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(Arch, Twohig et al. 2015; Berry, Ford et al. 2015; Bockting, Smid et al. 2015; Brent, Brunwasser et al. 2015; Castelnovo, Cavallotti et al. 2015; Conklin and Strunk 2015; Coulton, Clift et al. 2015; Denny, Inhoff et al. 2015; Erekson, Lambert et al. 2015; Fernandez, Salem et al. 2015; Goddard, Wingrove et al. 2015; Guo, Xiang et al. 2015; Jetten, Branscombe et al. 2015; Katzelnick and Williams 2015; Kelders, Bohlmeijer et al. 2015; Kleiboer, Donker et al. 2015; Lloyd, Schmidt et al. 2015; Masland and Hooley 2015; Orgeta, Qazi et al. 2015; Pace-Schott, Germain et al. 2015; Pachankis, Cochran et al. 2015; Reimer and Moscovitch 2015; Researchers 2015; Rohan, Meyerhoff et al. 2015; Sani, Madhok et al. 2015; Schumm, Dickstein et al. 2015; Tajika, Ogawa et al. 2015; Taylor, Rietzschel et al. 2015; Vachon, Krueger et al. 2015; Weitz, Hollon et al. 2015; Alberts, Hadjistavropoulos et al. 2016; Kontunen, Timonen et al. 2016; Ludman, Simon et al. 2016; Mansson, Salami et al. 2016; Persons, Koerner et al. 2016; Wiles, Thomas et al. 2016)

Alberts, N. M., H. D. Hadjistavropoulos, et al. (2016). ***"Linking illness in parents to health anxiety in offspring: Do beliefs about health play a role?"*** Behavioural and Cognitive Psychotherapy 44(01): 18-29. http://dx.doi.org/10.1017/S1352465814000319

Background: The cognitive behavioural (CB) model of health anxiety proposes parental illness leads to elevated health anxiety in offspring by promoting the acquisition of specific health beliefs (e.g. overestimation of the likelihood of illness). Aims: Our study tested this central tenet of the CB model. Method: Participants were 444 emerging adults (18–25-years-old) who completed online measures and were categorized into those with healthy parents (n = 328) or seriously ill parents (n = 116). Results: Small (d = .21), but significant, elevations in health anxiety, and small to medium (d = .40) elevations in beliefs about the likelihood of illness were found among those with ill vs. healthy parents. Mediation analyses indicated the relationship between parental illness and health anxiety was mediated by beliefs regarding the likelihood of future illness. Conclusions: Our study incrementally advances knowledge by testing and supporting a central proposition of the CB model. The findings add further specificity to the CB model by highlighting the importance of a specific health belief as a central contributor to health anxiety among offspring with a history of serious parental illness.

Arch, J. J., M. P. Twohig, et al. (2015). ***"The credibility of exposure therapy: Does the theoretical rationale matter?"*** Behaviour Research and Therapy 72: 81-92. http://www.sciencedirect.com/science/article/pii/S0005796715000911

AbstractObjective Little is understood about how the public perceives exposure-based therapy (ET) for treating anxiety and trauma-related disorders or how ET rationales affect treatment credibility. Distinct approaches to framing ET are practiced, including those emphasized in traditional cognitive behavioral therapy, acceptance and commitment therapy, and the more recent inhibitory learning model. However, their relative effect on ET's credibility remains unknown. Method A final sample of 964 U.S. adults provided baseline views of ET. Participants rated ET treatment credibility following a simple ET definition (pre-rationale) and following randomization to rationale modules addressing ET goals, fear, and cognitive strategies from distinct theoretical perspectives (post-rationale). Baseline ET views, symptoms, and sociodemographic characteristics were examined as putative moderators and predictors. Results At baseline, the majority had never heard of ET. From pre- to post-rationale, ET treatment credibility significantly increased but the rationales' theoretical perspective had little impact. More negative baseline ET views, specific ethnic/racial minority group status, and lower education moderated or predicted greater increases in treatment credibility following the rationale.

