Search Results

Table of Contents

Search History ............................................................................................................................... page 2

1. Developing and disseminating effective psychological treatments: Science, practice and economics. .......... page 3

2. Cost-effectiveness and long-term effectiveness of Internet-based cognitive behaviour therapy for severe health anxiety. ................................................................................................................................. page 3

3. Psychological treatment of anxiety in primary care: A meta-analysis. ....................................................... page 4

4. A recovery-oriented money management intervention. ................................................................................ page 5

5. Telephone monitoring and support after discharge from residential PTSD treatment: A randomized controlled trial. ............................................................................................................................................... page 6

6. The relationship between use of CBT skills and depression treatment outcome: A theoretical and methodological review of the literature. ...................................................................................... page 7

7. A randomized controlled trial of a self-guided, multimedia, stress management and resilience training program. ................................................................................................................................................... page 7

8. Anxiety sensitivity moderates the relationship of changes in physiological arousal with flight anxiety during in vivo exposure therapy. ........................................................................................................ page 8

9. Internet-delivered attention modification training as a treatment for social phobia: A randomized controlled trial. ................................................................................................................................................... page 9

10. Long-term effectiveness of CBT for anxiety disorders in an adult outpatient clinic sample: A follow-up study. ..................................................................................................................................................... page 10


12. Treatment of social anxiety disorder using online virtual environments in Second Life. ......................... page 12

13. Telephone-based physical activity counseling for major depression in people with multiple sclerosis. .... page 12

14. Effectiveness of and dropout from outpatient cognitive behavioral therapy for adult unipolar depression: A meta-analysis of nonrandomized effectiveness studies. ........................................................... page 14

15. Defining treatment response and remission in child anxiety: Signal detection analysis using the Pediatric Anxiety Rating Scale. ........................................................................................................ page 14

16. Sudden gains in cognitive therapy and interpersonal therapy for social anxiety disorder. ........................ page 16

17. An investigation of the relationship between positive affect regulation and depression. ............................ page 16

18. Friendship quality predicts treatment outcome in children with anxiety disorders. .................................... page 17

19. Cognitive-behavior therapy resolves implicit fear associations in generalized anxiety disorder. ............... page 18

20. Intrusive mental imagery in patients with persecutory delusions. ............................................................... page 19
Search History

1. PsycINFO; (depress* OR anxi*).ti,ab; 281578 results.
2. PsycINFO; exp "DEPRESSION (EMOTION)"/ OR exp MAJOR DEPRESSION/; 104187 results.
3. PsycINFO; 1 OR 2; 286246 results.
4. PsycINFO; (treat* OR ther* OR psychother* OR interven* OR cbt*).ti,ab; 1157800 results.
5. PsycINFO; 3 AND 4; 147360 results.
6. PsycINFO; 5 [Limit to: Peer Reviewed Journal and English Language and Publication Year 2013-Current]; 292 results.
1. Developing and disseminating effective psychological treatments: Science, practice and economics.

Citation: Canadian Psychology/Psychologie canadienne, February 2013, vol./is. 54/1(12-21), 0708-5591;1878-7304 (Feb 2013)

Author(s): Clark, David M

Correspondence Address: Clark, David M.: Department of Experimental Psychology, University of Oxford, South Parks Road, Oxford, United Kingdom, OX1 3UD, david.clark@psy.ox.ac.uk


Language: English

Abstract: In many countries there is growing interest in the identification, development, and dissemination of evidence-based psychological therapies. The cognitive-behaviour therapy (CBT) movement has been particularly successful in developing effective new treatments. It has been suggested this is partly because of the close interplay between theory, experimental psychopathology, and treatment development that characterizes much of CBT research. This article provides an illustration of such an interplay before moving on to discuss one of the world's largest attempts to disseminate evidence-based therapies to the general public. The English Improving Access to Psychological Therapies (IAPT) program aims to vastly increase the availability of evidence-based psychological treatments for anxiety disorders and depression by training an extra 6,000 psychological therapists and deploying them in new, stepped care therapy services. Outcomes are assessed with a session-by-session monitoring system that achieves unusually high levels of data completeness. Around 600,000 patients per year are currently being seen in IAPT services. The background to the initiative, the scientific and economic arguments on which it is based, the training and clinical service models, a summary of progress to date, and future developments are described. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Canadian Psychological Association; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cognitive Behavior Therapy
*Costs and Cost Analysis
*Information Dissemination
*Treatment Outcomes
Anxiety Disorders
Evidence Based Practice
Major Depression
Monitoring
Social Anxiety

Source: PsycINFO

Full Text: Available from ProQuest in Canadian Psychology

2. Cost-effectiveness and long-term effectiveness of Internet-based cognitive behaviour therapy for severe health anxiety.

