Cognitive Behaviour Therapy

**Title:** Cognitive behavioural therapy as an adjunct to pharmacotherapy for primary care based patients with treatment resistant depression: Results of the CoBaIT randomised controlled trial.

**Citation:** The Lancet, February 2013, vol./is. 381/9864(375-384), 0140-6736 (Feb 2, 2013)

**Author(s):** Wiles, Nicola, Thomas, Laura, Abel, Anna, Ridgway, Nicola, Turner, Nicholas, Campbell, John, Garland, Anne, Hollinghurst, Sandra, Jerrom, Bill, Kessler, David, Kuyken, Willem, Morrison, Jill, Turner, Katrina, Williams, Chris, Peters, Tim, Lewis, Glyn

**Abstract:**

**Background:** Only a third of patients with depression respond fully to antidepressant medication but little evidence exists regarding the best next-step treatment for those whose symptoms are treatment resistant. The CoBaIT trial aimed to examine the effectiveness of cognitive behavioural therapy (CBT) as an adjunct to usual care (including pharmacotherapy) for primary care patients with treatment resistant depression compared with usual care alone.

**Methods:** This two parallel-group multicentre randomised controlled trial recruited 469 patients aged 18-75 years with treatment resistant depression (on antidepressants for >=6 weeks, Beck depression inventory [BDI] score >=14 and international classification of diseases [ICD]-10 criteria for depression) from 73 UK general practices. Participants were randomised, with a computer generated code (stratified by centre and minimised according to baseline BDI score, whether the general practice had a counsellor, previous treatment with antidepressants, and duration of present episode of depression) to one of two groups: usual care or CBT in addition to usual care, and were followed up for 12 months. Because of the nature of the intervention it was not possible to mask participants, general practitioners, CBT therapists, or researchers to the treatment allocation. Analyses were by intention to treat. The primary outcome was response, defined as at least 50% reduction in depressive symptoms (BDI score) at 6 months compared with baseline. This trial is registered, ISRCTN38231611. Findings: Between Nov 4, 2008, and Sept 30, 2010, we assigned 235 patients to usual care, and 234 to CBT plus usual care. 422 participants (90%) were followed up at 6 months and 396 (84%) at 12 months, finishing on Oct 31, 2011. 95 participants (46%) in the intervention group met criteria for response at 6 months compared with 46 (22%) in the usual care group (odds ratio 3.26, 95% CI 2.10-5.06, p < 0001). Interpretation: Before this study, no evidence from large-scale randomised controlled trials was available for the effectiveness of augmentation of antidepressant medication with CBT as a next-step for patients whose depression has not responded to pharmacotherapy. Our study has provided robust evidence that CBT as an adjunct to usual care that includes antidepressants is an effective treatment, reducing depressive symptoms in this population. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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**Title:** CBT for treatment resistant depression.

**Citation:** The Lancet, February 2013, vol./is. 381/9864(352-353), 0140-6736 (Feb 2, 2013)
Psychological Therapies / IAPT Workstream

Author(s): Otto, Michael W, Wisniewski, Stephen R

Abstract: Comments on an article by Nicola Wiles et al. (see record 2013-03847-037). Wiles et al. presented a study which provides an overview on cognitive behavioral therapy (CBT) for treatment resistant depression Wiles et al. answered the call for further study of the efficacy of psychotherapy for patients with treatment resistant depression. Wiles et al. recruited 469 patients aged 18-75 years with treatment resistant depression from 73 United Kingdom general practices and randomly assigned them to one of two groups usual care or CBT in addition to usual care and patients were followed up for 12 months. Wiles et al. provided a perspective on a non pharmacological answer to the question facing most patients who have initiated treatment with an antidepressant. Wiles et al. effectively show cased the acceptability of CBT as a treatment. Wiles et al. had been on their antidepressant medication for more than a year before the offer of CBT. Wiles et al. specified medication resistant depression, add to the already impressive efficacy for CBT as assessed for other stages of treatment i.e., as an efficacious first line alternative to pharmacotherapy and as a strategy for antidepressant discontinuation, with retention of benefit over time. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Full Text: Available from ProQuest in Lancet, The; Available from Lancet in Laxton Library, Peterborough City Hospital (PAPER COPY); Available from Lancet in University of Cambridge Medical Library; Available from Lancet in Hinchingbrooke Hospital Library (PAPER COPY); Available from Lancet in Fulbourn Hospital Library

Title: The relationship between therapist competence and homework compliance in maintenance cognitive therapy for recurrent depression: Secondary analysis of a randomized trial.

Citation: Behavior Therapy, March 2013, vol./is. 44/1(162-172), 0005-7894 (Mar 2013)

Author(s): Weck, Florian, Richtberg, Samantha, Esch, Sebastian, Hofling, Volkmar, Stangier, Ulrich

Abstract: Meta-analyses reveal that homework compliance is associated with a better treatment outcome. However, little is known about the processes that could be responsible for patient compliance with homework. It has been proposed that therapist competence, in particular with respect to reviewing homework, is highly relevant for homework compliance. The present study is a secondary analysis of a randomized controlled trial. Altogether, 54 patients with recurrent depressive disorder (currently in remission) who were treated with maintenance cognitive therapy (MCT), were considered. One videotaped treatment session of each patient was randomly selected and therapist competence (general competence and specific competence in setting and reviewing homework) was assessed by 2 independent raters. Furthermore, both patient and therapist views of the therapeutic alliance were evaluated by questionnaire in this therapy session. Homework compliance (considering quantitative as well as qualitative aspects) in the following session was evaluated by 2 additional raters. These 2 raters were blinded regarding the ratings of the therapeutic competence. In a multilevel path analysis model, a significant association between the therapeutic competence in reviewing homework and homework compliance was detected, while the therapeutic alliance and several patient characteristics were not associated with homework compliance. We found no relationship between homework compliance and treatment outcome. Our results demonstrate that a specific therapeutic competence (i.e., competence in reviewing homework) is associated with patient compliance with homework, and therefore, provides further empirical evidence of the importance of therapist competence in the psychotherapeutic process. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Behavior Therapy in Fulbourn Hospital Library

Title: Cognitive behavioural therapy for depression and anxiety in adults with acquired brain injury. What works for whom?