Berry, K., S. Ford, et al. (2015). ***"Trauma in relation to psychosis and hospital experiences: The role of past trauma and attachment."*** Psychology and Psychotherapy: Theory, Research and Practice 88(3): 227-239. http://dx.doi.org/10.1111/papt.12035

Objectives We investigated rates of psychosis-related and hospital-related post-traumatic stress disorder (PTSD) in people with psychosis in secure settings. We also investigated relationships between PTSD symptoms and previous experiences of trauma and adult attachment. Method Using a cross-sectional design, 50 participants from medium-secure and low-secure settings were interviewed to identify distressing experiences related to psychosis and hospitalization. PTSD symptoms related to those experiences, past trauma and attachment were assessed using self-report measures. Results The combined rate of psychosis-related and hospital-related PTSD was 30%. Twenty-four percent and 18% met criteria for psychosis-related and hospital-related PTSD, respectively. Severity of psychosis was associated with both psychosis-related and hospital-related PTSD symptoms. The prevalence of previous trauma was high, but previous trauma was not significantly correlated with psychosis-related or hospital-related PTSD symptoms. Anxiety in attachment relationships was significantly associated with both psychosis-related PTSD symptoms and hospital-related PTSD symptoms. Conclusions This study adds to the growing body of research highlighting the distressing nature of psychosis and the iatrogenic effects of treatments. It also highlights the potentially important role of attachment styles in PTSD in psychosis. Practitioner points * 30% of patients met criteria for psychosis- or hospital-related PTSD. * Severity of psychosis was associated with PTSD symptoms. * Anxiety in attachment relationships was positively correlated with PTSD symptoms.

Bockting, C. L. H., N. H. Smid, et al. (2015). ***"Enduring effects of preventive cognitive therapy in adults remitted from recurrent depression: A 10 year follow-up of a randomized controlled trial."*** Journal of Affective Disorders 185: 188-194. http://www.sciencedirect.com/science/article/pii/S0165032715004097

Background Prevention of recurrence is a challenge in the management of major depressive disorder (MDD). The long-term effects of Preventive Cognitive Therapy (PCT) in preventing recurrence in MDD are not known. Methods A RCT comparing the addition of PCT to Treatment As Usual (TAU), versus TAU including patients with recurrent depression who were in remission at entry (N=172). PCT consisted of eight weekly group sessions. TAU involved standard treatment. Primary outcome is time to first recurrence of a depressive episode as assessed by blinded interviewers over 10 years based on DSM-IV-TR criteria. Results Also over 10 years, the protective effect of PCT was dependent on the number of previous episodes a patient experienced. The protective effect intensified with the number of previous depressive episodes (Cox regression; p=.004, Hazard ratio=.576, 95% CI=.396–.837) and is mainly established within the first half of the 10 year follow-up period. For patients with more than three previous episodes (52% of the sample), PCT significantly increased the median survival time (713.0 days) versus patients that received TAU (205.0 days). No enduring effects were found on secondary outcomes. Limitations Dropout rates were relatively high for secondary outcomes, but relatively low for the primary outcome. Results were comparable after multiple imputation. Conclusions PCT in remitted patients with multiple prior episodes has long-term preventive effects on time to recurrence. To reduce recurrence rates, booster sessions might be necessary. A personalized medicine approach might be necessary to reduce recurrence rates even further.

Brent, D. A., S. M. Brunwasser, et al. (2015). ***"Effect of a cognitive-behavioral prevention program on depression 6 years after implementation among at-risk adolescents: A randomized clinical trial."*** JAMA Psychiatry 72(11): 1110-1118. http://dx.doi.org/10.1001/jamapsychiatry.2015.1559