Citation: Psychological Medicine, February 2013, vol./is. 43/2(363-374), 0033-2917;1469-8978 (Feb 2013)

Author(s): Hedman, E; Andersson, E; Lindefors, N; Andersson, G; Ruck, C; Ljotsson, B

Correspondence Address: Hedman, E.: Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden, SE-171 77, kire.hedman@ki.se

Institution: Hedman, E.: Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm; Andersson, E.: Division of Psychiatry, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm; Lindefors, N.: Division of Psychiatry, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm; Andersson, G.: Division of Psychiatry, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm; Ruck, C.: Division of Psychiatry, Department of Clinical Neuroscience,
Karolinska Institutet, Stockholm; Ljotsson, B.: Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm

Language: English

Abstract: Background: Severe health anxiety is a common condition associated with functional disability, making it a costly disorder from a societal perspective. Internet-based cognitive behaviour therapy (ICBT) is a promising treatment but no previous study has assessed the cost-effectiveness or long-term outcome of ICBT for severe health anxiety. The aim of this study was to investigate the cost-effectiveness and 1-year treatment effects of ICBT for severe health anxiety. Method: Cost-effectiveness and 1-year follow-up data were obtained from a randomized controlled trial (RCT) comparing ICBT (n = 40) to an attention control condition (CC, n = 41). The primary outcome measure was the Health Anxiety Inventory (HAI). A societal perspective was taken and incremental cost-effectiveness ratios (ICERs) were calculated using bootstrap sampling. Results: The main ICER was -1244, indicating the societal economic gain for each additional case of remission when administering ICBT. Baseline to 1-year follow-up effect sizes on the primary outcome measure were large (d = 1.71-1.95). Conclusions: ICBT is a cost-effective treatment for severe health anxiety that can produce substantial and enduring effects. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Cambridge University Press; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Anxiety *Cognitive Behavior Therapy *Health Care Costs *Online Therapy *Treatment Effectiveness Evaluation

Source: PsycINFO

Full Text: Available from Psychological Medicine in University of Cambridge Medical Library Available from ProQuest in Psychological Medicine


Citation: Psychological Medicine, February 2013, vol./is. 43/2(351-361), 0033-2917;1469-8978 (Feb 2013)

Author(s): Seekles, W; Cuijpers, P; Kok, R; Beekman, A; van Marwijk, H; van Straten, A

Correspondence Address: Seekles, W.: Department of Clinical Psychology, VU University, Van der Boechorststraat 1, Amsterdam, Netherlands, 1081 BT, wm.seekles@psy.vu.nl

Institution: Seekles, W.: Department of Clinical Psychology, VU University, Amsterdam; Cuijpers, P.: Department of Clinical Psychology, VU University, Amsterdam; Kok, R.: Department of Clinical Psychology, VU University, Amsterdam; Beekman, A.: EMGO Institute for Health Care and Research, VU University Medical Center, Amsterdam; van Marwijk, H.: EMGO Institute for Health Care and Research, VU University Medical Center, Amsterdam; van Straten, A.: Department of Clinical Psychology, VU University, Amsterdam

Language: English

Abstract: Background: Guidelines and mental healthcare models suggest the use of psychological treatment for anxiety disorders in primary care but systematic estimates of the effect sizes in primary care settings are lacking. The aim of this study was to examine the effectiveness of psychological therapies in primary care for anxiety disorders. Method: The Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, Medline, PsycINFO and Pubmed databases were searched in July 2010. Manuscripts describing psychological treatment for anxiety disorders/increased level of anxiety symptoms in primary care were included if the research design was a randomized controlled trial (RCT) and if the psychological treatment was compared with a control group. Results: In total, 1343 abstracts were identified. Of these, 12 manuscripts described an RCT.
comparing psychological treatment for anxiety with a control group in primary care. The pooled standardized effect size (12 comparisons) for reduced symptoms of anxiety at post-intervention was $d = 0.57$ [95% confidence interval (CI) 0.29-0.84, $p = 0.00$, the number needed to treat (NNT) = 3.18]. Heterogeneity was significant among the studies ($I^2=58.55, Q = 26.54, p<0.01$). The quality of studies was not optimal and missing aspects are summarized. Conclusions: We found a moderate effect size for the psychological treatment of anxiety disorders in primary care. Several aspects of the treatment are related to effect size. More studies are needed to evaluate the long-term effects given the chronicity and recurrent nature of anxiety. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
### 5. Telephone monitoring and support after discharge from residential PTSD treatment: A randomized controlled trial.

**Citation:** Psychiatric Services, January 2013, vol./is. 64/1(13-20), 1075-2730 (Jan 1, 2013)

**Author(s):** Rosen, Craig S; Tiet, Quyen Q; Harris, Alex H. S; Julian, Terri F; McKay, James R; Moore, William Mark; Owen, Richard R; Rogers, Susan; Rosito, Olga; Smith, Dale E; Smith, Mark W; Schnurr, Paula P

**Correspondence Address:** Rosen, Craig S.: National Center for Posttraumatic Stress Disorder (PTSD), Dissemination and Training Division, Veterans Affairs (VA) Palo Alto Health Care System, 795 Willow Rd., Menlo Park, CA, US, 94025, craig.rosen@va.gov

**Institution:** Rosen, Craig S.: National Center for Posttraumatic Stress Disorder (PTSD), Dissemination and Training Division, Veterans Affairs (VA) Palo Alto Health Care System, Menlo Park, CA; Tiet, Quyen Q.: National Center for Posttraumatic Stress Disorder (PTSD), Dissemination and Training Division, Veterans Affairs (VA) Palo Alto Health Care System, Menlo Park, CA; Harris, Alex H. S.: Center for Health Care Evaluation, Veterans Affairs (VA) Palo Alto Health Care System, Menlo Park, CA; Julian, Terri F.: Behavioral Health Care Line, VA Western New York Health Care System, Batavia, IL; McKay, James R.: Philadelphia VA Center of Excellence in Substance Abuse Treatment and Education, Philadelphia VA Medical Center, Philadelphia, PA; Moore, William Mark: PTSD Outpatient Program, Central Arkansas Veterans Healthcare System, North Little Rock, AR; Owen, Richard R.: Center for Mental Health Care and Outcomes Research, Central Arkansas Veterans Healthcare System, North Little Rock, AR; Rogers, Susan: PTSD Domiciliary, Coatesville VA Medical Center, Coatesville, PA; Rosito, Olga: Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, CA; Smith, Dale E.: PTSD Domiciliary, VA Puget Sound Health Care System, American Lake, WA; Smith, Mark W.: Truven Health Analytics, Washington, DC; Schnurr, Paula P.: National Center for PTSD Executive Division, White River Junction VA Medical Center, VT