Citation: Neuropsychological Rehabilitation, January 2013, vol./is. 23/1(64-101), 0960-2011;1464-0694 (Jan 2013)

Author(s): Waldron, Brian, Casserly, Lisa Marie, O'Sullivan, Clodagh

Abstract: This paper reviews treatment outcome studies on cognitive behavioural therapy (CBT) for depression and anxiety following acquired brain injury (ABI), including traumatic brain injury (TBI), cerebral vascular accident (CVA), anoxia and neurosurgery. Studies are included for review when the published paper included an anxiety disorder or
depression as the treatment focus, or as part of outcome measurement. Relaxed criteria were used to select studies including relevant single-cases, case series and single group studies along with studies that employed control groups. Twenty-four studies were identified. Twelve papers were of a single-case design (with or without replication). Two papers used uncontrolled single groups and ten studies used a control group. There were a total of 507 people in the various treatment and control groups, which ranged in size from 6 to 67 persons. All participants in the study had an ABI. Our review indicates CBT often shows a within-group pre- to post-treatment statistical difference for depression and anxiety problems, or a statistical difference between CBT-treated and non-treated groups. For studies that targeted the treatment of depression with CBT, effect-sizes ranged from 0 to 2.39 with an average effect-size of 1.15 for depression (large effect). For studies that targeted the treatment of anxiety with CBT, effect-sizes ranged from 0 to 3.47 with an average effect-size of 1.04 for anxiety (large effect). However, it was not possible to submit all twenty-four studies identified to effect-size analysis. Additionally, it is clear that CBT is not a panacea, as studies frequently indicate only partial reduction in anxiety and depression symptoms. This review suggests that if CBT is aimed at, for example, anger management or coping, it can be effective for anger or coping, but will not generalise to have an effect on anxiety or depression. CBT interventions that target anxiety and depression specifically appear to generate better therapeutic effects on anxiety and depression. Gaps in the literature are highlighted with suggestions for future research. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (Journal abstract)

**Full Text:** Available from Neuropsychological Rehabilitation in University of Cambridge Medical Library

**Title:** Acute phase cognitive therapy for recurrent major depressive disorder: Who drops out and how much do patient skills influence response?

**Citation:** Behaviour Research and Therapy, May 2013, vol./is. 51/4-5(221-230), 0005-7967 (May 2013)

**Author(s):** Jarrett, Robin B, Minhajuddin, Abu, Kangas, Julie L, Friedman, Edward S, Callan, Judith A, Thase, Michael E

**Abstract:** Objective: The aims were to predict cognitive therapy (CT) noncompletion and to determine, relative to other putative predictors, the extent to which the patient skills in CT for recurrent major depressive disorder predicted response in a large, two-site trial. Method: Among 523 outpatients aged 18-70, exposed to 12-14 weeks of CT, 21.6% dropped out. Of the 410 completers, 26.1% did not respond. To predict these outcomes, we conducted logistic regression analyses of demographics, pre-treatment illness characteristics and psychosocial measures, and mid-treatment therapeutic alliance. Results: The 17-item Hamilton Rating Scale for Depression (HRSD17) scores at entry predicted dropout and nonresponse. Patients working for pay, of non-Hispanic white race, who were older, or had more education were significantly more likely to complete. Controlling for HRSD17, significant predictors of nonresponse included: lower scores on the Skills of Cognitive Therapy-Observer Version (SoCT-O), not working for pay, history of only two depressive episodes, greater pre-treatment social impairment. Mid-phase symptom reduction was a strong predictor of final outcome. Conclusions: These prognostic indicators forecast which patients tend to be optimal candidates for standard CT, as well as which patients may benefit from changes in therapy, its focus, or from alternate modalities of treatment. Pending replication, the findings underscore the importance of promoting patients' understanding and use of CT skills, as well as reducing depressive symptoms early. Future research may determine the extent to which these findings generalize to other therapies, providers who vary in competency, and patients with other depressive subtypes or disorders. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (Journal abstract)

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

**Title:** Cognitive behavioral therapy (CBT) in a depression/alcohol use disorder group: A qualitative study.

**Citation:** Alcoholism Treatment Quarterly, January 2013, vol./is. 31/1(50-66), 0734-7324;1544-4538 (Jan 2013)

**Author(s):** Besenius, Claude, Beirne, Kevin, Grogan, Sarah, Clark-Carter, David

**Abstract:** A cognitive-behavioral therapy (CBT) depression group was integrated into the treatment of four participants in an alcohol use disorder treatment setting. Semistructured interviews with the participants were subjected to interpretative phenomenological analysis to identify relevant themes. Benefits from the group experience were reported as peer support, change of thinking patterns, increased levels of confidence, and of self-efficacy. This study suggests that depression management, especially in a group format, should be offered more frequently as an integrated part of
alcohol treatment due to the benefits experienced by the participants. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Title:** Do client attributes moderate the effectiveness of a group cognitive behavioral therapy for depression in addiction treatment?

**Citation:** The Journal of Behavioral Health Services & Research, January 2013, vol./is. 40/1(57-70), 1094-3412 (Jan 2013)

**Author(s):** Hunter, Sarah B, Paddock, Susan M, Zhou, Annie, Watkins, Katherine E, Hepner, Kimberly A

**Abstract:** The study goal was to determine whether client attributes were associated with outcomes from group cognitive behavioral therapy for depression (GCBT-D) as delivered in community-based addiction treatment settings. Data from 299 depressed residential clients assigned to receive either usual care (N = 159) or usual care plus GCBT-D (N = 140) were examined. Potential moderators included gender, race/ethnicity, education, referral status, and problem substance use. Study outcomes at 6 months post-baseline included changes in depressive symptoms, mental health functioning, negative consequences from substance use, and percentage of days abstinent. Initial examination indicated that non-Hispanic Whites had significantly better outcomes than other racial/ethnic groups on two of the four outcomes. After correcting for multiple testing, none of the examined client attributes moderated the treatment effect. GCBT-D appears effective; however, the magnitude and consistency of treatment effects indicate that it may be less helpful among members of racial/ethnic minority groups and is worthy of future study. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Non-CBT Modalities**

**Title:** The effectiveness of individual interpersonal psychotherapy as a treatment for major depressive disorder in adult outpatients: A systematic review.

**Citation:** BMC Psychiatry, January 2013, vol./is. 13/. 1471-244X (Jan 11, 2013)

**Author(s):** van Hees, Madelon L. J. M, Rotter, Thomas, Ellermann, Tim, Evers, Silvia M. A. A

**Abstract:** Background: This systematic review describes a comparison between several standard treatments for major depressive disorder (MDD) in adult outpatients, with a focus on interpersonal psychotherapy (IPT). Methods: Systematic searches of PubMed and PsycINFO studies between January 1970 and August 2012 were performed to identify (C-)RCTs, in which MDD was a primary diagnosis in adult outpatients receiving individual IPT as a monotherapy compared to other forms of psychotherapy and/or pharmacotherapy. Results: 1233 patients were included in eight eligible studies, out of which 854 completed treatment in outpatient facilities. IPT combined with nefazodone improved depressive symptoms significantly better than sole nefazodone, while undefined pharmacotherapy combined with clinical management improved symptoms better than sole IPT. IPT or imipramine hydrochloride with clinical management showed a better outcome than placebo with clinical management. Depressive symptoms were reduced more in CBASP (cognitive behavioral analysis system of psychotherapy) patients in comparison with IPT patients, while IPT reduced symptoms better than usual care and wait list condition. Conclusions: The differences between treatment effects are very small and often they are not significant. Psychotherapeutic treatments such as IPT and CBT, and/or pharmacotherapy are recommended as first-line treatments for depressed adult outpatients, without favoring one of them, although the individual preferences of patients should be taken into consideration in choosing a treatment. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Full Text:** Available from National Library of Medicine in BMC Psychiatry; Available from BioMedCentral in BMC Psychiatry; Available from EBSCOhost in BMC Psychiatry

