in line with the PBS model. This can be shared with service users and staff new to the environment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Enacting lived experiences: Peer specialists with criminal justice histories.
Authors:
Barrenger, Stacey L.; Hamovitch, Emily K.; Rothman, Melissa R.;
Source:
Psychiatric Rehabilitation Journal Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Objective: Peer specialists are frequently employed in mental health settings, with growing evidence for positive impact on subjective aspects of recovery. As more individuals within the mental health system have criminal justice involvement, peer specialists with incarceration histories are increasingly important, yet little is known about how their experiences with the criminal justice system factor into their work. This study sought to understand the experiences of peer specialists with criminal justice histories and how they incorporate these experiences into their work. Methods: Purposive and snowball sampling was employed to recruit graduates from a peer training program. Three in-depth interviews were conducted each with 15 peer specialists who had incarceration experiences. Results: Thematic analysis revealed that Having and Sharing Lived Experiences formed the basis of their work as peer specialists. On this foundation, participants expounded on their specialized contributions in their work as peer specialists: Engagement, Priority of Relationship, Instilling Hope, and Providing an Alternative Service. Participants' criminal justice histories influenced how they approached their work, especially around using disclosure, developing relationships, and instilling hope. Conclusions and Implications for Practice: Peer specialists with incarceration histories may be a critical component toward recovery for consumers with criminal justice involvement. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Prospective observational cohort study of 'treatment as usual' over four years for patients with schizophrenia in a national forensic hospital.
Authors:
Richter, Melanie S.; O'Reilly, Ken; O'Sullivan, Danny; O'Flynn, Padraic; Corvin, Aiden; Donohoe, Gary; Coyle, Ciaran; Davoren, Mary; Higgins, Caroline; Byrne, Orla; Nutley, Tina; Nulty, Andrea; Sharma, Kapil; O'Connell, Paul; Kennedy, Harry G.;
Source:
BMC Psychiatry, Vol 18, Sep 8, 2018 ArtID: 289. Publisher: BioMed Central Limited; [Journal Article]
Abstract:
Background: We evaluated change in response to multi-modal psychosocial 'treatment as usual' programs offered within a forensic hospital. Methods: Sixty nine patients with a diagnosis of schizophrenia or schizoaffective disorder were followed for up to four years. Patient progress was evaluated using the DUNDRUM-3, a measure of patient ability to participate and benefit from multi-modal psychosocial programs and the HCR-20 dynamic items, a measure of violence proneness. We report reliable change index (RCI) and reliable and clinically meaningful change (RMC). We assessed patients' cognition using the MCCB, psychopathology using the PANSS. The effect of cognition and psychopathology on change in DUNDRUM-3 was examined using hierarchical multiple regression with age, gender, and baseline DUNDRUM-3 scores. Results: The DUNDRUM-3 changed significantly (p < 0.004, d = 0.367, RCI 32% of 69 cases, RMC 23%) and HCR-20-C (p < 0.003, d = 0.377, RCI 10%). Both cognition and psychopathology accounted for significant variance in DUNDRUM-3 at follow up. Those hospitalized for less than five years at baseline changed more than longer stay patients. Mediation analysis demonstrated that the relationship between cognition and change in violence proneness (HCR-20-C) was both directly affected and indirectly mediated by change in DUNDRUM-3. Conclusions: Change in response to multi-modal psychosocial programs (DUNDRUM-3) reduced a measure of violence proneness over four years. Forensic in-patients' ability to benefit from psychosocial treatment appears to be a function of the outcome measure used, unit of measurement employed, degree of cognitive impairment, psychopathology, and
length of stay. Lower risk of re-offending may be partially attributable to participation and engagement in psychosocial interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: How does evaluator empathy impact a forensic interview?
Authors: Vera, Lauren M.; Boccaccini, Marcus T.; Laxton, Kelsey; Bryson, Claire; Pennington, Charlotte; Ridge, Brittany; Murrie, Daniel C.;
Source: Law and Human Behavior Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: We used an experimental design to test the key concern that expressive empathy from evaluators during forensic interviews leads to more disclosure of misbehavior (e.g., stealing, breaking the law, manipulating others) from evaluatees. In the context of a psychopathy assessment interview, evaluatees (N = 94, 100% male, 57.4% Caucasian) interviewed by an evaluator using expressive empathy techniques were no more likely than those interviewed by an evaluator avoiding expressive empathy techniques to admit to past instances of misbehavior (d = .17, 95% CI [−.24, .57]). Instead, the use of expressive empathy techniques seemed to influence evaluator perceptions of the evaluatees. Evaluators using expressive empathy rated evaluatees as less psychopathic (d = −.52, 95% CI [−.93, −.11]), more conscientious (d = .72, 95% CI [.30, 1.13]), and as having engaged in less impression management (d = −.54, 95% CI [−.95, −.13]) than evaluators avoiding the use of expressive empathy. Put simply, when evaluators expressed empathy, it influenced the evaluator, not the evaluatee. These findings suggest the need to expand professional discourse and research on empathy in forensic evaluations to better understand the possible effects of evaluator empathy on both evaluators and evaluatees. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Support, reluctance, and production in child abuse investigative interviews.
Authors: Blasbalg, Uri; Hershkowitz, Irit; Karni-Visel, Yael;
Abstract: Child abuse victims are required to participate in stressful forensic investigations but often fail to fully report details about their victimization. Especially in intrafamilial abuse cases, children’s emotional states presumably involve reluctance to report abuse. The current study examined the effects of interviewers’ support on children’s reluctance and production of information when interviewed. The sample comprised 200 interviews of 6- to 14-year-old suspected victims of physical abuse perpetrated by a family member. Interviews followed the NICHD (National Institute of Child Health and Human Development) Revised Protocol (RP), which emphasizes supportive practices. All the cases were corroborated by external evidence, suggesting that the reports of abuse made by the children were valid. Coders identified instances of interviewer support and questioning, as well as indications of reluctance and the production of forensic details by the children. Expressions of reluctance predicted that information was less likely to be provided in that utterance, whereas expressions of support predicted less reluctance and increased informativeness in the following child utterance. Mediation analyses revealed that decreased reluctance partially mediated the effects of support on increased informativeness. The data indicate that support can effectively address children’s reluctance, resulting in increased informativeness and thus confirming expert recommendations that supportive interviews should be considered best practice. The findings also shed light on the underlying mechanism of support, suggesting both direct and indirect effects on children’s informativeness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: An evaluation of recovery in a forensic mental health service. (includes abstract)
Authors: Morgan, Sara; Rees, Sharon;
Source: Mental Health Practice, 11/7/2018; 21(10): 15-22. (8p) (Article) ISSN: 1465-8720 AN: 132864327
Abstract: This service evaluation aims to gain service users' and staff members' perspectives on one forensic mental health service's approach to recovery; to provide feedback about awareness of recovery, what has worked well and what needs improving; and to ensure the service's recovery action plan is shaped by and is responsive to the needs of those it affects. Surveys for staff and service users were developed and disseminated to all. The responses revealed positive outcomes in relation to the awareness of recovery and the use of the Mental Health Recovery Star tool at the service. Areas where there was a need for improvement were highlighted and have informed recommendations.

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Title: Conceptualizing restorative justice for people with mental illnesses leaving prison or jail.
Authors: Thomas, Elizabeth C.; Bilger, Andrea; Wilson, Amy Blank; Draine, Jeffrey;
Source: American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Individuals with psychiatric disabilities who are involved in the criminal justice system face a number of challenges to community integration upon release. There is a critical need to develop and evaluate interventions for these individuals that connect them to the community by enhancing naturalistic social connections and helping them to participate meaningfully in valued roles. The purposes of this article are to describe, provide a theoretical rationale, and propose a conceptual model for the use of a particular restorative justice model, circles of support and accountability, to meet this need. We describe the principles of restorative justice (repairing harm, stakeholder involvement, and the transformation of community and governmental roles and relationships) and how these map on to elements of the circles intervention. These elements include a focus on community participation, positive social support, democratic decision making, collective ownership of crime problems, and connection to community-based resources. We then suggest how changes in identity transformation, moral development and motivation, and collective efficacy might mediate relationships between these intervention elements and community integration outcomes. Finally, we encourage the systematic evaluation of the circles intervention for people with mental health conditions leaving custody and provide recommendations for policy and practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The implementation of a new conceptual framework for occupational engagement in forensic settings: feasibility and application to occupational therapy practice. (includes abstract)
Authors: Morris, Karen; Ward, Kath;
Source: Mental Health Review Journal, 2018; 23(4): 308-319. (12p) (Article) ISSN: 1361-9322 AN: 132999898
Abstract: Purpose Facilitation of genuine occupational engagement rather than a more superficial level of participation that has minimal therapeutic benefit is a challenge within secure mental health settings. The purpose of this paper is to develop, pilot and evaluate therapeutic tools based on a framework of occupational engagement. Design/methodology/approach The study used action research with occupational therapists from two secure residential units. Focus group discussions gathered participants’ views of how the occupational engagement framework could be used to inform a therapeutic tool. Following the development and piloting of the subsequent tools, focus groups were again used to review
their usefulness in practice. Discussions were audio recorded and thematically analysed. Findings Three tools were designed and piloted. Evaluation revealed a number of benefits and different ways in which the tools could be used in practice. Research limitations/implications This research has indicated that the occupational engagement framework has potential for increasing understanding of the relationship between the value and consequences of participating in occupations. The limited timescale of the research restricted the opportunity to fully explore the tools’ potential effectiveness as outcome measures. Practical implications The clinical tools developed within this research have provided some information to the clinical teams which has contributed to their understanding of how service users experience participating in occupations. Originality/value The occupational engagement framework and resulting tools have the potential to enhance understanding of occupational engagement within secure settings.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=132999898&site=ehost-live

Title: Exploration of “Talking Groups” within a medium secure setting. (includes abstract)
Authors: Tolland, Heather; Laithwaite, Heather;
Abstract: Purpose The purpose of this paper is to explore patient and staff views of a new intervention “Talking Groups” within a medium secure setting. Design/methodology/approach Seven patients and eight members of staff who had attended Talking Groups in the medium secure wards participated in semi-structured interviews. Interviews were transcribed and analysed using thematic analysis. Findings The analysis revealed four key themes related to the aims, content and perceived benefits of Talking Groups: information; relationship building; engagement and patient involvement in developing activities/interventions. Practical implications If Talking Groups are extended to other wards in the medium secure unit, information sessions should continue as part of the groups, as these were valued by patients and provided useful information about transition, human rights and medication. Originality/value The findings suggest that Talking Groups have benefits for patients and staff within this medium secure setting. Findings from this evaluation can be used to inform the development of Talking Groups across different wards in this unit.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=133000014&site=ehost-live

Back to top
Title: The influence of parenting and temperament on empathy development in toddlers.

**Authors:**
Wagers, Keshia B.; Kiel, Elizabeth J.;

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

**Abstract:**
Empathy is a critical ability in developing relationships, and deficits in empathy have been associated with various maladaptive social outcomes. Although specific parenting styles and behaviors (including warmth and reasoning) are expected to be related to the development of child empathy, these may function differently for children with an inhibited temperament. Children with an inhibited temperament, who are at risk for developing an anxiety disorder, may also struggle with expressing empathic behaviors. These relations were tested in a longitudinal study including mothers and their toddlers. Dyads participated at time points approximately 1 year apart when toddlers were 24 and 36 months old. Moderating effects were found for parental warmth and reasoning, as well as authoritative parenting broadly. Maternal warmth was related to higher levels of empathy for only children with low levels of inhibited temperament. Maternal reasoning was related to lower levels of empathy for children with high levels of inhibited temperament. Thus, for children with low levels of inhibited temperament, warmth predicts higher empathy, and for children with high levels of inhibited temperament, reasoning predicts lower empathy. These findings are discussed within a goodness of fit framework, suggesting that children's positive outcomes depend on the match between parenting behavior and temperament. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Trauma-informed care in practice: Observed use of psychosocial care practices with children and families in a large pediatric hospital.