**Language:** English

**Abstract:** Objective: This study assessed whether adding a telephone care management protocol to usual aftercare improved the outcomes of veterans in the year after they were discharged from residential treatment for posttraumatic stress disorder (PTSD). Methods: In a multisite randomized controlled trial, 837 veterans entering residential PTSD treatment were assigned to receive either standard outpatient aftercare (N = 425) or standard aftercare plus biweekly telephone monitoring and support (N = 412) for three months after discharge. Symptoms of PTSD and depression, violence, substance use, and quality of life were assessed by self-report questionnaires at intake, discharge, and four and 12 months postdischarge. Treatment utilization was determined from the Department of Veterans Affairs administrative data. Results: Telephone case monitors reached 355 participants (86%) by phone at least once and provided an average of 4.5 of the six calls planned. Participants in the telephone care and treatment-as-usual groups showed similar outcomes on all clinical measures. Time to rehospitalization did not differ by condition. In contrast with prior studies reporting poor treatment attendance among veterans, participants in both telephone monitoring and treatment as usual completed a mental health visit an average of once every ten days in the year after discharge. Many participants had continuing problems despite high utilization of outpatient care. Conclusions: Telephone care management had little incremental value for patients who were already high utilizers of mental health services. Telephone care management could potentially be beneficial in settings where patients experience greater barriers to engaging with outpatient mental health care after discharge from inpatient treatment. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:** *Residential Care Institutions  
Military Veterans  
Monitoring*
6. The relationship between use of CBT skills and depression treatment outcome: A theoretical and methodological review of the literature.

Citation: Behavior Therapy, March 2013, vol./is. 44/1(12-26), 0005-7894 (Mar 2013)
Author(s): Hundt, Natalie E; Mignogna, Joseph; Underhill, Cathy; Cully, Jeffrey A
Correspondence Address: Hundt, Natalie E.: VA HSR&D Houston Center of Excellence (MEDVAMC 152), 2002 Holcombe Blvd., Houston, TX, US, 77030, Natalie.Hundt@va.gov
Institution: Hundt, Natalie E.: VA HSR&D Houston Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, TX; Mignogna, Joseph: VA HSR&D Houston Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, TX; Underhill, Cathy: University of Oklahoma Health Sciences Center, Oklahoma City, OK; Cully, Jeffrey A.: VA HSR&D Houston Center of Excellence, Michael E. DeBakey VA Medical Center, Houston, TX
Language: English
Abstract: Cognitive and behavioral therapies emphasize the importance of skill acquisition and use, and these skills are proposed to mediate treatment outcomes. Despite its theoretical importance research on skill use as a mechanism of change in CBT and its measurement is still in its infancy. A search of online databases was conducted to identify and review the literature testing the meditational effect of CBT skills on treating depression in adults. Additionally, we reviewed the various methods to assess a patient's use of CBT skills. We identified 13 studies examining the frequency of CBT skill use and 11 studies examining the quality of CBT skill use. While the literature provides preliminary evidence for the meditational role of CBT skill use frequency and quality on depression treatment outcomes, methodological limitations in much of the existing literature prevent firm conclusions about the role of skills use on treatment outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: Published by Elsevier Ltd. All rights reserved.; HOLDER: Association for Behavioral and Cognitive Therapies.; YEAR: 2012
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Cognitive Behavior Therapy
*Coping Behavior
*Major Depression
*Treatment Outcomes
Ability
Skill Learning
Source: PsycINFO
Full Text: Available from *Behavior Therapy* in *Fulbourn Hospital Library*