Importance Adolescents whose parents have a history of depression are at risk for developing depression and functional impairment. The long-term effects of prevention programs on adolescent depression and functioning are not known. Objective To determine whether a cognitive-behavioral prevention (CBP) program reduced the incidence of depressive episodes, increased depression-free days, and improved developmental competence 6 years after implementation. Design, Setting, and Participants A 4-site randomized clinical trial compared the effect of CBP plus usual care vs usual care, through follow-up 75 months after the intervention (88% retention), with recruitment from August 2003 through February 2006 at a health maintenance organization, university medical centers, and a community mental health center. A total of 316 participants were 13 to 17 years of age at enrollment and had at least 1 parent with current or prior depressive episodes. Participants could not be in a current depressive episode but had to have subsyndromal depressive symptoms or a prior depressive episode currently in remission. Analysis was conducted between August 2014 and June 2015.Interventions The CBP program consisted of 8 weekly 90-minute group sessions followed by 6 monthly continuation sessions. Usual care consisted of any family-initiated mental health treatment. Main Outcomes and Measures The Depression Symptoms Rating scale was used to assess the primary outcome, new onsets of depressive episodes, and to calculate depression-free days. A modified Status Questionnaire assessed developmental competence (eg, academic or interpersonal) in young adulthood. Results Over the 75-month follow-up, youths assigned to CBP had a lower incidence of depression, adjusting for current parental depression at enrollment, site, and all interactions (hazard ratio, 0.71 [95% CI, 0.53-0.96]). The CBP program's overall significant effect was driven by a lower incidence of depressive episodes during the first 9 months after enrollment. The CBP program's benefit was seen in youths whose index parent was not depressed at enrollment, on depression incidence (hazard ratio, 0.54 [95% CI, 0.36-0.81]), depression-free days (d = 0.34, P = .01), and developmental competence (d = 0.36, P = .04); these effects on developmental competence were mediated via the CBP program's effect on depression-free days. Conclusions and Relevance The effect of CBP on new onsets of depression was strongest early and was maintained throughout the follow-up period; developmental competence was positively affected 6 years later. The effectiveness of CBP may be enhanced by additional booster sessions and concomitant treatment of parental depression.

Castelnovo, A., S. Cavallotti, et al. (2015). ***"Post-bereavement hallucinatory experiences: A critical overview of population and clinical studies."*** Journal of Affective Disorders 186: 266-274. http://www.sciencedirect.com/science/article/pii/S0165032715301968

Background Removal of the "bereavement exclusion" criterion for major depression and proposed research criteria for persistent complex bereavement disorder in DSM-V pose new compelling issues regarding the adequacy of current nosographical boundaries. Post-bereavement hallucinatory experiences (PBHE) are abnormal sensory experiences that are frequently reported by bereaved individuals without a history of mental disorder. Given current uncertainty over the continuum of psychotic experiences in the general population, whether or not they should be considered pathological remains unclear. Methods In order to systemize available knowledge, we reviewed the literature describing general population and clinical studies on PBHEs. Given the relatively low number of articles, all peer-reviewed, published studies in English were included. No study characteristics or publication date restrictions were imposed. Results Overall, evidence suggests a strikingly high prevalence of PBHEs – ranging from 30% to 60% – among widowed subjects, giving consistence and legitimacy to these phenomena. Limitations Whereas general population studies had adequate sample size numbers, all studies in the bereaved population had a very small number of subjects. No consensus for method of evaluation exists in the literature, with some studies using a free interview method and others using semi-structured interviews. Conclusions The available literature appears to support an elevated frequency of PBHEs in bereaved individuals, but further research is needed to increase the reliability of these findings and refine the boundaries between physiological and pathological experiences.

Conklin, L. R. and D. R. Strunk (2015). ***"A session-to-session examination of homework engagement in cognitive therapy for depression: Do patients experience immediate benefits?"*** Behaviour Research and Therapy 72: 56-62. http://www.sciencedirect.com/science/article/pii/S0005796715300036

Homework is a key component of Cognitive Therapy (CT) for depression. Although previous research has found evidence for a positive relationship between homework compliance and treatment outcome, the methods used in previous studies have often not been optimal. In this study, we examine the relation of specific aspects of homework engagement and symptom change over successive session-to-session intervals. In a sample of 53 depressed adults participating in CT, we examined the relation of observer-rated homework engagement and session-to-session symptom change across the first five sessions. Within patient (and not between patient) variability in homework engagement was significantly related to greater session-to-session symptom improvements. These findings were similar when homework engagement was assessed through a measure of general engagement with homework assignments and a measure assessing engagement in specific assignments often used in CT. Secondary analyses suggested that observer ratings of the effort patients made on homework and the completion of cognitive homework were the numerically strongest predictors of depressive symptom improvements. Patient engagement with homework assignments appears to be an important predictor of early session-to-session symptom improvements. Future research is needed to identify what therapist behaviors promote homework engagement.