**Authors:**
Moss, Katrina M.; Healy, Karyn L.; Ziviani, Jenny; Newcombe, Peter; Cobham, Vanessa E.; McCutcheon, Helen; Montague, Gillian; Kenardy, Justin;

**Source:**

**Abstract:**
Hospitalization for illness or injury can be experienced by children and their families as traumatic, which can impede recovery and lead to ongoing problems. The provision of quality trauma-informed or psychosocial care by hospital staff may mitigate trauma-related problems; however, there is great variability in the use of psychosocial care practices. Most previous research is based on self-report data and focuses primarily on nurses and physicians. The current study aimed to investigate the use of psychosocial care practices among a range of staff in a large urban pediatric hospital, using observations and interviews. A coding matrix of practices and a set of interview questions were developed based on previous research. Participants included 18 direct care hospital staff and 10 patients. Trained observers observed 13 staff and 10 patients, and coded instances of psychosocial care; 17 staff participated in interviews. A large number of instances of psychosocial care were observed but there was substantial variability in overall use and the use of individual practices. Interviewed staff reported many benefits of psychosocial care for patients and staff, although there were some costs, including emotional fatigue. Contrary to current evidence, most staff reported they rely on visible triggers of distress or need before providing psychosocial care. Future research could investigate the optimal ratio of psychosocial to physical care practices, taking into account patient feedback and psychosocial and medical outcomes. To improve the consistency of psychosocial care, training could incorporate the practice examples documented here, include staff self-care, and encourage informal avenues of learning. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Introducing Mother Baby Connections: A model of intensive perinatal mental health outpatient programming.

Authors: Geller, Pamela A.; Posmontier, Bobbie; Horowitz, June Andrews; Bonacquisti, Alexa; Chiarello, Lisa A.;


Abstract: Perinatal mental health problems, experienced by 15–20% of women, are a significant public health issue associated with adverse effects among childbearing women; yet only 20–25% receive adequate treatment. There has been a recent proliferation of intensive perinatal day treatment programs in the United States. To meet this need in the greater Philadelphia area, we introduce Mother Baby Connections (MBC), an innovative interdisciplinary, attachment-focused, intensive, outpatient perinatal mental health program recently launched at Drexel University. The purpose of this paper is to (1) present an overview of MBC, its theoretical framework for services, and its evidence-based components, highlighting the unique factors that differentiate this program from traditional outpatient treatment, and (2) present clinical outcome data utilizing scores from reliable and valid scales, including enrollment to discharge outcomes from 20 months of MBC operation. In sum, outcomes for 20 predominantly minority women with complete measures showed significant improvements in maternal depression symptom severity, maternal functioning, birth trauma symptoms, perceived stress, parenting stress, and emotional regulation. Effect sizes were medium to large (i.e., 0.42–2.00). We conclude that MBC is a viable model for tailored intensive outpatient treatment to foster maternal mental health and functioning during the perinatal period. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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

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


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

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

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


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

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

Source:

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


Title:
Mindfulness-based interventions for youth with anxiety: A systematic review and meta-analysis.

Authors:
Borquist-Conlon, Debra S.; Maynard, Brandy R.; Brendel, Kristen Esposito; Farina, Anne S. J.;
Source:

Abstract:
Purpose: To examine the effects on anxiety of mindfulness-based interventions (MBIs) among youth with anxiety disorders. Method: Systematic review and meta-analytic procedures were employed to synthesize experimental and quasi-experimental studies authored between 1980 and 2015. Results: The search yielded five studies from five countries reporting results for a total of 188 youth between the ages of 5 and 18 (mean age 13.26) who met criteria for an anxiety disorder. Risk of bias varied across studies. Meta-analytic results suggest a moderate and significant effect (g = .62; 95% confidence interval = [0.20, 1.04], p = .004). Heterogeneity was moderate (I² = 47.22) and not statistically significant (Q = 7.58, df = 4, p = .11), thus moderator analyses were not warranted. Discussion: The findings of this review suggest that MBIs for the treatment of anxiety in youth with anxiety disorders are effective. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Childhood adversity and pain facilitation.

Authors:
You, Dokyoung S.; Meagher, Mary W.;

Source:
Psychosomatic Medicine, Vol 80(9), Nov-Dec, 2018 Special Issue: The Neuroscience of Pain: Biobehavioral, Developmental, and Psychosocial Mechanisms and Targets for Intervention. pp. 869-879. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Objective: This study investigated whether childhood adversity would be associated with hypersensitivity on two measures of central pain facilitation: area of secondary allodynia and temporal summation of second pain (TSSP), and whether pain facilitation would be explained by adult posttraumatic stress disorder (PTSD) symptoms. Method: Participants endorsing high (n = 31) and low (n = 31) childhood adversity underwent capsaicin-induced secondary allodynia and TSSP testing. The tests were conducted a week apart with test order counterbalanced. Results: Larger areas of secondary allodynia were observed in the high adversity group compared with the low adversity group (F(1,60) = 4.81, p = .032). This group difference was largely (62%) explained by greater PTSD symptoms in the high adversity group. Although no overall difference was found in TSSP slopes (p = .886), this was attributed to an order by group interaction (F(1,58) = 5.07, p = .028) and low power. Subsequent analyses revealed positive TSSP slopes in the high adversity group when TSSP testing was performed first, and this order effect was associated with blunted sympathetic responses to TSSP on the first visit. The two facilitation measures were unrelated (p = .631). Conclusions: Larger areas of secondary allodynia were observed in the high adversity group, which was explained largely by PTSD symptoms. This suggests that adversity-related changes in pain facilitation may underlie the association between childhood adversity and generalized widespread pain. Although TSSP was affected by previous testing, adversity-related pain facilitation was observed when TSSP testing occurred first. Finally, adversity was not associated with a consistent pattern of hypersensitivity across the two measures of central pain facilitation. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Behavioral symptoms of reported abuse in children and adolescents with autism spectrum disorder in inpatient settings.

Authors:
Brenner, Jamie; Pan, Zhaoxing; Mazefsky, Carla; Smith, Kahsi A.; Gabriels, Robin;

Source:

Abstract:
The objective of this study was to examine how behavioral manifestations of trauma due to abuse are expressed in youth with autism spectrum disorder (ASD). Analysis of covariance (ANCOVA) compared
outcomes between patients with a caregiver reported history of abuse and those without. Findings indicate
that patients with ASD and reported abuse (i.e. physical, sexual, and/or emotional) have more intrusive
thoughts, distressing memories, loss of interest, irritability, and lethargy than those without reported
maltreatment. Those with clinical diagnoses of posttraumatic stress disorder (PTSD) had more severe and
externalized symptoms than those with reported abuse not diagnosed with PTSD. Results emphasize the
need for trauma screening measures to guide evidence-based treatments for children with ASD.
(PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Family stress and youth mental health problems: Self-efficacy and future orientation mediation.
Authors:
Kim, Dong Ha; Bassett, Sarah M.; So, Suzanna; Voisin, Dexter R.;
Source:
American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
The following study assessed whether future orientation and self-esteem mediated the relationship
between family stress and mental health problems among African American youth. Data from this study
included 638 African American adolescents purposively sampled from predominantly low-income
neighborhoods. Major variables assessed were family stress, self-esteem, future orientation, mental
health, and covariates (i.e., gender, sexual orientation, and socioeconomic proxy). Structural equation
modeling computed direct and indirect (meditational) relationships between family stress and youth mental
health. The average age of participants was 15.83 years old, slightly half of whom were female. The path
model detected a significant relationship between family stress and mental health problems. Self-esteem
and future orientation had a significant mediation effect on the relationship between family stress and
mental health problems. Overall findings underscore the importance of strengthening resilience factors for
African American youth, especially those who live in low-income communities. (PsycINFO Database
Record (c) 2018 APA, all rights reserved)

Title:
Does parental involvement matter for students’ mental health in middle school?
Authors:
Wang, Cixin; La Salle, Tamika P.; Do, Kieu Anh; Wu, Chaorong; Sullivan, Kathryn E.;
Source:
School Psychology Quarterly Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Middle school is a risky period, marked by increased peer victimization, and the onset of several mental
disorders, including suicidal thoughts and behaviors (STBs). Parental involvement is critical to students’
well-being; however, few studies have examined the role of parental involvement among middle school
students or its effect on their mental health. This study examined the effects of perceived parental
involvement and victimization on adolescents’ mental health difficulties (MHDs) and STBs. We also
investigated whether these effects varied across demographic groups, and whether perceived parental
involvement buffers the relationship between victimization and students’ mental health outcomes. The
sample consisted of 301,628 students (50.7% female) from 615 middle schools (Grades 6 to 8) in Georgia
(United States). Hierarchical linear modeling showed that higher student-level perceived parental
involvement was related to fewer MHDs (b = −0.20) and STBs (b = −0.10), and higher school-level
perceived parental involvement was related to fewer STBs (b = −0.11). However, higher student-level (b =
0.25, 0.08) and school-level (b = 0.37, 0.10) traditional victimization were associated with more MHDs and
STBs. Student-level perceived parental involvement was also more positively related to MHDs and STBs
for 6th (b = 0.06, 0.04) and 7th graders (b = 0.03, 0.02) than for 8th graders, and it was more negatively
related to MHDs (b = −0.24) and STBs (b = −0.13) for girls than for boys. Perceived parental involvement
also moderated the relationships among traditional victimization, cyber victimization MHDs, and STBs.
Implications are discussed relating to how schools can promote parental involvement and student mental
health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Trajectories and predictors of response in youth anxiety CBT: Integrative data analysis.

Authors: Skriner, Laura C.; Chu, Brian C.; Kaplan, Mehmet; Bodden, Denise H. M.; Bögels, Susan M.; Kendall, Philip C.; Nauta, Maaike H.; Silverman, Wendy K.; Wood, Jeffrey J.; Barker, David H.; de la Torre, Jimmy; Saavedra, Lissette; Xie, Min-ge;

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

Abstract: Objective: Integrative data analysis was used to combine existing data from nine trials of cognitive–behavioral therapy (CBT) for anxious youth (N = 832) and identify trajectories of symptom change and predictors of trajectories. Method: Youth- and parent-reported anxiety symptoms were combined using item-response theory models. Growth mixture modeling assessed for trajectories of treatment response across pre-, mid-, and posttreatment and 1-year follow-up. Pretreatment client demographic and clinical traits and treatment modality (individual- and family-based CBT) were examined as predictors of trajectory classes. Results: Growth mixture modeling supported three trajectory classes based on parent-reported symptoms: steady responders, rapid responders, and delayed improvement. A 4-class model was supported for youth-reported symptoms: steady responders, rapid responders, delayed improvement, and low-symptom responders. Delayed improvement classes were predicted by higher number of diagnoses (parent and youth report). Receiving family CBT predicted membership in the delayed improvement class compared to all other classes and membership in the steady responder class compared with rapid responders (youth report). Rapid responders were predicted by older age (parent report) and higher number of diagnoses (parent report). Low-symptom responders were more likely to be male (youth report). Conclusions: Integrative data analysis identified distinct patterns of symptom change. Diagnostic complexity, age, gender, and treatment modality differentiated response classes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A prospective test of the temporal sequencing of risk factor emergence in the dual pathway model of eating disorders.