Citation: Behaviour Research and Therapy, February 2013, vol./is. 51/2(106-112), 0005-7967 (Feb 2013)
Author(s): Rose, Raphael D; Buckey, Jay C Jr.; Zbozinek, Tomislav D; Motivala, Sarosh J; Glenn, Daniel E; Cartreine, James A; Craske, Michelle G
Correspondence Address: Rose, Raphael D.: University of California, Los Angeles, Department of Psychology, Box 951563, 1285 Franz Hall, Los Angeles, CA, US, 90095-1563, rose@psych.ucla.edu
Institution: Rose, Raphael D.: University of California, Los Angeles, Department of Psychology, Los Angeles, CA; Buckey, Jay C.: Geisel School of Medicine at Dartmouth, Lebanon, NH; Zbozinek, Tomislav D.: University of California, Los Angeles, Department of
Background: Stress is a common and costly behavioral health issue. Technology-based behavioral health programs (e.g., computer or web-based programs) are effective for treating anxiety or depression. These programs increase availability of evidence-based interventions to individuals who are not able or willing to receive such in-person treatments. Stress management training has empirical support, but little data exists on its efficacy with stressed but healthy individuals, and there are no prior studies employing a self-guided, multimedia intervention. We conducted a randomized controlled trial of a self-guided, multimedia stress management and resilience training program (SMART-OP) with a stressed but healthy sample. Methods: Participants (N = 66) were randomized to SMART-OP or an attention control (AC) group that received marketed videos and published material on stress management. Participants were evaluated on self-report measures and Trier Social Stress Test (TSST) performance. Analyses were based on study completers (N = 59). Results: SMART-OP group reported significantly less stress, more perceived control over stress, and rated SMART-OP as significantly more useful than AC. During the TSST, the data suggests the SMART-OP group showed greater within-task a-amylase recovery at post-assessment. Conclusions: SMART-OP is highly usable and is a more effective and useful stress management training program than an educational comparison. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Abstract: Physiological sensations and discomfort constitute the major symptoms reported by aviophobics. Anxiety sensitivity (AS) seems to moderate the relationship between self-reported somatic sensations and flight anxiety, and AS has been identified as a vulnerability factor for flight phobia. In this study we examined whether AS moderates the effects of somatic sensations and autonomic nervous system reactivity on flight anxiety induced by real flight. In fifty aviophobics participating in Cognitive Behavior Group Therapy (CBGT), flight anxiety, somatic sensations and autonomic nervous system reactivity were assessed during a guided return flight. Results indicate that physiological reactivity interacted with AS. Changes in heart rate and parasympathetic activity were more strongly associated with changes in reported flight anxiety for high AS participants, and less for participants low on AS. Results did not indicate a moderating effect of AS on the relationship between self-reported somatic sensations and flight anxiety. Our results suggest that therapy for flight phobia might benefit from addressing the physical effect of anxiety, by means of cognitive restructuring and exposure to interoceptive stimuli, particularly in aviophobics high in AS. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Anxiety
*Autonomic Nervous System
*Exposure Therapy
*Phobias
*Somatization
Aviation
Cognitive Behavior Therapy
Group Psychotherapy
Physiological Arousal

Source: PsycINFO

Full Text: Available from Behaviour Research and Therapy in Fulbourn Hospital Library
Available from Behaviour Research and Therapy in University of Cambridge Medical Library

9. Internet-delivered attention modification training as a treatment for social phobia: A randomized controlled trial.

Citation: Behaviour Research and Therapy, February 2013, vol./is. 51/2(87-97), 0005-7967 (Feb 2013)

Author(s): Neubauer, Karolin; von Auer, Maxie; Murray, Eileen; Petermann, Franz; Helbig-Lang, Sylvia; Gerlach, Alexander L

Correspondence Address: Neubauer, Karolin: Christoph-Dornier-Foundation of Clinical Psychology, Schorlemerstr. 26, Munster, Germany, 48143, neubauer@cds-muenster.de

Institution: Neubauer, Karolin: Christoph-Dornier-Foundation of Clinical Psychology, Munster; von Auer, Maxie: Christoph-Dornier-Foundation of Clinical Psychology, Munster; Murray, Eileen: Christoph-Dornier-Foundation of Clinical Psychology, Munster; Petermann, Franz: Center for Clinical and Rehabilitation Psychology, University of Bremen, Bremen; Helbig-Lang, Sylvia: Department of Clinical Psychology and Psychotherapy, University of Hamburg, Hamburg; Gerlach, Alexander L.: Department of Psychology, Institute of Clinical Psychology and Psychotherapy, University of Cologne, Cologne

Language: English

Abstract: Attentional biases toward social threat are a well-known phenomenon in social phobia. Recently, computer-delivered trainings have been developed to modify these patterns of attention and thereby reduce anxiety symptoms. Distribution of such attention trainings (ATs) via internet might be a promising approach in overcoming obstacles in health care utilization. However, there is no evidence supporting the effectiveness of internet-based ATs in clinical populations. The current trial examined effects of an internet-based AT on self-report measures, behavioral data and diagnostic status in individuals with social phobia (N = 56). Participants were randomly assigned to either AT using a modified dot...
probe paradigm or a control condition without attention modification. After training and at a 4-month followup, both groups showed small, albeit significant reductions in social anxiety and depression, but there was no evidence for superiority of the AT condition. The present findings question the effectiveness of internet-based ATs in social phobia. Future studies need to investigate effective variants of internet-based ATs before they can be widely applied. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd.; YEAR: 2012
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Attention
*Behavior Modification
*Social Phobia
*Treatment
*Computer Assisted Therapy
Anxiety
Health Care Utilization
Internet
Symptoms
Training

Source: PsycINFO
Full Text: Available from Behaviour Research and Therapy in Fulbourn Hospital Library
Available from Behaviour Research and Therapy in University of Cambridge Medical Library


Citation: Behaviour Research and Therapy, February 2013, vol./is. 51/2(82-86), 0005-7967 (Feb 2013)

Author(s): DiMauro, Jennifer; Domingues, Janine; Fernandez, Geraldine; Tolin, David F

Correspondence Address: Tolin, David F.: Anxiety Disorders Center, Institute of Living/Hartford Hospital, Hartford, CT, US, 06106, dtolin@harthosp.org

Institution: DiMauro, Jennifer: Anxiety Disorders Center, Institute of Living/Hartford Hospital, Hartford, CT; Domingues, Janine: Department of Psychology, University of Connecticut, Storrs, CT; Fernandez, Geraldine: Department of Psychology, Trinity College, Hartford, CT; Tolin, David F.: Anxiety Disorders Center, Institute of Living/Hartford Hospital, Hartford, CT