Coulton, S., S. Clift, et al. (2015). ***"Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: Randomised controlled trial."*** The British Journal of Psychiatry 207(3): 250-255. http://bjp.rcpsych.org/bjprcpsych/207/3/250.full.pdf

Background As the population ages, older people account for a greater proportion of the health and social care budget. Whereas some research has been conducted on the use of music therapy for specific clinical populations, little rigorous research has been conducted looking at the value of community singing on the mental health-related quality of life of older people. Aims To evaluate the effectiveness and cost-effectiveness of community group singing for a population of older people in England. Method A pilot pragmatic individual randomised controlled trial comparing group singing with usual activities in those aged 60 years or more. Results A total of 258 participants were recruited across five centres in East Kent. At 6 months post-randomisation, significant differences were observed in terms of mental health-related quality of life measured using the SF12 (mean difference = 2.35; 95% CI = 0.06–4.76) in favour of group singing. In addition, the intervention was found to be marginally more cost-effective than usual activities. At 3 months, significant differences were observed for the mental health components of quality of life (mean difference = 4.77; 2.53–7.01), anxiety (mean difference = −1.78; −2.5 to −1.06) and depression (mean difference = −1.52; −2.13 to −0.92). Conclusions Community group singing appears to have a significant effect on mental health-related quality of life, anxiety and depression, and it may be a useful intervention to maintain and enhance the mental health of older people.

Denny, B. T., M. C. Inhoff, et al. (2015). ***"Getting over it: Long-lasting effects of emotion regulation on amygdala response."*** Psychological Science 26(9): 1377-1388. http://pss.sagepub.com/content/26/9/1377.abstract

Little is known about whether emotion regulation can have lasting effects on the ability of a stimulus to continue eliciting affective responses in the future. We addressed this issue in this study. Participants cognitively reappraised negative images once or four times, and then 1 week later, they passively viewed old and new images, so that we could identify lasting effects of prior reappraisal. As in prior work, active reappraisal increased prefrontal responses but decreased amygdala responses and self-reported emotion. At 1 week, amygdala responses remained attenuated for images that had been repeatedly reappraised compared with images that had been reappraised once, new control images, and control images that had been seen as many times as reappraised images but had never been reappraised. Prefrontal activation was not selectively elevated for repeatedly reappraised images and was not related to long-term attenuation of amygdala responses. These results suggest that reappraisal can exert long-lasting "dose-dependent" effects on amygdala response that may cause lasting changes in the neural representation of an unpleasant event's emotional value.

Erekson, D. M., M. J. Lambert, et al. (2015). ***"The relationship between session frequency and psychotherapy outcome in a naturalistic setting."*** J Consult Clin Psychol 83(6): 1097-1107. http://www.ncbi.nlm.nih.gov/pubmed/26436645

OBJECTIVE: The dose-response relationship in psychotherapy has been examined extensively, but few studies have included session frequency as a component of psychotherapy "dose." Studies that have examined session frequency have indicated that it may affect both the speed and the amount of recovery. No studies were found examining the clinical significance of this construct in a naturalistic setting, which is the aim of the current study. METHOD: Using an archival database of session-by-session Outcome Questionnaire 45 (OQ-45) measures over 17 years, change trajectories of 21,488 university counseling center clients (54.9% female, 85.0% White, mean age = 22.5) were examined using multilevel modeling, including session frequency at the occasion level. Of these clients, subgroups that attended therapy approximately weekly or fortnightly were compared to each other for differences in speed of recovery (using multilevel Cox regression) and clinically significant change (using multilevel logistic regression). RESULTS: Results indicated that more frequent therapy was associated with steeper recovery curves (Cohen's f2 = 0.07; an effect size between small and medium). When comparing weekly and fortnightly groups, clinically significant gains were achieved faster for those attending weekly sessions; however, few significant differences were found between groups in total amount of change in therapy. CONCLUSIONS: Findings replicated previous session frequency literature and supported a clinically significant effect, where higher session frequency resulted in faster recovery. Session frequency appears to be an impactful component in delivering more efficient psychotherapy, and it is important to consider in individual treatment planning, institutional policy, and future research. (PsycINFO Database Record

Fernandez, E., D. Salem, et al. (2015). ***"Meta-analysis of dropout from cognitive behavioral therapy: Magnitude, timing, and moderators."*** J Consult Clin Psychol 83(6): 1108-1122. http://www.ncbi.nlm.nih.gov/pubmed/26302248