Authors: Stice, Eric; Van Ryzin, Mark J.;

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

Abstract: Prospective studies have identified risk factors that predict future onset of eating disorders, but none has provided a test of the temporal sequencing of the emergence of risk factors hypothesized in a multivariate etiologic model of eating disorder development. Using data from an 8-year prospective study of 496 adolescent girls, we first conducted receiver operator characteristic plots to identify cut-points for each risk factor that optimally predicted future onset of threshold or subthreshold bulimia nervosa, binge eating disorder, and purging disorder. We then used growth curve models to estimate the age at which each participant crossed the disorder-predictive cutpoint for each risk factor, or if they did not, during follow-up, permitting a test of whether the risk factors emerged in the sequence hypothesized in the Dual Pathway etiologic model. Overall, 47% of the 51 youth who showed onset of one of these eating disorders first showed emergence of disorder-predictive levels of perceived pressure to be thin and/or thin-ideal internalization, before showing onset of disorder-predictive levels of body dissatisfaction, before showing onset of disorder-predictive levels of dieting and/or negative affect, before showing onset of the eating disorder; another 29% had one of these steps out of order or did not cross one step in this model. Youth who did not show onset of an eating disorder were significantly less likely to cross the disorder-predictive cut-points for each risk factor or to conform to the sequence of risk factor emergence hypothesized in this model. Results provide novel support for the temporal sequencing of risk factor emergence hypothesized in this multivariate etiologic model and suggest that prevention programs that reduce perceived pressure to be thin and thin-ideal internalization among early adolescent girls with these factors should reduce...
eating disorder onset, as well as downstream risk factors that are also aversive (e.g., body dissatisfaction and negative affect). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Adolescents with autism show typical fMRI repetition suppression, but atypical surprise response.

Authors:
Utzerath, Christian; Schmits, Iris C.; Buitelaar, Jan; de Lange, Floris P.;

Source:

Abstract:
Recent theoretical frameworks have hypothesized that autism spectrum disorder (ASD) may be marked by an altered balance between sensory inputs and prior knowledge—the so-called hypoprior hypothesis. Yet evidence regarding such an altered balance is mixed. Here, we aimed to test this hypothesis within the domain of visual perception, by examining how neural activity in the visual system was modulated by stimulus repetition and stimulus expectation in healthy and ASD participants. We presented 22 adolescents with ASD and 22 typically developing (TD) adolescents with pairs of object stimuli, while measuring brain activity using functional magnetic resonance imaging (fMRI). Stimulus pairs could be stimulus repetitions or not and could be expected or not. We examined neural activity in early (V1) and object-selective (LOC) visual cortex. Both ASD and TD individuals showed robust and equal repetition suppression in LOC. By contrast, ASD and TD groups showed a different response to expected versus unexpected stimuli, specifically in V1. Thereby, our results suggest that while the more automatic modulation of activity by repetition is unaffected in ASD, there is some evidence that the balance between sensory evidence and prior knowledge may indeed be altered in early visual cortex of ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Review of interventions for the management of anxiety symptoms in children with ASD.

Authors:
Delli, Christine K. Syriopoulou; Polychronopoulou, Stavroula A.; Kolaitis, Gerasimos A.; Antoniou, Alexandros-Stamatos G.;

Source:
Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 449-463. Publisher: Elsevier Science;

Abstract:
Background: Anxiety is a common accompanying symptom in people with Autism Spectrum Disorder (ASD). Objectives: To investigate interventions available for the management of anxiety in children with ASD internationally. Methods: Review was made of relevant studies found through PubMed, the National Institute of Health (NIH) publications and resources in the libraries of the University of Macedonia and the Greek National Research Foundation. Results: Of the 372 studies retrieved dealing with interventions for children with ASD who have anxiety disorders published from the 1980s to 2017, 137 were included in this review. Interventions include pharmacological intervention, cognitive behavioral therapy (CBT), social recreational (SR) programs, other psychosocial therapies, teaching social skills and combinations of educational, psychological and medical treatment. Conclusions: Various methods for coping with anxiety in children with ASD have been applied, including pharmacotherapy, psychosocial and CBT interventions, parent education and school-based programs. A combination of approaches should be selected, based on assessment of each child's particular characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Withdrawal-emergent dyskinesia after acute discontinuation of risperidone in a child with autism spectrum disorder.
Title: The effect of childhood adversities and protective factors on the development of child-psychiatric disorders and their treatment.

Authors: Bachler, Egon; Frühmann, Alexander; Bachler, Herbert; Aas, Benjamin; Nickel, Marius; Schiepek, Günter Karl;


Abstract: Context: Families with high rates of childhood adversities (CAs) (multi problem families, MPF) have an increasing importance in public health-policy. Objective: The present study addresses the relationship between risk- and protective factors and the severity and treatment-outcome of mental disorders. Setting: Family-therapeutic home-based treatment for MPF. We examined a clinical sample (N = 1031) of children between the age of 4 to 17, and a non-clinical sample of 148 children. We hypothesized that of all children of the clinical group have a predominance of risk factors and a higher number of psychopathological symptoms. Furthermore, we hypothesized that children with a predominance of protective factors benefit stronger from psychotherapy. Main Results: In the clinical sample, most children met the criteria of a psychopathological diagnosis (95.7%, as compared to 21.6% in the non-clinical sample) and showed significant higher rates of CAs and significant less protective factors as compared to the non-clinical sample. The clinical group showed a significant reduction of psychopathological symptoms and benefited equally well from treatment. The number of risk factors was a significant predictor for a child from the non-clinical sample to meet the criteria of a psychopathological diagnosis, while the number of protective factors significantly predicted the absence thereof. Conclusion: Children and adolescents with high scores of CAs show significant associations with child psychiatric symptoms (d = 0.35; including all ICD-diagnosis such as, e.g., Asperger Syndrome, ADHD etc. with a higher rate of genetic etiology). Early life stressors, however, do not trigger an irreversible fate, as psychotherapy with young people with high numbers of risk factors does help to reduce psychopathological symptoms significantly (range of five outcome parameters: d = 0.31–0.72). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Aberrant cerebellar–cerebral functional connectivity in children and adolescents with autism spectrum disorder.

Authors: Hanaie, Ryuzo; Mohri, Ikuko; Kagitani-Shimono, Kuriko; Tachibana, Masaya; Matsuzaki, Junko; Hirata, Ikuko; Nagatani, Fumiyo; Watanabe, Yoshiyuki; Katayama, Taiichi; Tanikawa, Masako;


Abstract: The cerebellum, which forms widespread functional networks with many areas in the cerebral cortices and subcortical structures, is one of the brain regions most consistently reported to exhibit neuropathological
features in patients with autism spectrum disorder (ASD). However, cerebellar functional connectivity (FC) studies in patients with ASD have been very sparse. Using resting state functional connectivity (rsFC) analysis, we investigated the FC of the hemispheric/vermal subregions and the dentate nucleus of the cerebellum with the cerebral regions in 36 children and adolescents [16 participants with ASD, 20 typically developing (TD) participants, age: 6–15 years]. Furthermore, an independent larger sample population (42 participants with ASD, 88 TD participants, age: 6–15 years), extracted from the Autism Brain Imaging Data Exchange (ABIDE) II, was included for replication. The ASD group showed significantly increased or decreased FC between 'hubs' in the cerebellum and cerebral cortices, when compared with the TD group. Findings of aberrant FCs converged on the posterior hemisphere, right dentate nucleus, and posterior inferior vermis of the cerebellum. Furthermore, these aberrant FCs were found to be related to motor, executive, and socio-communicative functions in children and adolescents with ASD when we examined correlations between FC and behavioral measurements. Results from the original dataset were partially replicated in the independent larger sample population. Our findings suggest that aberrant cerebellar–cerebral FC is associated with motor, socio-communicative, and executive functions in children and adolescents with ASD. These observations improve the current knowledge regarding the neural substrates that underlie the symptoms of ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Measuring the impact of a school-based, integrative approach to play therapy on students with autism and their classroom instructors.

Authors:
Müller, Eve; Donley, Christy;

Source:
International Journal of Play Therapy Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
The authors of this study measured the impact of a school-based, integrative approach to play therapy (PT) on four elementary- and middle-school-aged students with autism and their classroom instructors. The play therapist conducted 15 weekly PT sessions with each student to work on their social and emotional awareness individualized education program (IEP) goals and then debriefed students’ instructors to encourage generalization of PT outcomes to the classroom setting. A combination of quantitative and qualitative data were collected, including the Autism Social Skills Profile, psychometric equivalence-tested goal attainment scales aligned with students’ IEP goals, case notes, and end-of-intervention interviews with classroom staff. Findings indicated that three students made gains on the Autism Social Skills Profile, and that all students made more progress than expected on IEP goals, both during PT sessions and in the classroom. Further, students’ instructors described substantial benefits associated with post-PT session debriefings with the play therapist, including improved rapport with students and better understanding of strategies for supporting them during challenging situations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
The influence of parenting and temperament on empathy development in toddlers.

Authors:
Wagers, Keshia B.; Kiel, Elizabeth J.;