Language: English

Abstract: The short-term efficacy and effectiveness of Cognitive-Behavioral Therapy (CBT) for treating anxiety disorders in adults has been well established by a multitude of clinical studies and well-controlled randomized trials. However, though the long-term efficacy of CBT as a treatment modality is fairly well established, the degree of its long-term effectiveness has yet to be fully evaluated. Thus, the present study sought to assess both the immediate and long-term effectiveness of individually-administered CBT for the treatment of anxiety disorders in an outpatient psychological clinic. Individuals with a primary diagnosis of Panic Disorder, Social Phobia, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, or Obsessive-Compulsive Disorder who had received 3 or more sessions of CBT were assessed for symptom severity and improvement prior to initiating treatment, at posttreatment, and at one-year follow-up. Symptom severity and improvement ratings were used to categorize patients as "responders" or "remitters" at posttreatment, and "maintained responders" or "maintained remitters" at follow-up. Findings demonstrated that posttreatment success as responder and remitter was significantly maintained at one-year follow-up. Additionally, pre- and posttreatment severity and posttreatment improvement scores were also predictive of maintenance. Furthermore, effect sizes were used to compare the effectiveness of CBT in the present clinical sample to research treatment outcomes demonstrated by previous efficacy studies. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Citation: Behaviour Research and Therapy, February 2013, vol./is. 51/2(57-62), 0005-7967 (Feb 2013)

Author(s): Morgan, Amy J; Mackinnon, Andrew J; Jorm, Anthony F

Correspondence Address: Morgan, Amy J.: Population Mental Health Group, Melbourne School of Population Health, The University of Melbourne, Level 3, 207 Bouverie Street, VIC, Australia, 3010, ajmorgan@unimelb.edu.au

Institution: Morgan, Amy J.: Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC; Mackinnon, Andrew J.: Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC; Jorm, Anthony F.: Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC

Language: English

Abstract: Objective: To evaluate whether automated e-mails promoting effective self-help strategies for depressive symptoms were effective in changing self-help behavior, and whether this improved depression outcomes. Method: 568 adults with sub-threshold depression participated in a randomized controlled trial and provided complete data. A series of 12 e-mails promoting the use of evidence-based self-help strategies was compared with e-mails providing non-directive depression information. Depression symptoms were assessed with the Patient Health Questionnaire depression scale (PHQ-9) and use of self-help strategies was assessed at baseline and post-intervention. We hypothesized that those receiving the self-help e-mails would increase their use of evidence-based self-help and this would be associated with improvements in depression. Mediation analyses were conducted using a non-parametric bootstrapping procedure. Results: Total use of the self-help strategies promoted in the e-mails significantly mediated the effect of the intervention on depressive symptoms (B = -0.75, SE = 0.16, 95% CI: -1.06 to -0.48). The direct effect of the intervention on depressive symptoms was much smaller and not significant when the mediation path was included. The majority of the individual strategies also had a significant indirect effect on depressive symptoms. Conclusions: In adults with sub-threshold depression, automated e-mails based on behavior change principles can successfully increase use of self-help strategies, leading to a reduction in depressive symptoms. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Citation: Behavior Therapy, March 2013, vol./is. 44/1(51-61), 0005-7894 (Mar 2013)

Author(s): Yuen, Erica K; Herbert, James D; Forman, Evan M; Goetter, Elizabeth M; Comer, Ronald; Bradley, Jean-Claude

Correspondence Address: Herbert, James D.: Department of Psychology, Drexel University, 119 Stratton, 1341 Chestnut Street, Philadelphia, PA, US, 19104, james.herbert@drexel.edu

Institution: Yuen, Erica K.: Medical University of South Carolina, Charleston, SC; Herbert, James D.: Drexel University, Philadelphia, PA; Forman, Evan M.: Drexel University, Philadelphia, PA; Goetter, Elizabeth M.: Drexel University, Philadelphia, PA; Comer, Ronald: Drexel University, Philadelphia, PA; Bradley, Jean-Claude: Drexel University, Philadelphia, PA

Language: English

Abstract: Over 80% of people with social anxiety disorder (SAD) do not receive any type of treatment, despite the existence of effective evidence-based treatments. Barriers to treatment include lack of trained therapists (particularly in nonmetropolitan areas), logistical difficulties (e.g., cost, time, transportation), concerns regarding social stigma, and fear of negative evaluation from health care providers. Interventions conducted through electronic communication media, such as the Internet, have the potential to reach individuals who otherwise would not have access to evidence-based treatments. Second Life is an online virtual world that holds great promise in the widespread delivery of evidence-based treatments. We assessed the feasibility, acceptability, and initial efficacy of an acceptance-based behavior therapy in Second Life to treat adults with generalized SAD. Participants (n=14) received 12 sessions of weekly therapy and were assessed at pretreatment, midtreatment, posttreatment, and follow-up. Participants and therapists rated the treatment program as acceptable and feasible, despite frequently encountered technical difficulties. Analyses showed significant pretreatment to follow-up improvements in social anxiety symptoms, depression, disability, and quality of life, with effect sizes comparable to previously published results of studies delivering in-person cognitive behavior therapy for SAD. Implications and future directions are discussed.

(PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
13. Telephone-based physical activity counseling for major depression in people with multiple sclerosis.