In this era of insistence on evidence-based treatments, cognitive behavioral therapy (CBT) has emerged as a highly preferred choice for a spectrum of psychological disorders. Yet, it is by no means immune to some of the vagaries of client participation. Special concerns arise when clients drop out from treatment. OBJECTIVE: The aim of this study was to answer questions about the rate and timing of dropout from CBT, with specific reference to pretreatment versus during treatment phases. Also explored were several moderators of dropout. METHOD: A meta-analysis was performed on dropout data from 115 primary empirical studies involving 20,995 participants receiving CBT for a range of mental health disorders. RESULTS: Average weighted dropout rate was 15.9% at pretreatment, and 26.2% during treatment. Dropout was significantly associated with (a) diagnosis, with depression having the highest attrition rate; (b) format of treatment delivery, with e-therapy having the highest rates; (c) treatment setting, with fewer inpatient than outpatient dropouts; and (d) number of sessions, with treatment starters showing significantly reduced dropout as number of sessions increased. Dropout was not significantly associated with client type (adults or adolescents), therapist licensure status, study design (randomized control trial [RCT] vs. non-RCT), or publication recency. CONCLUSIONS: Findings are interpreted with reference to other reviews. Possible clinical applications include careful choice and supplementing of treatment setting/delivery according to the diagnosis, and use of preparatory strategies. Suggestions for future research include standardization of operational definitions of dropout, specification of timing of dropout, and exploration of additional moderator variables. (PsycINFO Database Record

Goddard, E., J. Wingrove, et al. (2015). ***"The impact of comorbid personality difficulties on response to iapt treatment for depression and anxiety."*** Behaviour Research and Therapy 73: 1-7. http://www.sciencedirect.com/science/article/pii/S0005796715300139

(Available in free full text) The UK's Improving Access to Psychological Therapies (IAPT) initiative provides evidence-based psychological interventions for mild to moderate common mental health problems in a primary care setting. Predictors of treatment response are unclear. This study examined the impact of personality disorder status on outcome in a large IAPT service. We hypothesised that the presence of probable personality disorder would adversely affect treatment response. Method We used a prospective cohort design to study a consecutive sample of individuals (n = 1249). Results Higher scores on a screening measure for personality disorder were associated with poorer outcome on measures of depression, anxiety and social functioning, and reduced recovery rates at the end of treatment. These associations were not confounded by demographic status, initial symptom severity nor number of treatment sessions. The presence of personality difficulties independently predicted reduced absolute change on all outcome measures. Conclusions The presence of co-morbid personality difficulties adversely affects treatment outcome among individuals attending for treatment in an IAPT service. There is a need to routinely assess for the presence of personality difficulties on all individuals referred to IAPT services. This information will provide important prognostic data and could lead to the provision of more effective, personalised treatment in IAPT. [Note the 8-item personality disorder screening questionnaire used is freely downloadable at http://tinyurl.com/zbvbzzq .]

Guo, T., Y. T. Xiang, et al. (2015). ***"Measurement-based care versus standard care for major depression: A randomized controlled trial with blind raters."*** Am J Psychiatry 172(10): 1004-1013. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.14050652

OBJECTIVE: The authors compared measurement-based care with standard treatment in major depression. METHODS: Outpatients with moderate to severe major depression were consecutively randomized to 24 weeks of either measurement-based care (guideline- and rating scale-based decisions; N=61), or standard treatment (clinicians' choice decisions; N=59). Pharmacotherapy was restricted to paroxetine (20-60 mg/day) or mirtazapine (15-45 mg/day) in both groups. Depressive symptoms were measured with the Hamilton Depression Rating Scale (HAM-D) and the Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR). Time to response (a decrease of at least 50% in HAM-D score) and remission (a HAM-D score of 7 or less) were the primary endpoints. Outcomes were evaluated by raters blind to study protocol and treatment. RESULTS: Significantly more patients in the measurement-based care group than in the standard treatment group achieved response (86.9% compared with 62.7%) and remission (73.8% compared with 28.8%). Similarly, time to response and remission were significantly shorter with measurement-based care (for response, 5.6 weeks compared with 11.6 weeks, and for

remission, 10.2 weeks compared with 19.2 weeks). HAM-D scores decreased significantly in both groups, but the reduction was significantly larger for the measurement-based care group (-17.8 compared with -13.6). The measurement-based care group had significantly more treatment adjustments (44 compared with 23) and higher antidepressant dosages from week 2 to week 24. Rates of study discontinuation, adverse effects, and concomitant medications did not differ between groups. CONCLUSIONS: The results demonstrate the feasibility and effectiveness of measurement-based care for outpatients with moderate to severe major depression, suggesting that this approach can be incorporated in the clinical care of patients with major depression.