**Group Interventions**

**Title:** Do personality traits matter when choosing a group therapy for early psychosis?

**Citation:** Psychology and Psychotherapy: Theory, Research and Practice, March 2013, vol./is. 86/1(19-32), 1476-0835;2044-8341 (Mar 2013)
Author(s): Beauchamp, Marie-Chantal, Lecomte, Tania, Lecomte, Conrad, Leclerc, Claude, Corbiere, Marc

Abstract: Objectives: This study aimed at determining the predictive value of personality traits, based on the Five Factor Model (FFM) of personality, on therapeutic outcomes according to specific group treatments for first episode psychosis: cognitive-behavioural therapy (CBT) or skills training for symptom management (SM). Methods: Individuals experiencing early psychosis were recruited to participate in a randomized-controlled trial (RCT). Participants were randomized to one of two group treatments or to a wait-list control group. Measures included a personality inventory (NEO-FFI) and outcome measures of symptomatology (BPRS-E) and coping strategies (CCS). Pearson correlation analyses were conducted on 78 individuals and linear regression analyses on 66. Results: Links were found between personality traits, symptoms, and coping outcome measures, according to specific group treatments. Personality traits were particularly linked to therapeutic changes in active coping strategies, with Conscientiousness accounting for 14% of the variance in the CBT group, Extraversion accounting for 41% of the variance in the SM group, and Openness to experience accounting for 22% of the variance in the control group. Conclusions: Individual differences in personality traits for people experiencing early psychosis should be considered when offering psychosocial treatments, since it appears that those with specific traits might benefit more than others in specific group interventions, particularly for interventions that do not solely aim at improving symptoms. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Psychology and Psychotherapy: Theory Research and Practice in Fulbourn Hospital Library

Title: Group treatment for depression in mothers of young children compared to standard individual therapy.

Citation: Psychopathology, February 2013, vol./is. 46/2(94-101), 0254-4962;1423-033X (Feb 2013)

Author(s): Frisch, Ulrike, Hofecker-Fallahpour, Maria, Steiglitz, Rolf-Dieter, Riecher-Rossler, Anita

Abstract: Background: Studies on specific psychotherapy for depressed mothers of small children are rare. The aim of the present study was to investigate the effectiveness of a newly developed cognitive-behavioral group intervention for depressed mothers compared to standard individual therapy. Sampling and Methods: In a naturalistic design, 31 mothers suffering from depressive disorders with children aged <= 4 years who had consecutively been admitted to our specialized clinic for mentally ill mothers were assigned to the group treatment, and the following 21 were admitted to the control group receiving standard individual therapy. The group treatment consisted of 12 group sessions and 1 couple session and was administered to five consecutive groups. Participants completed interviews and questionnaires: the Beck Depression Inventory and the Symptom Checklist-90-R before and 3 months after therapy. Results: The treatment group and the control group showed a significant improvement in their depression, with no significant differences between the two treatment strategies. The women in group therapy, however, required fewer antidepressants, and group treatment was observed to be more effective in reducing anger and hostility. Conclusion: This form of group treatment for depressed women in early motherhood may have some important advantages over individual therapy; effects were small, however, and should be replicated in a further study. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Hard to Reach Groups

Title: Underserved women in a women’s health clinic describe their experiences of depressive symptoms and why they have low uptake of psychotherapy.

Citation: Community Mental Health Journal, February 2013, vol./is. 49/1(50-60), 0010-3853;1573-2789 (Feb 2013)

Author(s): Poleshuck, Ellen L, Cerrito, Beth, Leshoure, Nicole, Finocan-Kaag, Gillian, Kearney, Margaret H

Abstract: Low-income and African American patients in women’s health clinics are at risk for depression and undertreatment of their depression. This study aimed to understand women’s health patients’ experiences of depressive symptoms and perspectives on the low uptake of psychotherapy. Twenty-three women with depressive symptoms from a women’s health clinic completed individual qualitative interviews. Women reported risk of harm in the therapeutic relationship as the primary barrier; physical and mental health symptoms and doubt that...
psychotherapy will help were also described. Women also reported psychotherapy can be helpful by allowing women to express their feelings, gain insight, and make life changes. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Substance misuse in depression and bipolar disorder: A review of psychological interventions and considerations for clinical practice.

Citation: Mental Health and Substance Use, February 2013, vol./is. 6/1(76-93), 1752-3281;1752-3273 (Feb 2013)

Author(s): Richardson, Thomas H

Abstract: Research has documented high levels of co-morbidity between mental illness and substance misuse. This essay explores clinical practice issues relating to 'dual diagnosis' substance misuse in bipolar disorder and depression. Such misuse is common in this population, and presents a number of challenges to clinicians. Those with substance misuse have more severe symptoms and an increased risk of relapse. Assessment is complicated by factors such as a lack of standardised measures specifically for use with dual diagnosis clients. The effectiveness of specific psychological interventions for this population is somewhat unclear, though integrated interventions where both problems are treated together are often used. Cognitive behaviour therapy has been used with depression and substance use though its effectiveness with bipolar is unclear, and motivational interviewing is often used as a supplement to this. Integrated group interventions are being developed and appear to be superior to groups focusing on substance use alone. Other approaches such as acceptance and commitment therapy are starting to be developed for use with dual diagnosis clients. A number of variables predict outcome from interventions, and there may be considerable gender differences which need to be taken into account. At present integrated dual diagnosis services are developing slowly within the National Health Service though there have been some notable service innovations in recent years. It is concluded that those with substance misuse in addition to bipolar disorder or depression need to be given special clinical consideration, though more research on how this can be effectively done is needed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Evaluation of the impact of a CBT-based group on maternal postnatal mental health difficulties.