Citation: Journal of Consulting and Clinical Psychology, February 2013, vol./is. 81/1(89-99), 0022-006X;1939-2117 (Feb 2013)

Author(s): Bombardier, Charles H; Ehde, Dawn M; Gibbons, Laura E; Wadhwan, Roini; Sullivan, Mark D; Rosenberg, Dori E; Kraft, George H

Correspondence Address: Bombardier, Charles H.: Department of Rehabilitation Medicine, University of Washington School of Medicine, Box 359612 Harborview Medical Center, 325 9th Avenue, Seattle, WA, US, 98104, chb@uw.edu

Institution: Bombardier, Charles H.: Department of Rehabilitation Medicine, University of Washington School of Medicine, Seattle, WA; Ehde, Dawn M.: Department of Rehabilitation Medicine, University of Washington School of Medicine, Seattle, WA; Gibbons, Laura E.: Department of Medicine, Division of General Internal Medicine, University of Washington School of Medicine, Seattle, WA; Wadhwan, Roini: Department of Biobehavioral Nursing and Health Systems, University of Washington, Seattle, WA; Sullivan, Mark D.: Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle, WA; Rosenberg, Dori E.: Group Health Research Institute, Seattle, WA; Kraft, George H.: Department of Rehabilitation Medicine, University of Washington School of Medicine, Seattle, WA

Language: English

Abstract: Objective: Physical activity represents a promising treatment for major depressive disorder (MDD) in people with multiple sclerosis (MS). We conducted a single-blind, two-arm randomized controlled trial comparing a 12-week physical activity counseling intervention delivered primarily by telephone (n = 44) to a wait-list control group (N = 48). Method: Ninety-two adults with MS and MDD or dysthymia (Mage = 48 years; 86% female, 92% White) completed an in-person baseline assessment and were randomized to wait-list control or an intervention involving motivational-interviewing-based promotion of physical activity. The treatment group received an initial in-person session; 7 telephone counseling sessions (Weeks 1, 2, 3, 4, 6, 8, and 10), and an in-person session at Week 12. The primary outcome, treatment response, was defined as those with 50% or greater reduction in the Hamilton Depression Rating Scale (HAM-D) score. Results: Our primary hypothesis, that the proportion of responders in the treatment group would be significantly greater than in the control group, was not confirmed. However, compared with the control group, those in the treatment group evidenced significantly lower depression severity on the HAM-D, on self-reported depression, and on a measure of potential side effects and at 12 weeks were less likely to meet the criteria for MDD as set forth in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Physical activity increased significantly more in the treatment condition, though it did not mediate improvement in depression severity. Conclusions: Telephone-based physical activity promotion represents a promising approach to treating MDD in MS. Further research is warranted on ways to bolster the impact of the intervention and on mediators of the treatment effect. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Major Depression
*Motivational Interviewing
*Multiple Sclerosis
*Physical Activity
*Telemedicine Counseling
Treatment Outcomes

Source: PsycINFO

Full Text: Available from Journal of Consulting and Clinical Psychology in Fulbourn Hospital Library

Citation: Journal of Consulting and Clinical Psychology, February 2013, vol./is. 81/1(75-88), 0022-006X;1939-2117 (Feb 2013)

Author(s): Hans, Eva; Hiller, Wolfgang

Correspondence Address: Hans, Eva: Department of Clinical Psychology, Johannes Gutenberg University Mainz, Wallstrasse 3, Mainz, Germany, 55122, hans@uni-mainz.de

Institution: Hans, Eva: Department of Clinical Psychology, Johannes Gutenberg University Mainz, Mainz; Hiller, Wolfgang: Department of Clinical Psychology, Johannes Gutenberg University Mainz, Mainz

Language: English

Abstract: Objective: The primary aim of this study was to assess the overall effectiveness of and dropout from individual and group outpatient cognitive behavioral therapy (CBT) for adults with a primary diagnosis of unipolar depressive disorder in routine clinical practice. Method: We conducted a random effects meta-analysis of 34 nonrandomized effectiveness studies on outpatient individual and group CBT for adult unipolar depressive disorder. Standardized mean gain effect sizes are reported for end-of-treatment and 6-month follow-up effects for depression severity, dysfunctional cognitions, general anxiety, psychological distress, and functional impairment. The mean dropout rate from CBT is reported. We benchmarked our results against high-quality randomized controlled trials (RCTs). Results: Outpatient CBT was effective in reducing depressive severity in completer (d = 1.13) and intention-to-treat (ITT) samples (d = 1.06). Moderate to large posttreatment effect sizes (d = 0.67-0.88) were found for secondary outcomes. The weighted mean dropout rate was 24.63%. Posttreatment gains for depression were maintained at 6 months after completion of therapy. Effect sizes for depression were inferior to those of benchmark RCTs. Conclusions: Although clinical practice patients show lesser improvements in depressive symptoms than RCT patients, individual and group outpatient CBT can be effectively transported to routine clinical practice. The considerable treatment dropout rate, especially in individual CBT, must be improved. The small number of available studies and low quality of some reports stress the need for high-quality effectiveness studies. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Psychological Association; YEAR: 2013

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cognitive Behavior Therapy
*Major Depression
*Treatment Effectiveness Evaluation
*Treatment Outcomes
Group Psychotherapy
Individual Psychotherapy
Outpatient Treatment
Treatment Dropouts

Source: PsycINFO

Full Text: Available from Journal of Consulting and Clinical Psychology in Fulbourn Hospital Library


Citation: Journal of the American Academy of Child & Adolescent Psychiatry, January 2013, vol./is. 52/1(57-67), 0890-8567;1527-5418 (Jan 2013)

Author(s): Caporino, Nicole E; Brodman, Douglas M; Kendall, Philip C; Albano, Anne Marie; Sherrill, Joel; Piacentini, John; Sakolsky, Dara; Birmaher, Boris; Compton, Scott N;
Ginsburg, Golda; Rynn, Moira; McCracken, James; Gosch, Elizabeth; Keeton, Courtney; March, John; Walkup, John T