Jetten, J., N. R. Branscombe, et al. (2015). ***"Having a lot of a good thing: Multiple important group memberships as a source of self-esteem."*** PLoS One 10(5): e0124609. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0124609

(Available in free full text) Membership in important social groups can promote a positive identity. We propose and test an identity resource model in which personal self-esteem is boosted by membership in additional important social groups. Belonging to multiple important group memberships predicts personal self-esteem in children (Study 1a), older adults (Study 1b), and former residents of a homeless shelter (Study 1c). Study 2 shows that the effects of multiple important group memberships on personal self-esteem are not reducible to number of interpersonal ties. Studies 3a and 3b provide longitudinal evidence that multiple important group memberships predict personal self-esteem over time. Studies 4 and 5 show that collective self-esteem mediates this effect, suggesting that membership in multiple important groups boosts personal self-esteem because people take pride in, and derive meaning from, important group memberships. Discussion focuses on when and why important group memberships act as a social resource that fuels personal self-esteem.

Katzelnick, D. J. and M. D. Williams (2015). ***"Large-scale dissemination of collaborative care and implications for psychiatry."*** Psychiatr Serv 66(9): 904-906. http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400529

(Available in free full text) The evidence is overwhelming that a collaborative care approach to common mental illnesses is superior to usual care. Why isn't this model widely available? The authors of this column argue that the problem is not a lack of evidence or documentation of a better model, but the need for adoption of implementation science and dissemination knowledge to bring collaborative care into practice. They discuss the challenge of providing mental health care in the United States, the evidence that collaborative care is effective and can play a major role in expanding mental health services, the science of dissemination, six successful large-scale dissemination programs for collaborative care, and the implications of this shift in care delivery for psychiatry and all mental health providers.

Kelders, S. M., E. T. Bohlmeijer, et al. (2015). ***"Comparing human and automated support for depression: Fractional factorial randomized controlled trial."*** Behaviour Research and Therapy 72: 72-80. http://www.sciencedirect.com/science/article/pii/S0005796715300061

Web-based interventions for people with depressive symptoms are needed and show promising effects. However, it is a consistent finding that human support is needed and this makes implementation costly. This study investigates the adherence and effectiveness of a human-supported and automated-supported web-based intervention for people with mild to moderate depressive symptomatology, and studies the impact of four persuasive technology components. People with mild to moderate depressive symptoms according to the Center of Epidemiological Studies depression scale self-report questionnaire were included, but no diagnosis was made for the study. Participants (n = 239) were randomized into one of eight intervention arms, where each level of each component is present in half of the intervention arms. On clinical outcomes, there was a significant interaction effect between support condition and time, but there was no difference on the extent of improvement from baseline to follow-up, only a difference in the time-path of improvement. Effect sizes from baseline to follow-up were 0.89 for automated and 1.00 for human support. There was no significant difference on adherence between support condition. We conclude that an automated-supported web-based intervention for treatment of depression with persuasive technology may achieve similar adherence and effectiveness as the same intervention with human support.

Kleiboer, A., T. Donker, et al. (2015). ***"A randomized controlled trial on the role of support in internet-based problem solving therapy for depression and anxiety."*** Behaviour Research and Therapy 72: 63-71. http://www.sciencedirect.com/science/article/pii/S000579671530005X

Internet-based interventions can be effective treatments for anxiety and depression. Meta-analytic evidence suggests that they should be delivered with human support to reach optimal effects. These findings have not consistently been replicated in direct comparisons of supported and unsupported interventions, however. This study examined the role of support in Internet-based problem solving treatment (PST) for symptoms of anxiety and/or depression. Adults with mild to moderate symptoms of anxiety and/or depression were recruited from the general population and randomized to: (1) PST without support (n = 107), (2) PST with support on request (n = 108), (3) PST with weekly support (n = 106), (4) no Internet-based intervention but non-specific chat or email (n = 110), or (5) waitlist control (WLC; n = 106). Primary outcomes were symptoms of anxiety (HADS) and depression (CES-D) measured at baseline and 6 weeks later. Analyses were first based on the intention-to-treat principle (ITT) and repeated with intervention completers. Only participants who received PST with weekly support improved significantly more than WLC for depressive symptoms. Results for anxiety were less robust but in favor of the weekly support condition. The results underscore the importance of structural support in Internet-based interventions for depression and anxiety.