Citation: Journal of Reproductive and Infant Psychology, February 2013, vol./is. 31/1(72-80), 0264-6838;1469-672X (Feb 2013)

Author(s): Marrs, Jennifer

Abstract: Objective: Postnatal mental health difficulties such as depression and anxiety are common. This study aims to evaluate the impact of a cognitive behaviour therapy (CBT)-based group programme on levels of maternal postnatal mental health difficulties. Background: Postnatal mental health difficulties are a problem for both mother and child. Postnatal depression has an adverse effect on the mother-infant relationship and the infant's subsequent emotional and cognitive development. Psychological interventions such as CBT are recommended in the treatment of postnatal depression and anxiety disorders. The research base for group interventions and interventions for postnatal anxiety is limited. Method: This study has a repeated measures design. Thirty-three Positive Steps group participants completed a pre- and post-group Adult Wellbeing Scale. Results: Participants had significantly improved scores on the depression, anxiety, inward- and outward-directed irritability subscales of the Adult Wellbeing Scale at post-group. The proportion of participants whose scores were high enough to indicate a problem in each subscale decreased. Conclusion: Participants had significant improvements in their mental health symptoms at post-group assessment. The group appears to be an effective treatment, but results should be interpreted with caution due to the lack of a control group. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Depression, anxiety and comorbid substance use: Association patterns in outpatient addictions treatment.

Citation: Mental Health and Substance Use, February 2013, vol./is. 6/1(59-75), 1752-3281;1752-3273 (Feb 2013)

Author(s): Delgadillo, Jaime, Godfrey, Christine, Gilbody, Simon, Payne, Scott
Abstract: Depression and anxiety disorders commonly coexist with drug and alcohol use. Several general population surveys suggest non-linear associations between alcohol and depression symptoms. It is unclear whether such association patterns occur in clinical samples and in the context of poly-substance use. The aim of the study was to investigate the association patterns between substance use and common mental disorder (CMD) severity. Patients accessing a UK outpatient addictions service were recruited sequentially via routine treatment contacts. Psychiatric diagnosis and severity of symptoms were established using the revised clinical interview schedule (CIS-R) structured diagnostic interview; yielding WHO ICD-10 diagnoses for CMD. Data on substance use patterns in the last month and severity of dependence were collected using standardised measures. ANOVA and multivariate regression models were employed to investigate associations between CMD symptom severity and substance use patterns. The results of the multivariate regression analyses indicated a linear association between weekly alcohol use and CIS-R severity; this was statistically significant when adjusting for severity of dependence, poly-substance use, gender and age. Other drug use patterns were not directly associated with overall psychiatric symptom scores, but some evidence was found that specific patterns of drug use correlate with specific psychological symptoms. In conclusion, only alcohol use was significantly associated with psychiatric symptom severity in the context of poly-substance use. Contrary to epidemiological surveys in the general population, no evidence was found for non-linear associations between CMD and substance use in this clinical sample; nor did we find evidence that recent abstinence increases symptom severity. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Older Adults

Title: Prevalence of depression and anxiety in older users of formal Dutch intellectual disability services.

Citation: Journal of Affective Disorders, January 2013, vol./is. 144/1-2(94-100), 0165-0327 (Jan 10, 2013)

Author(s): Hermans, Heidi, Beekman, Aartjan T. F, Evenhuis, Heleen M

Abstract: Background: Little is known about the prevalence of depression and anxiety among older people with intellectual disabilities (ID). Therefore, the aim of this study was to study the prevalence of depression and anxiety in this population. Method: This study is a cross-sectional epidemiologic multicentre study which was part of the “Healthy Ageing and Intellectual Disabilities” study. The study population consisted of 990 participants aged >=50 years with borderline to profound ID which were screened with self-report and informant-report instruments; 290 of them were assessed with a standardized diagnostic interview. Results: Depressive symptoms were prevalent in 16.8% (95% CI: 14.4-19.1) and significantly associated with higher age. Anxiety symptoms were prevalent in 16.3% (95% CI: 14.0-18.6) and significantly associated with female gender and borderline to mild ID. Major depressive disorder was prevalent in 7.6% (95% CI: 5.2-11.0), anxiety disorders in 4.4% (95% CI: 2.6-7.0) and both in 0.7% (95% CI: 0.2-1.6). There was no relationship with gender, age or level of ID. Limitations: For most participants, informant-report instruments have been used instead of self-report to overcome communication difficulties or disabilities. Also, a standardized psychiatric diagnostic interview has been used instead of psychiatric diagnoses made by an experienced psychiatrist. Conclusion: Prevalence of major depressive disorder is higher and of anxiety disorders lower than in the Dutch general older community-dwelling population. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Journal of Affective Disorders in University of Cambridge Medical Library

Title: The relationship between social integration and depression in non-demented primary care patients aged 75 years and older.

Citation: Journal of Affective Disorders, February 2013, vol./is. 145/2(172-178), 0165-0327 (Feb 20, 2013)

Author(s): Schwarzbach, Michaela, Luppa, Melanie, Sikorski, Claudia, Fuchs, Angela, Maier, Wolfgang, van den Bussche, Hendrik, Pentzek, Michael, Riedel-Heller, Steffi G

Abstract: Background: Social integration seems to be associated with depression in late life. But the measurement of social integration still lacks a strong consensus. To date in most studies the different domains of social integration have been examined separately. Aims: In order to improve comparability among studies, we used the social integration index (SII), which covers all domains of social integration, to examine the association of social integration and depression in
non-demented primary care patients aged 75 years and older. Method: Data were derived from the longitudinal German study on Aging, Cognition and Dementia in primary care patients. Included in the cross-sectional survey were 1028 non-demented subjects aged 75 years and older. The GDS-15 Geriatric Depression Scale was used to measure depression with a threshold of >=6. Associations of the SII and further potential risk factors and depression were analysed using multivariate logistic regression models. Results: The SII was significantly associated with depression in the elderly. After full adjustment for all variables, odds of depression were significantly higher for lower levels of the SII, having a care level, impaired vision and mobility and subjective memory complaints. Conclusion: Because the social integration index covers several aspects of social integration, the results seem to be more significant than considering only one of these domains alone. Further research is needed to prove the practicability of the social integration index and to supply the literature with consistent results regarding the association of social integration and depression. Elderly with depression could benefit from increased social networks and enhanced social integration, which points to the development of social programs and social policies that maximize the engagement of older adults in social activities and volunteer roles. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Journal of Affective Disorders in University of Cambridge Medical Library

Title: The effects of psychotherapy on reducing depression in residential aged care: A meta-analytic review.

Citation: Clinical Gerontologist: The Journal of Aging and Mental Health, January 2013, vol./is. 36/1(46-69), 0731-7115;1545-2301 (Jan 2013)

Author(s): Cody, Robyn Ann, Drysdale, Karen

Abstract: Published and unpublished randomized controlled trials of psychotherapeutic treatments for depression in residential aged care were systematically reviewed. A medium effect size was found to favor psychotherapy for reducing symptoms of depression in residents (average age, 79.8 years) based on 17 trials. The effect was maintained at follow-up, but was weaker and not statistically significant when interventions were compared with active control conditions in 6 trials. There was heterogeneity across studies; however, potential moderating factors were difficult to identify due to large within-study variance. A sensitivity analysis revealed that the Geriatric Depression Scale (GDS) 15-item version produced a larger effect size than did the GDS-30, and an integrated care approach was more effective than providing psychological interventions independent of aged care staff. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Self-help Interventions

Title: Effects of two forms of Internet-delivered cognitive behaviour therapy for depression on future thinking.