Correspondence Address: Caporino, Nicole E.: Department of Psychology, Temple University, Weiss Hall, 1701 N. 13th Street, Philadelphia, PA, US, 19122, nicole.caporino@temple.edu

Institution: Caporino, Nicole E.: Temple University, Philadelphia, PA; Brodman, Douglas M.: Temple University, Philadelphia, PA; Kendall, Philip C.: Temple University, Philadelphia, PA; Albano, Anne Marie: Columbia University Medical Center, New York, NY; Sherrill, Joel: Division of Services and Intervention Research, National Institute of Mental Health (NIMH), MD; Piacentini, John: Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, CA; Sakolsky, Dara: Western Psychiatric Institute, University of Pittsburgh Medical Center, Pittsburgh, PA; Birmaher, Boris: Western Psychiatric Institute, University of Pittsburgh Medical Center, Pittsburgh, PA; Compton, Scott N.: Duke University Medical Center, Durham, NC; Ginsburg, Golda: Johns Hopkins University, School of Medicine, Baltimore, MD; Rynn, Moira: Columbia University Medical Center, New York, NY; McCracken, James: Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles, CA; Gosch, Elizabeth: Philadelphia College of Osteopathic Medicine, Philadelphia, PA; Keeton, Courtney: Johns Hopkins University, School of Medicine, Baltimore, MD; March, John: Duke University Medical Center, Durham, NC; Walkup, John T.: Weill Cornell Medical College, PA

Language: English

Abstract: Objective: To determine optimal Pediatric Anxiety Rating Scale (PARS) percent reduction and raw score cut-offs for predicting treatment response and remission among children and adolescents with anxiety disorders. Method: Data were from a subset of youth (N = 438; 7-17 years of age) who participated in the Child/Adolescent Anxiety Multimodal Study (CAMS), a multi-site, randomized controlled trial that examined the relative efficacy of cognitive-behavioral therapy (CBT; Coping Cat), medication (sertraline [SRT]), their combination, and pill placebo for the treatment of separation anxiety disorder, generalized anxiety disorder, and social phobia. The clinician-rated PARS was administered pre- and posttreatment (delivered over 12 weeks). Quality receiver operating characteristic methods assessed the performance of various PARS percent reductions and absolute cut-off scores in predicting treatment response and remission, as determined by posttreatment ratings on the Clinical Global Impression scales and the Anxiety Disorders Interview Schedule for DSM-IV. Corresponding change in impairment was evaluated using the Child Anxiety Impact Scale. Results: Reductions of 35% and 50% on the six-item PARS optimally predicted treatment response and remission, respectively. Post-treatment PARS raw scores of 8 to 10 optimally predicted remission. Anxiety improved as a function of PARS-defined treatment response and remission. Conclusions: Results serve as guidelines for operationalizing treatment response and remission in future research and in making cross-study comparisons. These guidelines can facilitate translation of research findings into clinical practice. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)


Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cognitive Behavior Therapy
*Psychometrics
*Remission (Disorders)
*Signal Detection (Perception)
*Treatment Outcomes
Pediatrics
Test Reliability
Test Validity

Source: PsycINFO

Full Text: Available from Journal of the American Academy of Child and Adolescent Psychiatry in Fulbourn Hospital Library
Available from Journal- American Academy of Child and Adolescent Psychiatry in University of Cambridge Medical Library
16. Sudden gains in cognitive therapy and interpersonal therapy for social anxiety disorder.

Citation: Journal of Consulting and Clinical Psychology, February 2013, vol./is. 81/1(177-182), 0022-006X;1939-2117 (Feb 2013)

Author(s): Bohn, Christiane; Aderka, Idan M; Schreiber, Franziska; Stangier, Ulrich; Hofmann, Stefan G

Correspondence Address: Bohn, Christiane: Goethe-University Frankfurt am Main, Department of Clinical Psychology and Psychotherapy, Varrentrappstr. 40-42, Frankfurt am Main, Germany, 60486, bohn@psych.uni-frankfurt.de

Institution: Bohn, Christiane: Department of Clinical Psychology and Psychotherapy, Goethe-University Frankfurt am Main, Frankfurt am Main; Aderka, Idan M.: Department of Psychology, Boston University, Boston, MA; Schreiber, Franziska: Department of Clinical Psychology and Psychotherapy, Goethe-University Frankfurt am Main, Frankfurt am Main; Stangier, Ulrich: Department of Clinical Psychology and Psychotherapy, Goethe-University Frankfurt am Main, Frankfurt am Main; Hofmann, Stefan G.: Department of Psychology, Boston University, Boston, MA

Language: English

Abstract: Objective: The present study examined the effects of sudden gains on treatment outcome in a randomized controlled trial including individual cognitive therapy (CT) and interpersonal therapy (IPT) for social anxiety disorder (SAD). Method: Participants were 67 individuals with SAD who received 16 treatment sessions. Symptom severity at each session was assessed using the Social Phobia Weekly Summary Scale (Clark et al., 2003). Results: Results indicate that 22.4% of participants experienced a sudden gain during treatment. Individuals with sudden gains had significantly lower social anxiety symptoms at post-treatment and follow-up compared to individuals without sudden gains. Sudden gains in CT and IPT had similar magnitudes, frequencies, and timings. However, sudden gains resulted in lower levels of post-treatment symptoms in CT compared to IPT. Cognitive changes did not precede sudden gains, but sudden gains resulted in cognitive changes. Conclusions: Sudden gains in CT and IPT for SAD are predictive of long-term outcome. In addition, the effect of sudden gains may be greater in CT compared to IPT. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER; American Psychological Association; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Anxiety Disorders  *Cognitive Therapy  *Interpersonal Psychotherapy  *Social Anxiety  *Social Phobia