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

Abstract:
Empathy is a critical ability in developing relationships, and deficits in empathy have been associated with various maladaptive social outcomes. Although specific parenting styles and behaviors (including warmth and reasoning) are expected to be related to the development of child empathy, these may function differently for children with an inhibited temperament. Children with an inhibited temperament, who are at risk for developing an anxiety disorder, may also struggle with expressing empathic behaviors. These relations were tested in a longitudinal study including mothers and their toddlers. Dyads participated at time points approximately 1 year apart when toddlers were 24 and 36 months old. Moderating effects were
found for parental warmth and reasoning, as well as authoritative parenting broadly. Maternal warmth was related to higher levels of empathy for only children with low levels of inhibited temperament. Maternal reasoning was related to lower levels of empathy for children with high levels of inhibited temperament. Thus, for children with low levels of inhibited temperament, warmth predicts higher empathy, and for children with high levels of inhibited temperament, reasoning predicts lower empathy. These findings are discussed within a goodness of fit framework, suggesting that children’s positive outcomes depend on the match between parenting behavior and temperament. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Are linguistic and social-pragmatic abilities separable in neurotypical infants and infants later diagnosed with ASD?
Authors:
Yamashiro, Amy; Vouloumanos, Athena;
Source:
Developmental Psychology Publisher: American Psychological Association; [Journal Article]
Abstract:
Adult humans process communicative interactions by recognizing that information is being communicated through speech (linguistic ability) and simultaneously evaluating how to respond appropriately (social-pragmatic ability). These abilities may originate in infancy. Infants understand how speech communicates in social interactions, helping them learn language and how to interact with others. Infants later diagnosed with autism spectrum disorder (ASD), who show deficits in social-pragmatic abilities, differ in how they attend to the linguistic and social-pragmatic information in their environment. Despite their interdependence, experimental measures of language and social-pragmatic attention are often studied in isolation in infancy. Thus, the extent to which language and social-pragmatic abilities are related constructs remains unknown. Understanding how related or separable language and social-pragmatic abilities are in infancy may reveal whether these abilities are supported by distinguishable developmental mechanisms. This study uses a single communicative scene to examine whether real-time linguistic and social-pragmatic attention are separable in neurotypical infants and infants later diagnosed with ASD, and whether attending to linguistic and social-pragmatic information separately predicts later language and social-pragmatic abilities 1 year later. For neurotypical 12-month-olds and 12-month-olds later diagnosed with ASD, linguistic attention was not correlated with concurrent social-pragmatic attention. Furthermore, infants’ real-time attention to the linguistic and social-pragmatic aspects of the scene at 12 months predicted and distinguished language and social-pragmatic abilities at 24 months. Language and social-pragmatic attention during communication are thus separable in infancy and may follow distinguishable developmental trajectories. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Authors:
Hungate, Madalyn; Gardner, Andrew W.; Tackett, Sara; Spencer, Trina D.;
Source:
Abstract:
A review and comparative analysis of single-subject research to identify applied behavior analysis–based therapy components targeting language, communication, and social skills for school-age children (ages 6–17) diagnosed with Autism Spectrum Disorder (ASD) was conducted. The National Standards Project and the National Professional Development Center on ASD have conducted similar reviews with diverse methods to identify effective interventions. Both organizations, as well as Horner et al. (2005), have established rigorous standards to determine empirically supported interventions. In the current review, 48 data-based articles were identified and scored for quality by independent reviewers according to 21 indicators (Horner et al., 2005) and organized into categories according to established treatment classifications, and convergent results across all reviews are reported. Discussion and recommendations
for improving the identification of empirically supported practices for school-age children with ASD are proposed for services and policy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Efficacy of ABRACADABRA literacy instruction in a school setting for children with autism spectrum disorders.
**Authors:**
Arciuli, Joanne; Bailey, Benjamin;
**Source:**
**Abstract:**
Background: There is evidence indicating that instruction using ABRACADABRA (ABRA)—a free web application designed to promote literacy development—may benefit children with autism spectrum disorders (ASD) when administered on an individualized basis in children's homes. Aims: Here, we investigated the efficacy of ABRA instruction administered in small groups of children with ASD within a school setting. Methods and procedures: Children were aged 5.83–8.42 years (n = 23). Some children were assigned to an instruction group and received a minimum of 20 h of ABRA instruction over 9 weeks (n = 11). The other children comprised an age- and ability-matched control group (n = 12) and received business as usual literacy instruction. Outcome measures included word-level accuracy, passage-level accuracy, and passage-level comprehension, all assessed using standardized tests that were independent of ABRA. Outcomes and results: ANOVAs comparing pre-versus post-instruction raw scores showed statistically significant improvements in word- and passage-level reading accuracy for the instruction group relative to the control group, with large effect sizes. Gains in reading comprehension for the instruction group were not statistically significant and, in a posthoc correlational analysis, appeared to be related to children's socialisation skills (r = .62). Conclusions and implications: Literacy instruction using ABRA is associated with improvement in reading accuracy for children with ASD when administered in small groups within a school setting. Children with ASD may require additional supports to make gains in reading comprehension when literacy instruction using ABRA is delivered in groups. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Mindfulness-based interventions for youth with anxiety: A systematic review and meta-analysis.
**Authors:**
Borquist-Conlon, Debra S.; Maynard, Brandy R.; Brendel, Kristen Esposito; Farina, Anne S. J.;
**Source:**
**Abstract:**
Purpose: To examine the effects on anxiety of mindfulness-based interventions (MBIs) among youth with anxiety disorders. Method: Systematic review and meta-analytic procedures were employed to synthesize experimental and quasi-experimental studies authored between 1980 and 2015. Results: The search yielded five studies from five countries reporting results for a total of 188 youth between the ages of 5 and 18 (mean age 13.26) who met criteria for an anxiety disorder. Risk of bias varied across studies. Meta-analytic results suggest a moderate and significant effect (g = .62; 95% confidence interval = [0.20, 1.04], p = .004). Heterogeneity was moderate (I² = 47.22) and not statistically significant (Q = 7.58, df = 4, p = .11), thus moderator analyses were not warranted. Discussion: The findings of this review suggest that MBIs for the treatment of anxiety in youth with anxiety disorders are effective. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Implications of capacity in the classroom: Simplifying tasks for autistic children may not be the answer.
**Authors:**
Remington, Anna; Hanley, Mary; O'Brien, Susanna; Riby, Deborah M.; Swettenham, John; Source: Research in Developmental Disabilities, Vol 85, Feb, 2019 pp. 197-204. Publisher: Elsevier Science; Abstract: Background: Research has demonstrated evidence for increased perceptual capacity in autism: autistic people can process more information at any given time than neurotypical individuals. The implications of this for educating autistic pupils have not been investigated. For example, this ability to process more information at any given time may explain why autistic children sometimes process more peripheral task-irrelevant information than neurotypical individuals (e.g. in background classroom wall-displays). Aims: The current study assessed the impact of different types of background information on autistic and non-autistic children's ability to perform a learning task. Methods and Procedures: Autistic (N = 23) and non-autistic (N = 50) children took part in a computer-based task designed to simulate a lesson. They watched three videos of a teacher telling a story, each with a different background condition: blank, relevant images, or irrelevant images. Outcomes and Results: When the visual display contained story-relevant information, both groups recalled background information in addition to the central story. When the background displays were irrelevant to the story, autistic children recalled more background information than their neurotypical peers, yet maintained their ability to recall information from the central story. Conclusion and Implications: The current study suggests that pupils' perceptual capacity– including those on the autistic spectrum - can indeed be capitalised on to support learning in the classroom. To do so, however, we must ensure that the child can use their capacity for task-relevant processing, rather than irrelevant distractions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Neurodevelopmental correlates of behavioural and emotional problems in a neuropaediatric sample. Authors: Halvorsen, Marianne; Mathiassen, Børge; Myrbakk, Even; Brøndbo, Per Håkan; Sætrum, Ane; Steinsvik, Oddmar Ole; Martinussen, Monica; Source: Research in Developmental Disabilities, Vol 85, Feb, 2019 pp. 217-228. Publisher: Elsevier Science; Abstract: Most research does not address the overlap between neurodevelopmental disorders when investigating concomitant mental health problems. The purpose of the present study was to examine the association of intellectual disability (ID), autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD) with the presence of behavioural and emotional problems after controlling for other well-known correlates and risk factors. The sample included 4- to 18-year-old children who attended neuropaediatric clinics (N = 331). After controlling for adversity, age, gender, other developmental/neurological disorders, parental emotional problems, and parenting strategies, the presence of ADHD but not ASD or ID was uniquely associated with behaviour problems. Neither ADHD nor ASD nor ID was significantly associated with emotional problems after controlling for other risk factors. However, ADHD, ASD and behavioural/emotional disorders but not ID were significantly associated with functional impairment in everyday activities after controlling for other risk factors. Because children with neurodevelopmental disorders have complex needs, a holistic approach to diagnosis and interventions is highly warranted, including the assessment and treatment of behavioural and emotional disorders. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Associations between child maltreatment, harsh parenting, and sleep with adolescent mental health. Authors: Calhoun, Brian H.; Ridenour, Ty A.; Fishbein, Diana H.; Source: Journal of Child and Family Studies, Vol 28(1), Jan 15, 2019 pp. 116-130. Publisher: Springer; Abstract: Youth who suffer from psychiatric disorders are at high risk for negative outcomes, including aggression and substance abuse. Although many youth with psychiatric disorders have endured harsh parenting
and/or child maltreatment (CM), differential associations between these experiential factors have yet to be fully explored. Sleep problems have also been implicated in psychiatric disorders and are consistently associated with CM. The overlap and unique contributions of CM and sleep problems to the mental health of youth remains unclear; longitudinal studies from late childhood into adolescence, when psychiatric illnesses frequently onset, are rare. The current longitudinal study examined associations of CM, harsh parenting, and sleep problems with symptoms of four psychiatric disorders: Conduct Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, and Depression. Early adolescent youth with no history of substance use (N = 529) were sampled from a working class, medium-sized city in northern Kentucky, and an extensive battery of tests were administered to youth and a parent. CM was more strongly and consistently related to psychiatric disorder symptoms at baseline than was harsh parenting. Reports of harsh parenting were more strongly associated with externalizing symptoms than internalizing symptoms. Sleep problems were also positively associated with psychiatric disorder symptoms at baseline, but did not exacerbate the effects of CM or harsh parenting on symptom counts. Longitudinally, harsh parenting was more predictive of change in psychiatric symptoms two to three years later than was CM. The potential significance of childhood adversity and sleep problems for prevention of later mental health problems are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: The mediating effect of specific social anxiety facets on body checking and avoidance.
Authors: Radix, Anne Kathrin; Rinck, Mike; Becker, Eni Sabine; Legenbauer, Tanja;
Abstract: Objective: Body checking (BC) and avoidance (BA) form the behavioral component of body image disturbance. High levels of BC/BA have often been documented to hold a positive and potentially reinforcing relationship with eating pathology. While some researchers hypothesize, that patients engage in BC/BA to prevent or reduce levels of anxiety, little is known about the mediating factors. Considering the great comorbidity between eating disorders (ED) and in particular social anxieties, the present study investigated whether socially relevant types of anxiety mediate the relationship between eating pathology and BC/BA. Methods: 83 participants reporting an eating disorder and 323 healthy participants (14–25 years) took part in an online survey. Eating pathology was measured with the Eating Disorder Examination Questionnaire and Body Checking and Avoidance Questionnaire. Trait and social anxiety were assessed by means of the State Trait Anxiety Inventory (STAI-T), the Fear of Negative Evaluation (FNE) and the Social Appearance and Anxiety Scale (SAAS). Separate mediation analyses were carried out with eating pathology as independent variable, BC/BA as dependent variable and STAI, FNE, and SAAS as mediating variables. Results: Anxieties correlated highly positive with eating pathology in both groups. SAAS mediated the relationship between ED pathology and BC/BA in participants with ED and mediated the relationship between ED pathology and BA in healthy participants. FNE mediated the relationship between eating pathology and BA for participants with eating pathology. Discussion: SAAS mediated the relationship between eating pathology and BC/BA. Being afraid of bodily evaluations may represent a particular relevant fear that triggers safety behaviors. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Accelerated long-term forgetting and behavioural difficulties in children with epilepsy.
Authors: Gascoigne, Michael B.; Smith, Mary Lou; Barton, Belinda; Webster, Richard; Gill, Deepak; Lah, Suncica;
Abstract: Patients with epilepsy have been shown to exhibit a range of memory deficits, including the rapid forgetting of newly-learned material over long, but not short, delays (termed accelerated long-term
forgetting; ALF). Behavioural problems, such as mood disorders and social difficulties, are also overrepresented among children with epilepsy, when compared to patients with other chronic diseases and the general population. We investigated whether ALF was associated with behavioural or psychosocial deficits in children with epilepsy. Patients with either idiopathic generalised epilepsy (IGE; n = 20) or temporal lobe epilepsy (TLE; n = 23) and healthy controls (n = 53) of comparable age, sex, and socioeconomic status completed a battery of neuropsychological tests, including a list-learning task that required recall after short (30-min) and long (7-day) delays. Parents or guardians of all participants also completed the Child Behavior Checklist (CBCL). Compared to control participants, patients with IGE and TLE had higher scores on all but one of the indices of behavioural problems. When patients with IGE and TLE were merged into a single group, they were found to have negative correlations between 7-day recall and internalising, social and total problem behaviour domains, where poorer 7-day recall was associated with behavioural problems of greater severity. These findings suggest that impaired episodic recall is associated with behavioural deficits, including social problems, which are routinely observed in patients with epilepsy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Negatively skewed locomotor activity is related to autistic traits and behavioral problems in typically developing children and those with autism spectrum disorders.

Authors:
Ogino, Kazuo; Takahashi, Hidetoshi; Nakamura, Toru; Kim, Jinhuyk; Kikuchi, Hiroe; Nakahachi, Takayuki; Ebishima, Ken; Yoshiuchi, Kazuhiro; Ando, Tetsuya; Sumiyoshi, Tomiki; Stickley, Andrew; Yamamoto, Yoshiharu; Kamio, Yoko;

Source:

Abstract:
An important objective for researchers and clinicians is to gain a better understanding of the factors that underlie autism spectrum disorders (ASDs). It is possible that investigating objective and quantitative behavioral phenotypes and their relationship to clinical characteristics, such as autistic traits and other emotional/behavioral problems, might facilitate this process. Given this, in the current study we examined the link between locomotor dynamics and clinical characteristics, including autistic traits and emotional/behavioral problems, in children with ASD (n = 14) and typically developing (TD) children (n = 13). A watch-type actigraph was used to continuously measure locomotor activity which was assessed in terms of mean activity levels and the skewness of activity. Parents assessed quantitative autistic traits using the Japanese version of the Social Responsiveness Scale (SRS) and emotional and behavioral problems using the Japanese version of the Strengths and Difficulties Questionnaire (SDQ). Results showed that among all children, all-day activity was more negatively skewed, suggesting sporadic large all-day 'troughs' in activity and was significantly correlated with the SRS social awareness subscale score (ρ = −0.446, p = 0.038). In addition, the more negatively skewed daytime locomotor activity was associated with the SDQ Hyperactivity Inattention subscale score (ρ = −0.493, p = 0.020). The results of this study indicate that investigating locomotor dynamics may provide one way to increase understanding of the neurophysiological mechanisms underlying the clinical characteristics of ASD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Sensory Eating Problems Scale (SEPS) for children: Psychometrics and associations with mealtime problems behaviors.