Kontunen, J., M. Timonen, et al. (2016). ***"Is interpersonal counselling (ipc) sufficient treatment for depression in primary care patients? A pilot study comparing ipc and interpersonal psychotherapy (ipt)."*** Journal of Affective Disorders 189: 89-93. http://www.sciencedirect.com/science/article/pii/S0165032715305619

(Available in free full text) Background Psychotherapeutic treatment is underused in primary care, where even short-term psychotherapy can be perceived as too lengthy and labour-intensive. We tested here for the first time the preliminary efficacy of seven sessions of interpersonal counselling (IPC) by comparison with sixteen sessions of interpersonal psychotherapy (IPT) in regular clinical settings. Methods Patients seeking treatment for the first time who met the DSM-IV criteria for major depressive disorder (MDD, mild/moderate) were randomized to either IPC (n=20) or IPT (n=20). The efficacy of the treatments was assessed using the 34-item Clinical Outcomes in Routine Evaluation (CORE-OM) scale and the Beck Depression Inventory (BDI) scale. Results 90% of the patients completed all the treatment sessions. IPC delivered by psychiatric nurses in primary care proved equally as effective as IPT delivered by psychotherapists/psychologists in secondary care. The pre-treatment to 12-month follow-up within-group effect sizes were large: 1.52 (CORE-OM) and 1.41 (BDI) in the IPC group and 1.58 (CORE-OM) and 1.40 (BDI) in the IPT group. At the 12-month follow-up 59% of the patients in the IPC group and 63% in the IPT group were classified as recovered on the CORE-OM scale, with corresponding remission rates of 61% for both groups on the BDI scale. Limitations The small sample size limited the power to detect differences between the groups and the naturalistic settings may have confounded the results. Conclusions This clinical trial suggests that IPC is an appropriate and even sufficient first-phase intervention for handling previously untreated mild to moderate depression in primary health care.

Lloyd, S., U. Schmidt, et al. (2015). ***"Can psychological interventions reduce perfectionism? A systematic review and meta-analysis."*** Behavioural and Cognitive Psychotherapy 43(06): 705-731. http://dx.doi.org/10.1017/S1352465814000162

Background: Perfectionism is implicated in a range of psychiatric disorders, impedes treatment and is associated with poorer treatment outcomes. Aims: The aim of this systematic review and meta-analysis was to summarize the existing evidence for psychological interventions targeting perfectionism in individuals with psychiatric disorders associated with perfectionism and/or elevated perfectionism. Method: Eight studies were identified and were analysed in meta-analyses. Meta-analyses were carried out for the Personal Standards and Concern over Mistakes subscales of the Frost Multi-Dimensional Perfectionism Scale (FMPS) and the Self Orientated Perfectionism and Socially Prescribed Perfectionism subscales of the Hewitt and Flett MPS (HMPS) in order to investigate change between pre and postintervention. Results: Large pooled effect sizes were found for the Personal Standards and Concern over Mistakes subscales of the FMPS and the Self Orientated Perfectionism subscale of the HMPS, whilst a medium sized effect was found for change in Socially Prescribed Perfectionism. Medium pooled effect sizes were also found for symptoms of anxiety and depression. Conclusions: There is some support that it is possible to significantly reduce perfectionism in individuals with clinical disorders associated with perfectionism and/or clinical levels of perfectionism. There is also some evidence that such interventions are associated with decreases in anxiety, depression, eating disorder and obsessive compulsive symptoms. Further research is needed in order to investigate the optimal dosage and format of such interventions as well as into specific disorders where there is a lack of evidence for their effectiveness.

Ludman, E. J., G. E. Simon, et al. (2016). ***"Organized self-management support services for chronic depressive symptoms: A randomized controlled trial."*** Psychiatric Services 67(1): 29-36. http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400295