Citation: Cognitive Therapy and Research, February 2013, vol./is. 37/1(29-34), 0147-5916;1573-2819 (Feb 2013)

Author(s): Andersson, Gerhard, Sarkohi, Ali, Karlsson, Johan, Bjarehed, Jonas, Hesser, Hugo

Abstract: The aim of this study was to investigate if future thinking would change following two forms of Internet-delivered cognitive behavior therapy (ICBT) for major depression. A second aim was to study the association between pre-post changes in future thinking and pre-post changes in depressive symptoms. Effects of psychological treatments are most often tested with self-report inventories and seldom with tests of cognitive function. We included data from 47 persons diagnosed with major depression who received either e-mail therapy or guided self-help during 8 weeks. Participants completed a future thinking task (FTT), in which they were asked to generate positive and negative events that they thought were going to happen in the future and rated the events in terms of emotion and likelihood. The FTT was completed before and after treatment. Data on depressive symptoms were also collected. FTT index scores for negative events were reduced after treatment. There was no increase for the positive events. Change scores for the FTT negative events and depression symptoms were significantly correlated. We conclude that ICBT may lead to decreased negative future thinking and that changes in depression symptoms correlate to some extent with reductions in negative future thinking (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO
Title: Web-based guided self-help for employees with depressive symptoms (Happy@Work): Design of a randomized controlled trial.

Citation: BMC Psychiatry, February 2013, vol./is. 13/, 1471-244X (Feb 18, 2013)

Author(s): Geraedts, Anna S, Kleiboer, Annet M, Wiezer, Noortje M, van Mechelen, Willem, Cuijpers, Pim

Abstract: Background: Depressive disorders are highly prevalent in the working population and are associated with excessive costs for both society and companies. Effective treatment for employees with depressive symptoms in occupational health care is limited. The purpose of this study is to investigate the effectiveness and cost-effectiveness of an indicated preventive web-based guided self-help course for employees with depressive symptoms. Methods: The study is a two-arm randomized controlled trial comparing a web-based guided self-help course with care-as-usual. The self-help course consists of 6 weekly lessons. Weekly support will be provided by a coach via the website. Subjects in the care-as-usual group do not receive any treatment in addition to regular care. 200 white collar workers from several national and international companies in the Netherlands will be recruited via different methods such as banners on the company's intranet, pamphlets and posters. Subjects will be included when they: have elevated depressive symptoms (score >=16 on the Center for Epidemiologic Studies Depression scale), are 18 years of age or older, have access to the Internet and can be contacted via e-mail. Exclusion criteria are: partial or full work absenteeism, a legal labor dispute with the employer and receiving treatment from the company's occupational health care at study entrance. The primary outcome is depressive symptoms. Secondary outcomes include work absenteeism, work performance, burnout, anxiety, quality of life, health care use and production losses. Outcome data will be collected at 8 weeks, 6 months, and 12 months after baseline. Analyses will be based on the intention-to-treat principle. The cost-effectiveness analyses will be performed from a societal and a company's perspective. A process evaluation will be conducted alongside the study. Discussion: This study evaluates the effectiveness and cost-effectiveness of a web-based guided self-help course for employees with depressive symptoms. This study could stimulate the use of e-mental health interventions in the worksite setting. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from National Library of Medicine in BMC Psychiatry Available from BioMedCentral in BMC Psychiatry Available from EBSCOhost in BMC Psychiatry

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Title: Associations between adolescent depression and parental mental health, before and after treatment of adolescent depression.

Citation: European Child & Adolescent Psychiatry, January 2013, vol./is. 22/1(3-11), 1018-8827;1435-165X (Jan 2013)

Author(s): Wilkinson, Paul O, Harris, Claire, Kelvin, Raphael, Dubicka, Bernadka, Goodyer, Ian M

Abstract: The negative impacts of parental mental health problems on children and adolescents are well known, but the relationship between a child's depression and their parents' health is not so well understood. Being a carer/parent of someone with mental illness can be associated with negative outcomes for the caregiver. This paper reports the associations between the mental health of adolescents with major depression and their parents, before and after treatment of the adolescent's depression. Data were collected as part of the Adolescent Depression Antidepressants and Psychotherapy Trial, a randomised controlled trial of selective serotonin reuptake inhibitors with and without cognitive behaviour therapy in 208 clinic-recruited adolescents with major depression. The baseline severity of depression in the adolescent was significantly associated with both maternal and paternal mental health (as rated by the General Health Questionnaire). This effect was not confounded by other psychiatric symptoms. The degree of improvement in parental and child mental health was positively correlated across time. Our results support the hypothesis that there is a significant association between parental mental health and adolescent depressive symptoms. This study was not able to establish the direction of this association. In clinical practice, the findings demonstrate the importance of considering the mental health of the parents when treating depressed adolescents. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: A cognitive-behavioral treatment for depression in rural American Indian middle school students.
**Psychological Therapies / IAPT Workstream**

**Citation:** American Indian and Alaska Native Mental Health Research, 2013, vol./is. 20/1(16-34), 0893-5394;1533-7731 (2013)

**Author(s):** Listug-Lunde, Lori, Vogeltanz-Holm, Nancy, Collins, John

**Abstract:** Rural American Indian (AI) middle school students with depressive symptoms who participated in a culturally modified version of the Adolescent Coping with Depression (CWD-A) course (n = 8) reported significant improvement in depressive symptoms at post-intervention and at 3-month follow-up. There was also a nonsignificant but clinically relevant decrease in participants' anxiety symptoms. Students reported satisfaction with the intervention, and it was potentially more cost-effective and less stigmatizing than the individualized treatment-as-usual interventions to which it was compared. These results suggest the CWD-A is a promising approach for reducing depressive and anxiety symptoms in rural AI students and should be further evaluated with a larger sample of students. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Full Text:** Available from EBSCOhost in American Indian and Alaska Native Mental Health Research: The Journal of the National Center

**Title:** The role of positive schemas in child psychopathology and resilience.

**Citation:** Cognitive Therapy and Research, February 2013, vol./is. 37/1(97-108), 0147-5916;1573-2819 (Feb 2013)

**Author(s):** Keyfitz, L, Lumley, M. N, Hennig, K. H, Dozois, D. J. A

**Abstract:** Cognitive models of child psychopathology rarely consider positive schemas in models of risk. This study presents the new Positive Schema Questionnaire (PSQ) for youth, evaluating relations of positive schema themes to depression, anxiety, and resilience. Adolescent boys (n = 84) and girls (n = 88), aged 9-14 (M = 11.44), completed the PSQ, and measures of negative schemas, depression, anxiety, and resilience. Exploratory factor analyses of the PSQ supported a five-factor structure including themes of: Self-Efficacy, Optimism, Trust, Success, and Worthiness. Supporting its discriminant validity, the PSQ predicted additional variance in depression, anxiety, and resilience, beyond that predicted by negative schemas. Furthermore, the content specificity model as envisioned for negative schemas, was found to apply to positive schemas, with themes of Worthiness most predictive of depression and Self-Efficacy most predictive of anxiety and resilience. Findings have implications for incorporating positive schemas into cognitive models of psychopathology. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Title:** Maternal depression and treatment gains following a cognitive behavioral intervention for posttraumatic stress in preschool children.