Authors:
Seiverling, Laura; Williams, Keith E.; Hendy, Helen M.; Adams, Whitney; Yusupova, Stella; Kaczor, Aleksandra;

Source:
Appetite, Vol 133, Feb 1, 2019 pp. 223-230. Publisher: Elsevier Science; [Journal Article]

Abstract:
The present study developed the 22-item Sensory Eating Problems Scale (SEPS) to measure sensory aspects for children surrounding eating, documented psychometrics of SEPS subscales, and examined
their association with mealtime behavior problems. Study participants were 449 caretakers of children referred to feeding clinics, including children in three special needs status groups: autism spectrum disorder (ASD), other special needs, and no special needs. Caretakers completed surveys to report children’s demographics, four measures of children’s mealtime behavior problems, and five-point ratings for how often children showed various sensory feeding reactions. Exploratory factor analysis of the sensory feeding items identified six SEPS subscales with acceptable goodness-of-fit, internal reliability, and test-retest reliability: Food Touch Aversion, Single Food Focus, Gagging, Temperature Sensitivity, Expulsion, and Overstuffing. ANCOVAs revealed that child demographics most associated with higher SEPS subscale scores were younger age and special needs. Multiple regression analyses found that children’s mealtime behavior problems were most often associated with SEPS subscales of Food Touch Aversion, Single Food Focus, Expulsion, and Overstuffing, with the set of six subscales explaining 18–44% of variance in mealtime behavior problems. Suggestions for how clinicians and researchers may find the SEPS useful for assessment and intervention are provided. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Food selectivity in a diverse sample of young children with and without intellectual disabilities.
Authors: Bandini, Linda G.; Curtin, Carol; Eliasziw, Misha; Phillips, Sarah; Jay, Laura; Maslin, Melissa; Must, Aviva;
Abstract: Children with developmental concerns are more likely to be referred to feeding clinics for food selectivity than typically developing (TD) children. However, there is limited research on food selectivity in children with intellectual disabilities (ID). Fifty-nine TD children and 56 children with ID ages 3–8 years participated in the Children's Mealtime Study to compare food selectivity, conceptualized as food refusal and narrow food repertoire, among TD children and children with ID. Parents completed a 119-item food frequency questionnaire. Food refusal rate was calculated as the number of foods the child refused of those offered. Food repertoire, comprising the number of unique foods eaten, was determined from a 3-day food record. Compared to TD children, among children with ID the food refusal rate was significantly higher (28.5% vs. 15.7%) and mean food repertoire significantly narrower (20.7 vs. 24.2 unique foods) (p < 0.01). Approximately 10% of children with ID and approximately 4% of TD children reported eating no fruit on any of the three days of food intake recording, and approximately 10% of children with ID compared to approximately 2% of TD children reported no vegetable intake on any of the three days. In further analyses, we examined the two measures of food selectivity among children with both ID and probable autism spectrum disorder (ASD) (by the Autism Spectrum Rating Scale) compared to children with ID only and to TD children. Food selectivity appeared to be primarily attributable to those children who also had a probable diagnosis of ASD. These findings support the need for screening for food selectivity of children with ID, particularly those who also have ASD. Children who exhibit food selectivity should be referred for further evaluation and intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Aggressive children with mental illness: A conceptual model of family-level outcomes.
Authors: Sporer, Karyn;
Abstract: The purpose of this research was to examine how families adapt and respond to an aggressive child with mental illness. This article presents findings from a qualitative study of four families, which were selected as typifying the experiences of a larger sample of 14 families; each family included a child with mental illness and a history of violent behavior. The analysis revealed a five-stage pattern in how families perceived and responded to victimization and their child or sibling’s mental illness. The study suggests that families with a violent child with mental illness and other healthy children cannot live through episodes
Title:
Add-on rTMS for the acute treatment of depressive symptoms is probably more effective in adolescents than in adults: Evidence from real-world clinical practice.

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

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

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

Title:

Authors:
Sacrey, Lori-Ann R.; Zwaigenbaum, Lonnie; Bryson, Susan; Brian, Jessica; Smith, Isabel M.;

Source:
Journal of Neurodevelopmental Disorders, Vol 10, Dec 27, 2018 ArtID: 41. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Although autism spectrum disorder (ASD) is characterized by impairments in social communication and the presence of repetitive behavior and/or restricted interests, there is evidence that motor impairments may be a contributing factor to the ASD phenotype. The purpose of this study was to examine the motor act of reaching-to-grasp in children at high risk (HR; with an older sibling diagnosed with ASD) and low-risk (LR; no family history of ASD) for ASD. Methods: Children were compared for differences in reaching-to-grasp based on sibling status and diagnostic outcome. Children were enrolled between 6 and 12 months of age and the reach-to-grasp movement was scored at 6, 9, (where available) 12, 15, 18, 24, and 36 months of age using the qualitative Skilled Reaching Rating Scale to determine the presence of any group-, age-, or sex-related differences in the mechanics of the reach-to-grasp movement using a Mixed Models analysis. At 36 months, all children underwent a gold-standard diagnostic assessment, which resulted in three outcome groups: HR children diagnosed with ASD (HR-ASD; n = 10), HR children not diagnosed with ASD (HR-N; n = 10), and low-risk children not diagnosed with ASD (LR; n = 10). Results: The group of children who were later diagnosed with ASD (HR-ASD group) showed higher
(worse) total scores on the reach-to-grasp movement, as well as higher scores on the components of Orient, Lift, and Pronate compared to children in the LR and HR-N groups. Conclusions: Our results support the growing literature indicating that children who are later diagnosed with ASD show impaired early motor performance. These results highlight the importance of early surveillance of children who are at elevated risk for ASD, and early initiatives should focus on early signs of the phenotype, including both movement and sensory differences (prodromal signs) prior to the emergence of diagnostic characteristics. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Measuring the involvement in family life of children with autism spectrum disorder: A DBPNet study.
Authors: Schwartz, Justin; Huntington, Noelle; Toomey, Marisa; Laverdiere, Michele; Bevans, Katherine; Blum, Nathan; Bridgemohan, Carolyn;
Abstract: Background: Children with Autism Spectrum Disorder (ASD) have social and communication deficits that impair their involvement in family life. No measures of child involvement in the family have been validated for the ASD population. Aim: To evaluate the validity of a measure of Family Involvement (FI) of children ages 5–12 with ASD. Method: Parents of children ages 5–12 with ASD (n = 114) completed FI items from the PROMS® pediatric Family Relationships item bank in computerized adaptive testing (CAT) format, as well as measures of ASD symptom burden, parenting stress, and parental depression. Medical record review provided child intelligence or developmental quotient. A reference sample (n = 236) closely matching the ASD sample in age and gender was created from the national standardization sample, and underwent a simulated CAT. Results: The CAT precisely and efficiently measured parent-reported FI of children with ASD. Average FI scores were lower among children with ASD (M = 46.3, SD = 7.1) than children in the reference sample (M = 52.5, SD = 9.1). A ‘dose response’ decrease in FI was observed as ASD severity increased. Increased parenting stress was associated with lower FI. No relationship between FI and child IQ was found. Conclusion: The FI items captured FI among children ages 5–12 with ASD with acceptable precision. Reduced FI among children with ASD, particularly those with higher symptom severity, suggests validity of the items in this population. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Generalization of content and emotional prosody across speakers varying in gender in youth with autism spectrum disorder.
Authors: Brooks, Patricia J.; Gaggi, Naomi L.; Ploog, Bertram O.;
Abstract: Aims: We employed a discrimination-choice procedure, embedded in a custom-made videogame, to evaluate whether youth with Autism Spectrum Disorder (ASD), including nonverbal individuals, distinguish sentences on the basis of emotional tone-of-voice and generalize linguistic information across speaker gender. Methods and procedures: Thirteen youth with ASD (7–21 years) and 13 age-matched typical controls heard pairs of pre-recorded sentences varying in lexical content and prosody (e.g., enthusiastic 'Dave rode a bike' vs. grouchy 'Mark held a key'). After training to select a target sentence, participants heard test probes comprising re-combinations of the content and prosodic features of the sentences. Interspersed generalization trials used a voice opposite in gender to the voice used in training. Outcomes and results: Youth with ASD were less accurate than controls in discriminating sentences based on emotional tone-of-voice. Nonverbal and verbal youth did not differ in this regard. The ASD group showed only slight decrements in generalizing to the opposite-gender voice. Conclusions and implications: The finding of intact generalization of linguistic information across male/female speakers contrasts with the
widely held view that autism is characterized by deficits in generalization. This suggests the need to test
generalization under varying task demands to identify limits on performance. (PsycINFO Database Record
c(2019 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-60664-
008&site=ehost-live

Title:
Children with autism and attention deficit hyperactivity disorder. Relationships between symptoms and
executive function, theory of mind, and behavioral problems.
Authors:
Berenguer, Carmen; Roselló, Belén; Colomer, Carla; Baixauli, Inmaculada; Miranda, Ana;
Source:
Abstract:
Background: The underlying mechanisms of comorbidity between autism spectrum disorder (ASD) and
attention deficit hyperactivity disorder (ADHD) are still unknown. Executive function (EF) deficits
and theory of mind (ToM) have been the most investigated cognitive processes. Aims: This study proposed to
analyze EF, ToM and behavioral problems in children with ASD + ADHD, ADHD, ASD and typical
development (TD). The relationship between ADHD and ASD symptoms with EF, ToM and behavioral
problems in children with ASD + ADHD was also explored. Methods and procedures: Participants were
124 children between 7 and 11 years old (22 ASD + ADHD, 35 ADHD, 30 ASD, and 37 TD), matched on
age and IQ. Teachers evaluated EF, and parents assessed ToM skills and behavioral problems through
Strengths and Difficulties Questionnaire (SDQ). Outcomes and results: Children with ASD + ADHD and
ADHD showed impairments in EF whereas the difficulties in ToM skills of ASD + ADHD group were similar
to ASD group. Inattention symptoms were significantly associated with EF metacognitive deficits and ToM
difficulties in ASD + ADHD, while ASD symptoms were associated with total score in behavioral problems.
Conclusions and implications: These findings show the complex difficulties of children with both ASD and
ADHD and support the need to take these difficulties into account when designing the treatments.
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http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-60664-
027&site=ehost-live