Source: PsycINFO

Full Text: Available from Journal of Consulting and Clinical Psychology in Fulbourn Hospital Library

17. An investigation of the relationship between positive affect regulation and depression.

Citation: Behaviour Research and Therapy, January 2013, vol./is. 51/1(46-56), 0005-7967 (Jan 2013)

Author(s): Werner-Seidler, Aliza; Banks, Rosie; Dunn, Barnaby D; Moulds, Michelle L

Correspondence Address: Werner-Seidler, Aliza: MRC Cognition and Brain Sciences Unit, 15 Chaucer Road, Cambridge, England, United Kingdom, CB2 7EF, aliza.werner-seidler@mrc-ebu.cam.ac.uk

Institution: Werner-Seidler, Aliza: University of New South Wales, Sydney; Banks, Rosie: Medical Research Council, Cognition and Brain Sciences Unit, Cambridge; Dunn, Barnaby D.: Medical Research Council, Cognition and Brain Sciences Unit, Cambridge; Moulds, Michelle L.: University of New South Wales, Sydney
Abstract: There is preliminary evidence that dysphoric symptoms are associated with maladaptive regulation of positive emotion. We investigated to what extent this pattern is unique to depression symptoms, persists in recovery, and extends to apprehension of intense emotion experience. In Study 1, in a sample of undergraduates (N=112), dysphoria was associated with apprehension about experiencing intense emotion and dampening of positive emotion. Reductions in the amplification of positive emotion experience were uniquely associated with anhedonic depressive symptoms. Study 2 compared a recovered depressed and never-depressed student sample (N=123), and found that recovered individuals reported using more maladaptive responses to positive affect. In Study 3 we examined community-recruited depressed, recovered and never-depressed groups (N=50), and found that depressed individuals reported a greater tendency to dampen positive emotion than their never-depressed counterparts, but did not significantly differ from recovered depressed individuals. Greater dampening and reduced amplification of positive experience were again uniquely associated with anhedonic depressive symptoms. Our findings converge on the proposal that current depressive symptoms, rather than a history of depression, are more strongly linked to difficulties with emotion regulation, and suggest that targeting positive emotion could reduce anhedonia and improve treatment outcomes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Background: Cognitive schema theories postulate that anxiety disorders are associated with excessive fear associations in memory. For generalized anxiety disorder (GAD), it has been shown that patients not only exhibit negative implicit evaluations of clearly negative worry words (e.g., cancer), but also a generalization of this effect to neutral words (e.g., diagnosis). This study assessed the sensitivity of this bias, which has been interpreted as an indicator of a pathologically broadened fear structure, to cognitive-behavioral therapy (CBT).

Methods: An Extrinsic Affective Simon task was used to measure implicit associations with idiosyncratic neutral and negative worry words in 23 GAD patients and 25 healthy controls (HC). Patients were tested before and after CBT, and half of them were additionally tested while waiting for treatment. Clinical symptoms were measured before and after treatment, and at 6-months follow-up. Results: CBT normalized bias for neutral words, and the extent of bias reduction during treatment predicted the extent of additional symptom improvement during the 6 months following intervention. Furthermore, the amplitude of pre-treatment bias predicted the onset of CBT response, with lower bias predicting immediate symptom improvement at the end of treatment, and higher bias predicting delayed treatment effects during the 6 months follow-up. Conclusions: Biased implicit evaluation of neutral worry targets does not represent an enduring vulnerability factor for the development of GAD but is related to heightened levels of state worry. Furthermore, the normalization of this bias might be a crucial factor in the therapeutic action of CBT. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
20. Intrusive mental imagery in patients with persecutory delusions.

Citation: Behaviour Research and Therapy, January 2013, vol./is. 51/1(7-14), 0005-7967 (Jan 2013)

Author(s): Schulze, Katja; Freeman, Daniel; Green, Catherine; Kuipers, Elizabeth

Correspondence Address: Schulze, Katja: Department of Psychology, Institute of Psychiatry, King's College, P.O. Box 77, London, United Kingdom, SE5 8AF, k.schulze@iop.kcl.ac.uk

Institution: Schulze, Katja: Department of Psychology, Institute of Psychiatry, King's College, London; Freeman, Daniel: Department of Psychiatry, Oxford University; Green, Catherine: Department of Psychology, Institute of Psychiatry, King's College, London; Kuipers, Elizabeth: Department of Psychology, Institute of Psychiatry, King's College, London

Language: English

Abstract: Recent theoretical and experimental work indicates a close connection between anxiety and paranoia. Cognitive processes that lead to the persistence of anxiety disorders may have a similar role in persecutory fears. One factor identified as important in anxiety disorders are intrusive mental images. These negative images are common in anxiety disorders, and associated with symptom persistence. The aim of the current study was to examine intrusive mental images in individuals with persecutory delusions. The prevalence and characteristics of self-reported paranoia-related intrusive images, and relationships between image ratings and clinical symptoms were examined in 40 patients with persecutory delusions. It was found that 73% (n=29) of patients reported paranoia-related, recurrent intrusive images (e.g. being attacked with a knife). The degree to which the images provoked anxiety was associated both with greater general anxiety and with more distressing persecutory delusions. It is concluded that intrusive images may be relatively common in patients with persecutory delusions and may contribute to the distress of paranoid experiences. Re-scripting such images and their associated memories might be a way of developing cognitive behavioural therapy for psychosis. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)