**Citation:** Journal of Anxiety Disorders, January 2013, vol./is. 27/1(140-146), 0887-6185 (Jan 2013)

**Author(s):** Weems, Carl F, Scheeringa, Michael S

**Abstract:** The evidence base for cognitive behavioral therapy (CBT) to treat child emotional and behavioral symptoms following exposure to trauma in youth is compelling, but relatively few studies are available on preschool children and on moderators of treatment outcomes. This paper examines maternal and child characteristics as moderators of posttraumatic stress (PTS) treatment outcomes in preschool children. Outcome data from a previously published randomized trial in three to six year old preschool children with diagnostic interview data from participating mothers were used. Hypotheses were tested via hierarchical linear modeling. Maternal depression was associated with higher initial child posttraumatic stress disorder (PTSD) symptoms, and was associated with increasing PTSD symptom trends at follow up suggesting potential child PTSD symptom relapse. Maternal PTSD symptoms similarly predicted differential child separation anxiety symptom change but not child PTSD symptom change. Targeting dyads with child PTSD symptoms and maternal depression or PTSD symptoms with enhanced interventions may be a useful strategy to improve treatment maintenance. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Long Term Conditions

Title: 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

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

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: Phone-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)

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

Severe Mental Illness:

Title: Exploring service users' perceptions of Cognitive Behavioral Therapy for psychosis: A user led study.

Citation: Behavioural and Cognitive Psychotherapy, January 2013, vol./is. 41/1(89-102), 1352-4658;1469-1833

Author(s): Kilbride, Martina, Byrne, Rory, Price, Jason, Wood, Lisa, Barratt, Sarah, Welford, Mary, Morrison, Anthony P

Abstract: Background and aims: This study explored individuals' subjective experiences of Cognitive Behavioural Therapy for psychosis (CBTp) with the aim of identifying coherent themes consistent across individual accounts and any potential barriers to CBTp effectiveness. Method: Semi-structured interviews were conducted with nine individuals with experience of CBTp. A Qualitative Interpretive Phenomenological Analysis was used to analyze the data collected to identify common themes. Results: Five super-ordinate themes emerged from our analyses: CBT as a process of person-centred engagement; CBT as an active process of structured learning; CBT helping to improve personal understanding; CBT is hard work; Recovery and outcomes of CBT for psychosis. Conclusions: The theoretical and clinical implications are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Core issues in the treatment of personality-disordered patients.

Citation: Journal of the American Psychoanalytic Association, February 2013, vol./is. 61/1(10-23), 0003-0651;1941-2460

Author(s): Buie, Dan H

Abstract: This article discusses the core issues in the treatment of personality disordered patients. To a significant extent these patients are lost in terms of knowing who they are, they feel a dark aloneness, feel a grim sense of
worthlessness, feel no warmth for themselves and do not feel like a whole person with a genuine place with others. The major difference between neurotic and personality disordered patients is that neurotic patients have the capacities to provide themselves these basic self experiences. Personality disordered patients do not. The aim of treatment with the latter, then, is to help them develop these capacities. The self-maintenance capacities seem to occur in a more or less developmental hierarchy. Most patients come for treatment with a mixture of neurosis and personality disorder. Some may be predominantly neurotic, while others may be predominantly personality disordered. A major difference between neurosis and personality disorder is that the first involves intrapsychic conflict for the most part. Although personality disorder too involves intrapsychic conflict, the insufficiency of self-maintenance capacities is of primary importance. A second difference between these two types of patients is that neurotic defenses center on repression, whereas personality disordered defenses center on denial. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Title: A multi-center, randomized controlled trial of a group psychological intervention for psychosis with comorbid cannabis dependence over the early course of illness.

Citation: Schizophrenia Research, January 2013, vol./is. 143/1(138-142), 0920-9964 (Jan 2013)

Author(s): Madigan, Kevin, Brennan, Daria, Lawlor, Elizabeth, Turner, Niall, Kinsella, Anthony, O’Connor, John J, Russell, Vincent, Waddington, John L, O’Callaghan, Eadbhard

Abstract: Background: Patients who experience the onset of psychotic illness with a comorbid diagnosis of cannabis dependence experience poor clinical outcomes. Few studies have identified interventions that reduce cannabis use and improve clinical outcome in this population. Aims: We undertook a multi-center, randomized controlled trial of a group psychological intervention for psychosis with comorbid cannabis dependence to determine whether there was any impact on cannabis use symptoms, global functioning, insight, attitudes to treatment and subjective quality of life. Method: Across three centers, we compared a group psychological intervention, based on cognitive behavioral therapy and motivational interviewing, with treatment as usual among patients experiencing their first psychotic episode or early in the course of psychotic illness. Substance misuse and indices of clinical outcome were assessed at baseline, 3 months and 1 year. Results: At 3 month and 1 year follow-ups, there was no evidence for an intervention effect on cannabis use, symptoms, global functioning insight or attitude to treatment. However, the intervention improved subjective quality of life at 3 months and this effect was sustained at 1 year. Conclusions: Over the early phase of psychotic illness, group psychological interventions for those with comorbid cannabis dependence improved subjective quality of life. However, this was not associated with reduction in use of cannabis or improvement in clinical outcomes. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Cognitive behaviour therapy for psychosis can be adapted for minority ethnic groups: A randomised controlled trial.