Title:
Predicting sleep problems in children with autism spectrum disorders.
Authors:
Shui, Amy M.; Katz, Terry; Malow, Beth A.; Mazurek, Micah O.;
Source:
Abstract:
Background: Sleep difficulties in children with autism spectrum disorders (ASD) have been well-
established. Aims: To develop a model to predict sleep problems in children with ASD. Methods and
procedures: A sample of children in the Autism Speaks-Autism Treatment Network (ATN) registry without
parent-reported sleep problems at baseline and with sleep problem (yes/no) data at first annual followup
was randomly split into training (n = 527) and test (n = 518) samples. Model predictors were selected
using the training sample, and a threshold for classifying children at risk was determined. Comparison of
the predicted and true sleep problem status of the test sample yielded model performance measures.
Outcomes and results: In a multivariable model aggressive behavior among children with no sleep
problems reported at baseline was associated with having more sleep problems at the first annual follow-
up visit. This model performed in the test sample with high sensitivity and accurate prediction of low risk.
Conclusions and implications: Among children with ASD aggressive behavior independently predicts sleep
problems. The model's high sensitivity for identifying children at risk and its accurate prediction of low risk
can help with treatment and prevention of sleep problems. Further data collection may provide better
prediction through methods requiring larger samples. (PsycINFO Database Record (c) 2019 APA, all
rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-60664-
028&site=ehost-live
Title: Family stress and youth mental health problems: Self-efficacy and future orientation mediation.
Authors: Kim, Dong Ha; Bassett, Sarah M.; So, Suzanna; Voisin, Dexter R.;
Source: American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: The following study assessed whether future orientation and self-esteem mediated the relationship between family stress and mental health problems among African American youth. Data from this study included 638 African American adolescents purposively sampled from predominantly low-income neighborhoods. Major variables assessed were family stress, self-esteem, future orientation, mental health, and covariates (i.e., gender, sexual orientation, and socioeconomic proxy). Structural equation modeling computed direct and indirect (mediational) relationships between family stress and youth mental health. The average age of participants was 15.83 years old, slightly half of whom were female. The path model detected a significant relationship between family stress and mental health problems. Self-esteem and future orientation had a significant mediation effect on the relationship between family stress and mental health problems. Overall findings underscore the importance of strengthening resilience factors for African American youth, especially those who live in low-income communities. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Does parental involvement matter for students' mental health in middle school?
Authors: Wang, Cixin; La Salle, Tamika P.; Do, Kieu Anh; Wu, Chaorong; Sullivan, Kathryn E.;
Source: School Psychology Quarterly Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Middle school is a risky period, marked by increased peer victimization, and the onset of several mental disorders, including suicidal thoughts and behaviors (STBs). Parental involvement is critical to students' well-being; however, few studies have examined the role of parental involvement among middle school students or its effect on their mental health. This study examined the effects of perceived parental involvement and victimization on adolescents' mental health difficulties (MHDs) and STBs. We also investigated whether these effects varied across demographic groups, and whether perceived parental involvement buffers the relationship between victimization and students' mental health outcomes. The sample consisted of 301,628 students (50.7% female) from 615 middle schools (Grades 6 to 8) in Georgia (United States). Hierarchical linear modeling showed that higher student-level perceived parental involvement was related to fewer MHDs (b = −0.20) and STBs (b = −0.10), and higher school-level perceived parental involvement was related to fewer STBs (b = −0.11). However, higher student-level (b = 0.25, 0.08) and school-level (b = 0.37, 0.10) traditional victimization were associated with more MHDs and STBs. Student-level perceived parental involvement was also more positively related to MHDs and STBs for 6th (b = 0.06, 0.04) and 7th graders (b = 0.03, 0.02) than for 8th graders, and it was more negatively related to MHDs (b = −0.24) and STBs (b = −0.13) for girls than for boys. Perceived parental involvement also moderated the relationships among traditional victimization, cyber victimization MHDs, and STBs. Implications are discussed relating to how schools can promote parental involvement and student mental health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trajectories and predictors of response in youth anxiety CBT: Integrative data analysis.
Authors: Skriner, Laura C.; Chu, Brian C.; Kaplan, Mehmet; Bodden, Denise H. M.; Bögels, Susan M.; Kendall, Philip C.; Nauta, Maaike H.; Silverman, Wendy K.; Wood, Jeffrey J.; Barker, David H.; de la Torre, Jimmy; Saavedra, Lissette; Xie, Min-ge;
Source: Journal of Consulting and Clinical Psychology Publisher: American Psychological Association
Abstract:
Objective: Integrative data analysis was used to combine existing data from nine trials of cognitive–behavioral therapy (CBT) for anxious youth (N = 832) and identify trajectories of symptom change and predictors of trajectories. Method: Youth- and parent-reported anxiety symptoms were combined using item-response theory models. Growth mixture modeling assessed for trajectories of treatment response across pre-, mid-, and posttreatment and 1-year follow-up. Pretreatment client demographic and clinical traits and treatment modality (individual- and family-based CBT) were examined as predictors of trajectory classes. Results: Growth mixture modeling supported three trajectory classes based on parent-reported symptoms: steady responders, rapid responders, and delayed improvement. A 4-class model was supported for youth-reported symptoms: steady responders, rapid responders, delayed improvement, and low-symptom responders. Delayed improvement classes were predicted by higher number of diagnoses (parent and youth report). Receiving family CBT predicted membership in the delayed improvement class compared to all other classes and membership in the steady responder class compared with rapid responders (youth report). Rapid responders were predicted by older age (parent report) and higher number of diagnoses (parent report). Low-symptom responders were more likely to be male (youth report). Conclusions: Integrative data analysis identified distinct patterns of symptom change. Diagnostic complexity, age, gender, and treatment modality differentiated response classes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A prospective test of the temporal sequencing of risk factor emergence in the dual pathway model of eating disorders.

Authors:
Stice, Eric; Van Ryzin, Mark J.;

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

Abstract:
Prospective studies have identified risk factors that predict future onset of eating disorders, but none has provided a test of the temporal sequencing of the emergence of risk factors hypothesized in a multivariate etiologic model of eating disorder development. Using data from an 8-year prospective study of 496 adolescent girls, we first conducted receiver operator characteristic plots to identify cut-points for each risk factor that optimally predicted future onset of threshold or subthreshold bulimia nervosa, binge eating disorder, and purging disorder. We then used growth curve models to estimate the age at which each participant crossed the disorder-predictive cutpoint for each risk factor, or if they did not, during follow-up, permitting a test of whether the risk factors emerged in the sequence hypothesized in the Dual Pathway etiologic model. Overall, 47% of the 51 youth who showed onset of one of these eating disorders first showed emergence of disorder-predictive levels of perceived pressure to be thin and/or thin-ideal internalization, before showing onset of disorder-predictive levels of body dissatisfaction, before showing onset of disorder-predictive levels of dieting and/or negative affect, and finally, before showing onset of the eating disorder; another 29% had one of these steps out of order or did not cross one step in this model. Youth who did not show onset of an eating disorder were significantly less likely to cross the disorder-predictive cut-points for each risk factor or to conform to the sequence of risk factor emergence hypothesized in this model. Results provide novel support for the temporal sequencing of risk factor emergence hypothesized in this multivariate etiologic model and suggest that prevention programs that reduce perceived pressure to be thin and thin-ideal internalization among early adolescent girls with these factors should reduce eating disorder onset, as well as downstream risk factors that are also aversive (e.g., body dissatisfaction and negative affect). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Review of interventions for the management of anxiety symptoms in children with ASD.

Authors:
Delli, Christine K. Syriopoulou; Polychronopoulou, Stavroula A.; Kolaitis, Gerasimos A.; Antoniou, Alexandros-Stamati G.;

Source:
Neuroscience and Biobehavioral Reviews, Vol 95, Dec, 2018 pp. 449-463. Publisher: Elsevier Science;

Abstract:
Background: Anxiety is a common accompanying symptom in people with Autism Spectrum Disorder (ASD). Objectives: To investigate interventions available for the management of anxiety in children with ASD internationally. Methods: Review was made of relevant studies found through PubMed, the National Institute of Health (NIH) publications and resources in the libraries of the University of Macedonia and the Greek National Research Foundation. Results: Of the 372 studies retrieved dealing with interventions for children with ASD who have anxiety disorders published from the 1980s to 2017, 137 were included in this review. Interventions include pharmacological intervention, cognitive behavioral therapy (CBT), social recreational (SR) programs, other psychosocial therapies, teaching social skills and combinations of educational, psychological and medical treatment. Conclusions: Various methods for coping with anxiety in children with ASD have been applied, including pharmacotherapy, psychosocial and CBT interventions, parent education and school-based programs. A combination of approaches should be selected, based on assessment of each child's particular characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Withdrawal-emergent dyskinesia after acute discontinuation of risperidone in a child with autism spectrum disorder.
Authors: Kumar, Maanvi; Mattison, Richard; Baweja, Raman;
Abstract: Presents a case report of 9-year-old boy with the diagnoses of autism spectrum disorder (ASD) and attention-deficit hyperactivity disorder (ADHD), a combined type. He also had a history of prominent irritability and aggression associated with ASD, which led to his first psychiatric hospitalization at the age of 5 years where he was started on risperidone 1 mg daily. For the next couple of years, the dose of risperidone was gradually increased to 4 mg daily. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effect of childhood adversities and protective factors on the development of child-psychiatric disorders and their treatment.
Authors: Bachler, Egon; Frühmann, Alexander; Bachler, Herbert; Aas, Benjamin; Nickel, Marius; Schiepek, Guenter Karl;
Abstract: Context: Families with high rates of childhood adversities (CAs) (multi problem families, MPF) have an increasing importance in public health-policy. Objective: The present study addresses the relationship between risk- and protective factors and the severity and treatment-outcome of mental disorders. Setting: Family-therapeutic home-based treatment for MPF. We examined a clinical sample (N = 1031) of children between the age of 4 to 17, and a non-clinical sample of 148 children. We hypothesized that of all children of the clinical group have a predominance of risk factors and a higher number of psychopathological symptoms. Furthermore, we hypothesized that children with a predominance of protective factors benefit stronger from psychotherapy. Main Results: In the clinical sample, most children met the criteria of a psychopathological diagnosis (95.7%, as compared to 21.6% in the non-clinical sample) and showed significant higher rates of CAs and significant less protective factors as compared to the non-clinical sample. The clinical group showed a significant reduction of psychopathological symptoms and benefited equally well from treatment. The number of risk factors was a significant predictor for a child from the non-clinical sample to meet the criteria of a psychopathological diagnosis, while the number of protective
factors significantly predicted the absence thereof. Conclusion: Children and adolescents with high scores of CAs show significant associations with child psychiatric symptoms (d = 0.35; including all ICD-diagnosis such as, e.g., Asperger Syndrome, ADHD etc. with a higher rate of genetic etiology). Early life stressors, however, do not trigger an irreversible fate, as psychotherapy with young people with high numbers of risk factors does help to reduce psychopathological symptoms significantly (range of five outcome parameters: d = 0.31–0.72). (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Having an eating disorder and still being able to flourish? Examination of pathological symptoms and well-being as two continua of mental health in a clinical sample.