Citation: Schizophrenia Research, February 2013, vol./is. 143/2-3(319-326), 0920-9964 (Feb 2013)

Author(s): Rathod, Shanaya, Phiri, Peter, Harris, Scott, Underwood, Charlotte, Thagadur, Mahesh, Padmanabi, Uma, Kingdon, David

Abstract: Cognitive behavioural therapy (CBT) is recommended in treatment guidelines for psychotic symptoms (NICE, 2009) but clients from some minority groups have been shown to have higher dropout rates and poorer outcomes. A recent qualitative study in ethnic minority groups concluded that CBT would be acceptable and may be more effective if it was culturally adapted to meet their needs (Rathod et al., 2010). Aim: This study assessed the effectiveness of a culturally adapted CBT for psychosis (CaCBTp) in Black British, African Caribbean/Black African and South Asian Muslim participants. Method: A randomised controlled trial was conducted in two centres in the UK (n = 35) in participants with a diagnosis of a disorder from the schizophrenia group. Assessments were conducted at three time points: baseline, post-therapy and at 6 months follow-up, using the Comprehensive Psychopathological Rating Scale (CPRS) and Insight Scale. Outcomes on specific subscales of CPRS were also evaluated. Participants in the treatment arm completed the Patient Experience Questionnaire (PEQ) to measure satisfaction with therapy. Assessors blind to randomisation and treatment allocation conducted administration of outcome measures. In total, n = 33 participants were randomly allocated to CaCBTp arm (n = 16) and treatment as usual (TAU) arm (n = 17) after (n = 2) participants were excluded. CaCBTp participants were offered 16 sessions of CaCBTp with trained therapists and the TAU arm continued with their standard treatment. Results: Analysis was based on the principles of intention to treat (ITT). This was further
supplemented with secondary sensitivity analyses. Post-treatment, the intervention group showed statistically significant reductions in symptomatology on overall CPRS scores, CaCBTp Mean (SD) = 16.23 (10.77), TAU = 18.60 (14.84); p = 0.047, with a difference in change of 11.31 (95% CI: 0.14 to 22.49); Schizophrenia change: CaCBTp = 3.46 (3.37); TAU = 4.78 (5.33) diff 4.62 (95% CI: 0.68 to 9.17); p = 0.047 and positive symptoms (delusions; p = 0.035, and hallucinations; p = 0.056). At 6 months follow-up, MADRAS change = 5.6 (95% CI: 2.92 to 7.60); p < 0.001. Adjustment was made for age, gender and antipsychotic medication. Overall satisfaction was significantly correlated with the number of sessions attended (r = 0.563; p = 0.003). Conclusion: Participants in the CaCBTp group achieved statistically significant results post-treatment compared to those in the TAU group with some gains maintained at follow-up. High levels of satisfaction with the CaCBTp were reported. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Title:** The influence of perceived social support on medication adherence in first-episode psychosis.

**Citation:** The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, January 2013, vol./is. 58/1(59-65), 0706-7437;1497-0015 (Jan 2013)

**Author(s):** Rabinovich, Mark, Cassidy, Clifford, Schmitz, Norbert, Joober, Ridha, Malla, Ashok

**Abstract:** Objective: Our study examines the unique influence of social and family support on adherence to medication in a sample of patients treated for first-episode psychosis (FEP). Method: Social and family support using the Multidimensional Scale of Perceived Social Support and medication adherence (consensus of subjective and objective data) were evaluated on a monthly basis during a 6-month period in a sample of 82 FEP patients. The relation between social support and adherence was evaluated using correlational and linear regression analyses, controlling for other relevant variables. A longitudinal analysis using hierarchical linear models was conducted to model change in adherence over time. Results: Monthly correlations between social support and adherence were significant at 4 of 7 time points during a 6-month period. There was a modest correlation between the percentage of months of good adherence and the average level of family support across the study period. The linear regression failed to demonstrate a significant relation between baseline social support and overall adherence during the entire study period. Change in social support over time was inversely associated with change in adherence. Conclusions: Our study emphasizes the concurrent influence of social (mostly family) support on adherence but this effect does not persist over time. Changes in the degree of social support may have a complex effect on changes in adherence. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Full Text:** Available from ProQuest in Canadian Journal of Psychiatry; Available from EBSCOhost in Canadian Journal of Psychiatry; Available from EBSCOhost in Canadian Journal of Psychiatry

**Title:** Assessing suitability for short-term cognitive-behavioral therapy in psychiatric outpatients with psychosis: A comparison with depressed and anxious outpatients.

**Citation:** Journal of Psychiatric Practice, January 2013, vol./is. 19/1(29-41), 1527-4160;1538-1145 (Jan 2013)

**Author(s):** Myhr, Gail, Russell, Jennifer J, Saint-Laurent, Marie, Tagalakis, Vicky, Belisle, Dominique, Khodary, Fatima, Faridi, Kia, Pinard, Gilbert

**Abstract:** Objective: The Suitability for Short-Term Cognitive Therapy (SSCT) rating procedure has predicted outcome in depressed and anxious patients. This study examines its relevance in assessing patients with psychosis. Method: Outpatients with psychosis (n = 56), depression (n = 93), and anxiety (n = 264) received cognitive-behavioral therapy in a university hospital teaching unit (mean number of sessions = 16, SD = 11). Demographic, clinical, and suitability variables were assessed as potential predictors of dropout and success as measured by the Reliable Change Index. Results: Despite lower suitability scores in the psychosis group, dropout and success rates were similar across groups, although the magnitude of symptom reduction was less in the psychosis group. Across diagnoses, dropout was predicted by unemployment and by reluctance to take personal responsibility for change. In the psychosis group only, dropout was predicted by hostility. Success of completed therapy was predicted by higher baseline agoraphobic anxiety and "responsibility for change" scores. Conclusion: Attention to hostility early in therapy may reduce dropout in psychotic patients. Fostering acceptance of responsibility for change may improve both treatment retention and success across diagnoses. Agoraphobic fear is associated with success, possibly reflecting the effectiveness of
behavioral interventions in psychosis and anxiety alike. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Group therapy for borderline personality disorder: A non- psychodynamic approach.

Citation: International Journal of Group Psychotherapy, January 2013, vol./is. 63/1(139-145), 0020-7284 (Jan 2013)

Author(s): Joyce, Anthony S

Abstract: Comments on the articles, A Randomized Controlled Trial of a Dutch Version of Systems Training for Emotional Predictability and Problem Solving for Borderline Personality Disorder (see record 2010-07727-009) and Effectiveness of Systems Training for Emotional Predictability and Problem Solving (STEPPS) for Borderline Personality Problems in a 'Real-World' Sample: Moderation by Diagnosis or Severity? (see record 2011-23502-007) by Elisabeth H. Bos; E. Bas van Wel; Martin T. Appelo; Marc J. P. M. Verbraak. The two Dutch studies provide compelling evidence for the effectiveness of STEPPS with patients having features of BPD or, perhaps more accurately, difficulties regulating emotions. This is impressive given the treatment's brevity; additionally, the researchers emphasize that STEPPS is relatively easy to learn and implement in clinical settings. The study Bos et al. study was methodologically sound (good internal validity) and highly generalizable to clinical setting. These studies reflect the trend toward more representative effectiveness research noted in review. The STEPPS approach clearly represents a useful addition to the armamentarium of the practicing clinician, and the possibility of future developments of the model is intriguing indeed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Title: A brief cognitive-behavioural social skills training for stabilised outpatients with schizophrenia: A preliminary study.