Authors: de Vos, Jan Alexander; Radstaak, Mirjam; Bohlmeijer, Ernst T.; Westerhof, Gerben J.;


Abstract: Introduction: Eating Disorders (EDs) are serious psychiatric disorders, impacting physical and psychosocial functioning, often with a chronic course and high mortality rates. The two continua model of mental health states that mental health is a complete state, that is, not merely the absence of mental illness, but also the presence of mental health. This model was studied among ED patients by examining the presence and correlates of well-being and psychopathology. In addition, the levels of well-being were compared to the Dutch general population. Method: A total of 468 female ED patients participated in this study during application and intake at a specialized ED treatment Center in the Netherlands. They filled out questionnaires about well-being (MHC-SF), general psychopathology (OQ-45), and ED psychopathology (EDE-Q). Categorical and mean well-being levels were calculated. Also, the relationships between these variables were examined with Pearson correlation and multiple hierarchical regression analysis. Results: ED patients showed lower levels of emotional, psychological, and social well-being on average compared to the general population. About 26% of the ED patients experienced low levels of well-being (languishing). However, also 13% experienced high levels of well-being (flourishing), varying between 9% in Anorexia Nervosa to 25% in Binge Eating Disorder. ED psychopathology and general well-being showed a moderate negative correlation. For patients with Bulimia Nervosa and Binge Eating Disorder however no such correlation was found. Lower general psychopathology, not having a history of hospitalization for the ED, and adaptive personal functioning were correlated with well-being among ED patients. Conclusion: This study shows initial support for the two continua model of mental health among ED patients. Psychopathology and well-being should be considered as related, but distinct dimensions of mental health in ED patients. Further research should focus on the possible reciprocal relationships between psychopathology and well-being during recovery. It is recommended to monitor well-being during treatment and to implement interventions for well-being to realize complete recovery for those patients with inadequate levels of well-being. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Authors: Hanaie, Ryuzo; Mohri, Ikuko; Kagitani-Shimono, Kuriko; Tachibana, Masaya; Matsuzaki, Junko; Hirata, Ikuko; Nagatani, Fumiyo; Watanabe, Yoshiyuki; Katayama, Taichi; Taniike, Masako;


Abstract: The cerebellum, which forms widespread functional networks with many areas in the cerebral cortices and subcortical structures, is one of the brain regions most consistently reported to exhibit neuropathological features in patients with autism spectrum disorder (ASD). However, cerebellar functional connectivity (FC) studies in patients with ASD have been very sparse. Using resting state functional connectivity (rsFC) analysis, we investigated the FC of the hemispheric/vermal subregions and the dentate nucleus of the
cerebellum with the cerebral regions in 36 children and adolescents [16 participants with ASD, 20 typically developing (TD) participants, age: 6–15 years]. Furthermore, an independent larger sample population (42 participants with ASD, 88 TD participants, age: 6–15 years), extracted from the Autism Brain Imaging Data Exchange (ABIDE) II, was included for replication. The ASD group showed significantly increased or decreased FC between 'hubs' in the cerebellum and cerebral cortices, when compared with the TD group. Findings of aberrant FCs converged on the posterior hemisphere, right dentate nucleus, and posterior inferior vermis of the cerebellum. Furthermore, these aberrant FCs were found to be related to motor, executive, and socio-communicative functions in children and adolescents with ASD when we examined correlations between FC and behavioral measurements. Results from the original dataset were partially replicated in the independent larger sample population. Our findings suggest that aberrant cerebellar–cerebral FC is associated with motor, socio-communicative, and executive functions in children and adolescents with ASD. These observations improve the current knowledge regarding the neural substrates that underlie the symptoms of ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Duration of breastfeeding is associated with emotional eating through its effect on alexithymia in boys, but not girls.

Authors:
van Strien, Tatjana; Beijers, Roseriet; Smeekens, Sanny; Winkens, Laura H. H.;

Source:
Appetite, Vol 132, Jan 1, 2019 pp. 97-105. Publisher: Elsevier Science; [Journal Article]

Abstract:
Emotional eating (EE), or eating in response to negative emotions, was earlier shown to be associated with difficulty in identifying emotions (alexithymia). To improve our understanding of possible causes of alexithymia and EE, we assessed possible associations with duration of breastfeeding in infancy. The aim of the present study was to examine in a prospective, longitudinal study whether duration of breastfeeding is associated with EE in adolescence, through its effect on alexithymia difficulty identifying emotions, and whether this mediation effect is contingent on gender. Our hypothesis was that longer duration of breastfeeding would be associated with lower EE in adolescence through its effect on lower alexithymia difficulty identifying feelings in boys but not in girls (Moderated mediation). The sample included 129 children and their families (67 boys and 62 girls). Duration of breastfeeding was reported by the mother when the infant was 15 months old. Alexithymia difficulty identifying feelings (Toronto Alexithymia Scale) and EE (Dutch Eating Behavior Questionnaire) were reported by the child at 12 years of age. EE was also reported by the child at 16 years of age. Moderated mediation was significant for EE at 12 years, and borderline significant for EE at 16 years. As hypothesized, for boys but not for girls, longer duration of breastfeeding was related to less difficulties in identifying feelings, resulting in lower degrees of EE in adolescence. It is concluded that breastfeeding in infancy may protect boys against EE through its positive association with better ability to identify feelings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A pilot study on evaluating children with autism spectrum disorder using computer games.

Authors:
Chen, Jingyi; Wang, Guangshuai; Zhang, Kun; Wang, Guanghai; Liu, Leyuan;

Source:
Computers in Human Behavior, Vol 90, Jan, 2019 pp. 204-214. Publisher: Elsevier Science; [Journal Article]

Abstract:
Evaluation of children with Autism Spectrum Disorders (ASD) is crucial to clinical diagnosis and educational intervention. The traditional evaluation methods based on questionnaires and scales rely on the experience and expertise of the evaluator, are time-consuming and clinically demanding. Computer games can provide an objective, motivating and safe way for evaluating and reflecting children's development. Therefore, the study aimed to investigate a technology-based method using computer
games to evaluate children with ASD. The performance of 40 children with ASD and 51 aged-matched typically developing (TD) children was compared. We found: 1) The completion ratio for children with ASD was lower than TD children for the tasks in most of the games. 2) Significant differences between the ASD and TD groups, but no significant differences within group. 3) The performance of the TD group was better than ASD and the efficiency of TD group was proportional to age. While more research is needed to confirm its reliability and validity, the findings indicate that computer games have great potential in the field of special education as an evaluation tool to clarify difficulties associated with autism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Alpha response reveals attention abnormalities in psychopathy. Tillem, Scott; Brennan, Grace; Wu, Jia;
Authors: Mayes, Linda; Baskin-Sommers, Arielle;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Psychopathy is a personality disorder associated with callous, impulsive, and antisocial behaviors. Decades of research indicate that individuals higher on psychopathy exhibit abnormal allocation of attention during goal pursuit. However, the manner in which attention is allocated to goal-relevant information and the downstream neurocognitive consequences of this attention abnormality remain unclear. The present study addresses this gap by examining the relationship between psychopathy and the allocation of attention during an electroencephalogram (EEG)-based continuous performance task in a sample of 61 adolescents and young adults. Results indicate that individuals higher on psychopathy overallocate attention to visual cues during the task (i.e., enhanced parieto-occipital alpha suppression), and this overallocation of attention reduces the neural resources required for motor control (i.e., blunted central alpha activity during NoGo trials). Psychopathy appears related to a unique pattern of attention allocation that prioritizes neural resources for goal-relevant information, resulting in alterations in the neural response for downstream cognitive functions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Postsecondary students with psychiatric disabilities identify core services and key ingredients to supporting education goals.
Authors: Biebel, Kathleen; Mizrahi, Raphael; Ringeisen, Heather;
Abstract: Objective: Accessing and successfully completing postsecondary educational opportunities may be challenging for those living with psychiatric disabilities. This exploratory study highlights the experiences of individuals with psychiatric disabilities participating in postsecondary educational support initiatives. Method: Investigators conducted case studies with 3 education support initiatives across the United States. Focus groups revealed what concrete supported education services were helpful and key ingredients in delivering education supports. Results: Access to specialists, mindfulness techniques, help with time management and procrastination, and facilitating classroom accommodations were identified as critical. Developing authentic relationships with supported education staff, flexibility in service delivery and access to student peers living with psychiatric disabilities were noted as key ingredients in service delivery. Conclusions and Implications for Practice: Incorporating the voice of students with psychiatric disabilities into supported education services can increase access, involvement, and retention, therein providing more supports to students with psychiatric disabilities achieving their postsecondary education goals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Evaluative conditioning as a body image intervention for adolescents with eating disorders.

Authors:
Glashouwer, Klaske A.; Neimeijer, Renate A. M.; de Koning, Marlies L.; Vestjens, Michiel; Martijn, Carolien;

Source:

Abstract:
Objective: The aim was to investigate whether a computer-based evaluative conditioning intervention improves body image in adolescents with an eating disorder. Positive effects were found in earlier studies in healthy female students in a laboratory and a field setting. This study is the first to test evaluative conditioning in a clinical sample under less controlled circumstances. Method: Fifty-one adolescent girls with an eating disorder and a healthy weight were randomly assigned to an experimental condition or a placebo-control condition. The computerized intervention consisted of six online training sessions of 5 min, in which participants had to click on pictures of their own and other people's bodies. Their own pictures were systematically followed by portraits of friendly smiling faces. In the control condition, participants were shown the same stimuli, but here, a stimulus was always followed by another stimulus from the same category, so that own body was not paired with smiling faces. Before, directly after, three weeks after, and 11 weeks after the intervention, self-report measures of body image and general self-esteem were administered. Automatic self-associations were also measured with an Implicit Association Test. Results: In contrast to our hypotheses, we did not find an effect of the intervention on self-report questionnaires measuring body satisfaction, weight and shape concern, and general self-esteem. In addition, the intervention did not show positive effects on implicit associations regarding self-attractiveness. Conclusions: These findings do not support the use of evaluative conditioning in its present form as an intervention for adolescents in clinical practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Employment and Mental Health