Citation: Schizophrenia Research, February 2013, vol./is. 143/2-3(327-336), 0920-9964 (Feb 2013)

Author(s): Rus-Calafell, Mar, Gutierrez-Maldonado, Jose, Ortega-Bravo, Monica, Ribas-Sabate, Joan, Caqueo-Urizar, Alejandra

Abstract: Achieving social functioning and achieving social competence are two main objectives of psychosocial interventions for people suffering from schizophrenia. The present preliminary study presents a novel approach of social skills training (SST) based on the proposals of Kopelowicz et al. (Kopelowicz, A., Liberman, R. P., and Zarate, R., 2006. Schizophr. Bull. 32 (1): S12-23) that link the treatment to seven specific target behaviours: social perception, social information processing, responding and sending skills, affiliative skills, interactional skills, and behaviour governed by social norms. Thirty-one stabilised outpatients were randomly assigned to one of two groups, SST (n = 13) or treatment-as-usual (n = 18) (TAU; case management, medication adherence, psychotherapy, leisure engagement, and family support) and were assessed at baseline in cognitive performance, clinical symptomatology, social cognition, and psychosocial functioning. These outcomes were evaluated across post-treatment and at the 6-month follow-up appointment. SST subjects showed improvements in psychopathology, social discomfort, social cognition (self-regulation statements during interactions), social withdrawal, interpersonal communication, and quality of life compared with the TAU group. At the 6-month follow-up, results were maintained for negative symptoms, social discomfort, and some functioning outcomes. Neuropsychological variables were also examined, as mediators of benefit from skills training. Results support the efficacy of the brief SST for outpatients with schizophrenia and show the need to implement empirically supported interventions in mental health services to enhance patients' social functioning and quality of life. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Cognitive behavioral therapy for negative symptoms (CBT-n) in psychotic disorders: A pilot study.

Citation: Journal of Behavior Therapy and Experimental Psychiatry, September 2013, vol./is. 44/3(300-306), 0005-7916

Author(s): Staring, Anton B.P, ter Huurne, Mary-Ann B, van der Gaag, Mark

Abstract: Background and objectives: The treatment of negative symptoms in schizophrenia is a major challenge for mental health care. One randomized controlled trial found that cognitive therapy for low-functioning patients reduced avolition and improved functioning, using an average of 50.5 treatment sessions over the course of 18 months. The aim of our current pilot study was to evaluate whether 20 sessions of Cognitive Behavioral Therapy for negative symptoms (CBT-n) would reduce negative symptoms within 6 months. Also, we wanted to test the cognitive model of negative
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symptoms by analyzing whether a reduction in dysfunctional beliefs mediated the effects on negative symptoms. Method: In an open trial 21 adult outpatients with a schizophrenia spectrum disorder with negative symptoms received an average of 17.5 sessions of CBT-n. At baseline and end-of-treatment, we assessed negative symptoms (PANSS) and dysfunctional beliefs about cognitive abilities, performance, emotional experience, and social exclusion. Bootstrap analysis tested mediation. Results: The dropout rate was 14% (three participants). Intention-to-treat analyses showed a within group effect size of 1.26 on negative symptoms (t = 6.16, Sig = 0.000). Bootstrap analysis showed that dysfunctional beliefs partially mediated the change. Limitations: The uncontrolled design induced efficacy biases. Also, the sample was relatively small, and there were no follow-up assessments. Conclusions: CBT-n may be effective in reducing negative symptoms. Also, patients reported fewer dysfunctional beliefs about their cognitive abilities, performance, emotional experience, and social exclusion, and this reduction partially mediated the change in negative symptoms. The reductions were clinically important. However, larger and controlled trials are needed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Expanding the scope of treatment for borderline personality disorder.

Citation: Journal of Nervous and Mental Disease, February 2013, vol./is. 201/2(143-144), 0022-3018;1539-736X

Author(s): Paris, Joel

Abstract: Comments on articles by Ravi Lingam (see record 2013-06794-011), Donald W. Black et al. (see record 2013-06794-009) & Brian J. Cox et al. (see record 2013-06794-010). Lingam's article notes that standard forms of psychotherapy often fail to reach cases of severe borderline personality disorder (BPD); moreover, these patients are unlikely to be included in clinical trials. Lingam suggests that brief targeted packages could be more effective, a conclusion supported by a wide range of research. Lingam's theoretical ideas about the nature of the psychological problems in BPD to be speculative. However, we agree that therapy needs to reach more patients, not be impossibly expensive, and make use of the best ideas from all forms of psychotherapy. Lingam might also have noted that brief psychoeducation programs have been tested in clinical trials by several other investigators and found to be generally effective for BPD symptoms. Similar efforts have been described to shorten dialectical behavior therapy (DBT). Black et al. address another problem with access-a lack of treatment for patients with BPD in forensic settings. Cox et al. drawing on data from a large-scale epidemiological survey, address the relationship between affective instability (AI) and suicidality, using comorbidity with panic disorder as a proxy, with suicide attempts as an outcome. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Full Text: Available from Ovid in Journal of Nervous and Mental Disease in University of Cambridge Medical Library

Title: Improving access in borderline therapy for difficult-to-engage patients: A clinical description.

Citation: Journal of Nervous and Mental Disease, February 2013, vol./is. 201/2(136-142), 0022-3018;1539-736X

Author(s): Lingam, Ravi

Abstract: Debate about suitability or clinicians' low expectations has led to patients with personality disorders being labeled as difficult and being socially excluded from pathways of care. Traditional psychotherapeutic treatments in borderline personality disorder demand too much of these patients' fractured ego structures for meaningful (long-term) therapeutic engagement. However, these patients cause clinicians anxiety and are a burden in health care systems. This article describes the challenge for clinical care teams working in partnership arrangements-psychotherapy and psychiatry services-to provide a containing framework of care. Early access to a pragmatic psychoanalytically oriented group treatment in borderline personality disorder is aimed at offering these patients an opportunity to make transitions in borderline treatment and thus alter the trajectory of their (self-) destructive pathway. A clinical and theoretical case is made for clinicians and health strategists to re-engage in the process of making meaningful early contact with borderline vulnerability. The group-based treatment model in borderline disturbance described in this article has helped forge partnerships between psychotherapy and psychiatric teams in providing in-depth diagnostic and prognostic information early in the patients' journey. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Full Text: Available from Ovid in Journal of Nervous and Mental Disease in University of Cambridge Medical Library