Title:
The perception of sub-clinical personality disorders by employers, employees and co-workers.
Authors:
Harrison, Sophie; Grover, Simmy; Furnham, Adrian;
Source:
Abstract:
This study set out to determine people's perceptions of different dark-side personality types in the workplace. A total of 240 adults with at least one year's work experience rated vignettes describing job candidates with sub-clinical PDs. PDs were grouped into (Hogan and Hogan's 1997) personality clusters 'Moving Away from', 'Moving Against' and 'Moving Toward' others. PDs in the Moving Toward cluster were rated as the most desirable employees. Participants were least willing to work with or for PDs in the Moving Against cluster. Moving Against candidates were perceived as less successful than Moving Toward candidates, suggesting that people believe the costs of working with people with many PDs (e.g. psychopathy and narcissism) outweigh any benefits there may be. Implications and limitations are noted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Predictors of employment outcomes in a comprehensive service program for individuals experiencing chronic homelessness.
Authors:
Brown, Molly; Mihelicova, Martina; Collins, Kelly; Ponce, Allison;
Source:
American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
This study examined predictors of employment service referral and employment outcomes among individuals experiencing chronic homelessness participating in a comprehensive service program emphasizing housing placement and economic independence. The sample included all participants enrolled in the program. Participants self-determined whether to be referred for employment services. Outcomes included (a) whether participants were referred for employment services offered by the program (N = 275); and (b) whether employment was attained among the subsample of participants referred for employment services (N = 135). Logistic regression analyses for the 2 outcomes were conducted. Predictors included demographics and health indicators collected via self-report during program intake. Participants who were younger and racial/ethnic minorities were more likely to seek referrals than those who were older and White/European American. Individuals who were unemployed due to disability were less likely to seek referrals than those who were unemployed but seeking employment. Participants with better reported health and who were unemployed but seeking employment were more likely to attain employment than those with poor health or were unemployed for another reason (e.g., retired, disabled). Findings from this study have implications for employment services implemented in the context of homeless service programs. Future developments in employment services for people who are chronically homeless should include an array of employment services varying in intensity based on need. Other issues to be addressed to facilitate employment and its impact include addressing stigma and increasing earning potential. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
'It suits my needs': Self-employed individuals with psychiatric disabilities and small businesses.
Authors:
Ostrow, Laysha; Smith, Carina; Penney, Darby; Shumway, Martha;
Source:
Abstract:
Objective: Small business is a favorably regarded institution in America. Given employment disparities among individuals with psychiatric disabilities compared to other workers, self-employment has potential to promote career development and community integration. However, little is known about what has helped or hindered current small business owners with psychiatric disabilities. This exploratory study identified characteristics of individuals’ work and disability histories, as well as business characteristics, that can inform policy and practice development in support of disability-owned small businesses. Method: A nonprobability sample of 60 U.S. adults with a history of psychiatric disability who were self-employed in 2017 completed a web-based survey that asked about demographics, experiences of disability, motivations for self-employment, and business characteristics. Results: Most survey respondents were operating new, very small, unincorporated home-based service businesses on a part-time basis. Respondents were educated, typically with extensive work histories, but had experienced discrimination and unpleasant attitudes from coworkers and supervisors. Responses highlighted the importance of freedom and work–life balance. Conclusions and Implications for Practice: Self-employment is not necessarily a fit for everyone, but for individuals with psychiatric disabilities, it may be a pathway back to work. The size of the respondent businesses and the part-time nature of the work suggests that individuals with psychiatric disabilities are operating very small businesses that may serve as a wage employment alternative if they are able to grow in the future, or be sustained as a part-time adjunct to public benefits or other paid or unpaid work. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Work participation among employees with common mental disorders: A meta-synthesis.
Authors: Thisted, Cecilie Nørby; Nielsen, Claus Vinther; Bjerrum, Merete;
Abstract: Purpose: The aim was to aggregate knowledge about the opportunities, challenges and need for support employees with common mental disorders experience in relation to work participation in order to develop recommendations for practice. Methods: A meta-synthesis was conducted using a meta-aggregative approach to accurately and reliably present findings that could be used to meet our aim. Qualitative inductive content analysis was used to analyze and synthesize the findings. Results: In all, 252 findings were extracted from 16 papers, and six categories were generated and aggregated into two synthesized findings. One synthesized finding indicates that a strong work identity and negative perceptions regarding mental disorders can impede work participation, creating an essential need for a supportive work environment. The other reveals that the diffuse nature of the symptoms of mental disorders causes instability in life and loss of control, but through the use of internal motivation and external support, employees may be able to regain control of their lives. However, external support is hampered by insufficient cooperation and coordination between vocational stakeholders. Conclusions: Based on the synthesized findings, we recommended that the employer is involved in the rehabilitation process, and that rehabilitation professionals seek to strengthen the employee’s ability to manage work-related stress. In addition, rehabilitation professionals should provide individualized and active support and ensure meaningful cooperation across the multidisciplinary disciplines involved in the rehabilitation process. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Insurers’ influences on attending physicians of workers sick-listed for common mental disorders: What are the impacts on physicians’ practices?
Authors: Sylvain, Chantal; Durand, Marie-José; Maillette, Pascale;
Source:
Abstract:
Purpose: In many jurisdictions, general practitioners (GPs) play an important role in the sick-leave and return-to-work (RTW) process of individuals with common mental disorders (CMD). Since it is insurers that decide on workers' eligibility for disability benefits, they can influence physicians' ability to act. The nature of these influences remains little documented to date. The aim of this study was therefore to describe these influences and their impacts from the GPs' perspective. Methods: Semi-structured interviews were conducted with GPs having a diversified clientele (n = 13). The interviews were audio-recorded, transcribed verbatim and analyzed according to thematic analysis principles. Results: The results indicated that the GPs recognized insurers as influencing their practices with patients on sick leave for CMDs. The documented influences were generally seen as constraints, but sometimes as enablers. The impacts of these influences on the GPs' practices depended on the organizational characteristics of their work context (such as limited consultation time) and other characteristics of their practice setting (such as lack of timely access to consultations with specialists). Conclusion: The results brought three major issues to light: the quality of the information sent to insurers by GPs, the respect shown (or not) for workers' care preferences, and the relevance of the specialized services offered to support workers' RTW. These issues in turn reveal potential risks for workers, risks that need to be identified and recognized by all parties concerned if we are to come up with possible solutions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Predictors of return to work 6 months after the end of treatment in patients with common mental disorders: A cohort study.

Authors:
Victor, Mattias; Lau, Bjørn; Ruud, Torleif;

Source:

Abstract:
Purpose: Common mental disorders (CMDs) account for a large portion of sickness absence. Even after attending return to work (RTW) interventions, many patients with a CMD remain on sick leave. To identify people at risk of long-term work disability, more needs to be known about factors that predict RTW after treatment. Methods: This was a prospective cohort study that followed 106 former patients at an RTW outpatient clinic for CMDs for 6 months after the end of treatment. Changes in work participation and mental health status between the end of treatment and the 6-month follow-up were analysed. Changes in work participation were used to identify patients with successful RTW. Patient characteristics and end-of-treatment measures of mental health status, work ability, generalized self-efficacy and expectations of future work ability, and changes in clinical outcome measures during treatment were included in logistic regression analyses to identify predictors of RTW at the 6-month follow-up. Results: In the final model, high occupational status and higher work ability at the end of treatment predicted successful RTW at the 6-month follow-up. Further analyses showed that if the expectancy of future work ability improved or remained positive from before to the end of treatment, this was also strongly associated with RTW at the 6-month follow-up. Conclusions: Among patients treated for CMDs, those with a low occupational status and who report lower work ability at the end of treatment are at risk of long-term disability. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Does contact between employees and service recipients lead to socially more responsible behaviours? The case of cleaning.

Authors:
Abasabanye, Placide; Bailly, Franck; Devetter, François-Xavier;

Source:
Abstract:
Cleaning occupations, which in recent years have accounted for a not inconsiderable share of employment and job creation in France, are characterised by particularly bad working conditions and low pay. Is this situation inevitable? Are there not in fact mechanisms that might lead employers in the cleaning sector to adopt socially more responsible behaviours towards their employees? After all, the literature on corporate social responsibility suggests that the actions of consumers could be one of these mechanisms. The aim of our paper is to test the impact on job quality of contact between cleaning workers and service recipients. To this end, we analyse data from a survey carried out by the French Ministry of Labour and supplemented by interviews. Our results indicate that contact with service recipients does indeed have an influence.


Title:
The perception of sub-clinical personality disorders by employers, employees and co-workers.
Authors:
Harrison, Sophie; Grover, Simmy; Furnham, Adrian;
Source:
Abstract:
This study set out to determine people's perceptions of different dark-side personality types in the workplace. A total of 240 adults with at least one year's work experience rated vignettes describing job candidates with sub-clinical PDs. PDs were grouped into (Hogan and Hogan's 1997) personality clusters 'Moving Away from', 'Moving Against' and 'Moving Toward' others. PDs in the Moving Toward cluster were rated as the most desirable employees. Participants were least willing to work with or for PDs in the Moving Against cluster. Moving Against candidates were perceived as less successful than Moving Towards candidates, suggesting that people believe the costs of working with people with many PDs (e.g. psychopathy and narcissism) outweigh any benefits there may be. Implications and limitations are noted.


Title:
Work and organizational psychology looks at the fourth industrial revolution: How to support workers and organizations?
Authors:
Ghislieri, Chiara; Molino, Monica; Cortese, Claudio G.;
Source:
Abstract:
With rapid advances in technology in several fields of human life, we are entering the Fourth Industrial Revolution (FIR), which is changing the way businesses create value, people do their work and individuals interact and communicate with each other. In this framework, many questions have arisen about how these transformations affect workers, organizations and societies, and Work and Organizational Psychology (WOP) has been called upon to address some of these open issues. In particular, this article focuses on two aspects of the FIR. The first considers the expansion of automation in the workplace and raises questions such as: how is the relationship between workers and technology changing? How is it affecting people's well-being? How can we expect it to affect employment and equality in the future? The second is related to how job transformation will influence requirements for knowledge and skills; the main question is: which competence profile, considering hard and soft skills, is required and expected in the work of the future? The aim of the present paper is to improve the understanding of some of the major issues that workers and organizations are, or will be, asked to face, by providing information that will be useful to facilitate debate, research and interventions. In the conclusion section, research, and practical implications at organizational, political and institutional levels are discussed.

Title: The associations of quantitative/qualitative job insecurity and well-being: The role of self-esteem.
Authors: Callea, Antonino; Lo Presti, Alessandro; Mauno, Saija; Urbini, Flavio;
Abstract: Job insecurity is recognized as one of the most prominent job stressors for employees. Despite decades of research, the concurrent examination of both quantitative (i.e., perceived threat of job loss) and qualitative (i.e., perceived threat of losing some job features) job insecurity and the analysis of their different relationships with well-being at work have received relatively scarce attention. This study examined a moderated mediation model of the relationship between quantitative job insecurity and well-being at work. In doing so, the focus was on the mediating effects of qualitative job insecurity and the moderating effects of self-esteem in the aforementioned relationships. Drawing from Warr’s model, four indicators of well-being at work were included (i.e., vigor, emotional exhaustion, job satisfaction, and psychological symptoms), offering a more detailed analysis of the consequences of job insecurity. A sample of 751 Italian employees participated in a self-report questionnaire. Results showed that qualitative job insecurity fully mediated the effects of quantitative job insecurity on outcomes. Concerning job satisfaction, the conditional indirect effect of quantitative job insecurity varied significantly on the basis of self-esteem, showing the moderating role of the latter variable. These findings provided additional evidence of the different role of job insecurity dimensions on well-being in workplaces. Moreover, the overall moderated mediation analysis provided new insights about the buffering role of self-esteem. Finally, implications for human resource management and stress management were provided. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: An analysis of factors associated with older workers' employment participation and preferences in Australia.
Authors: Noone, Jack; Knox, Angela; O'Loughlin, Kate; McNamara, Maria; Bohle, Philip; Mackey, Martin;
Abstract: Australian government and organizational age-management policies continue to target employment participation among older workers in light of an aging population. Typically, efforts to reduce early retirement among older workers have focused on well-established factors, including the promotion of worker health, reducing injury, supporting caregivers, reducing age discrimination and enhancing skill development. This research extends on the former approach by examining established factors along with important emerging factors, namely work-life conflict, work centrality and person-job fit. Additionally, the research analyses the effects of gender and financial pressure on older workers’ employment participation and preferences. Logistic regression analysis of cross-sectional survey data involving 1,504 Australians aged 45–65, revealed that two established factors, physical health and caregiving, and all three emerging factors were associated with employment participation and preferences to be employed. However, important variations on the basis of gender and financial pressure were also identified. Caregiving was more strongly associated with the preference to remain employed for men (OR = 0.254, p < 0.01) than women (OR = 1.03, ns) and person-job fit was more strongly associated with the preference to remain employed for women (OR = 1.64, p < 0.001) than men (OR = 0.91, ns). Work-life conflict was more strongly associated with the preference to leave employment for those reporting limited financial pressure (OR = 0.60, p < 0.001) compared to those in poorer financial circumstances (OR = 0.87, ns). These findings suggest that organizational age management policies should focus on both established and emerging factors, particularly the provision of flexible working conditions and improving the psychosocial work environment. However, such efforts should carefully consider the different needs of men and women, and those under varying levels of financial stress. With respect to government policy to promote
employment participation, the findings support a stronger focus on improving physical and psychosocial work conditions rather than increasing the pension eligibility age. This may require further collaboration between government and employers. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Evidence for occupational therapy intervention with employment and education for adults with serious mental illness: A systematic review.

Authors:
Noyes, Susan; Sokolow, Helena; Arbesman, Marian;

Source:

Abstract:
Objective: Many of the estimated 9.8 million American adults with serious mental illness (SMI) want to engage in employment and education, yet the majority report a need for more skills training. This review presents evidence for the effectiveness of interventions that occupational therapy practitioners can provide to help people with SMI improve and maintain performance and participation in employment and education. Method: Citations, abstracts, and full-text articles in databases including MEDLINE, PsycINFO, CINAHL, OTseeker, and the Cochrane Database of Systematic Reviews were reviewed for inclusion and analysis. Results: Fifty-seven articles met criteria for inclusion. For employment, strong evidence was found for the Individual Placement and Support (IPS) model and cognitive interventions. For education, moderate evidence was found for supported education interventions. Conclusion: This systematic review supports the role of occupational therapy practitioners in promoting the implementation of IPS, cognitive-based, and social skills programs to improve vocational and educational outcomes for adults with SMI. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Back to top