Objective: This study aimed to determine whether a self-management support service was more effective than treatment as usual in reducing depressive symptoms and major depressive episodes and increasing personal recovery among individuals with chronic or recurrent depressive symptoms. Methods: The study was a randomized controlled trial of a self-management support service consisting of depression self-management training, recovery coaching, and care coordination. The 18-month intervention included regular telephone or in-person contacts with a care manager and a structured group program co-led by a professional therapist and a trained peer specialist. Intervention (N=150) and control (N=152) participants ages ≥18 with chronic or recurrent depressive symptoms were recruited from five clinics in Seattle, Washington. Outcome measures included the Hopkins Symptom Checklist depression scale, the Recovery Assessment Scale, the Patient-Rated Global Improvement scale, and the percentage of participants with a major depressive episode. Interviewers were masked to treatment condition. Results: Repeated-measures estimates of the long-term effect of the intervention versus usual care (average of the six-, 12-, and 18-month outcomes adjusted for age, gender, and site) indicated that intervention participants had less severe symptoms (p=.002) and higher recovery scores (p=.03), were less likely to be depressed (odds ratio [OR]=.52, p=.001), and were more likely to be much improved (OR=1.96, p=.001). Conclusions: These findings support providing regular outreach care management and a self-care group offering a combined behavioral and recovery-oriented approach for people with chronic or recurrent depressive symptoms.

Mansson, K. N., A. Salami, et al. (2016). ***"Neuroplasticity in response to cognitive behavior therapy for social anxiety disorder."*** Transl Psychiatry 6: e727. http://www.ncbi.nlm.nih.gov/pubmed/26836415

Patients with anxiety disorders exhibit excessive neural reactivity in the amygdala, which can be normalized by effective treatment like cognitive behavior therapy (CBT). Mechanisms underlying the brain's adaptation to anxiolytic treatments are likely related both to structural plasticity and functional response alterations, but multimodal neuroimaging studies addressing structure-function interactions are currently missing. Here, we examined treatment-related changes in brain structure (gray matter (GM) volume) and function (blood-oxygen level dependent, BOLD response to self-referential criticism) in 26 participants with social anxiety disorder randomly assigned either to CBT or an attention bias modification control treatment. Also, 26 matched healthy controls were included. Significant time x treatment interactions were found in the amygdala with decreases both in GM volume (family-wise error (FWE) corrected P(FWE)=0.02) and BOLD responsivity (P(FWE)=0.01) after successful CBT. Before treatment, amygdala GM volume correlated positively with anticipatory speech anxiety (P(FWE)=0.04), and CBT-induced reduction of amygdala GM volume (pre-post) correlated positively with reduced anticipatory anxiety after treatment (P(FWE)0.05). In addition, we observed greater amygdala neural responsivity to self-referential criticism in socially anxious participants, as compared with controls (P(FWE)=0.029), before but not after CBT. Further analysis indicated that diminished amygdala GM volume mediated the relationship between decreased neural responsivity and reduced social anxiety after treatment (P=0.007). Thus, our results suggest that improvement-related structural plasticity impacts neural responsiveness within the amygdala, which could be essential for achieving anxiety reduction with CBT.

Masland, S. R. and J. M. Hooley (2015). ***"Perceived criticism: A research update for clinical practitioners."*** Clinical Psychology: Science and Practice 22(3): 211-222. http://dx.doi.org/10.1111/cpsp.12110

Perceived criticism (PC), an easily obtained measure that can be assessed using a single item, predicts a range of negative clinical outcomes. Evidence suggests that PC is not a proxy for neuroticism or other variables that could be relevant for prognosis. PC also shows incremental predictive validity over related constructs. This may be because PC appears to moderate how the brain processes criticism and how people respond to negative stimuli more generally. Despite evidence supporting PC's concurrent and predictive validity, the measure is not currently used in clinical practice. In an effort to bridge this science–practice gap, we review the PC literature and highlight its clinical relevance. We also provide suggestions for using PC in clinical practice to improve outcomes.

Orgeta, V., A. Qazi, et al. (2015). ***"Psychological treatments for depression and anxiety in dementia and mild cognitive impairment: Systematic review and meta-analysis."*** The British Journal of Psychiatry 207(4): 293-298. http://bjp.rcpsych.org/bjprcpsych/207/4/293.full.pdf

(Free full text available) Background Anxiety and depression are common in people with dementia and mild cognitive impairment (MCI), but there is uncertainty about the effectiveness of both pharmacological and psychological therapies.AimsTo evaluate the evidence of effectiveness of psychological treatments in treating depression and anxiety in people with dementia and MCI. Method We carried out a systematic review and meta-analysis of randomised controlled trials (RCTs) of psychological treatment versus usual care in people with dementia and MCI. Primary outcomes were symptoms of anxiety and depression. Secondary outcomes were quality of life, ability to perform daily activities, neuropsychiatric symptoms, cognition and caregivers' self-rated depressive symptoms. Results We included six RCTs, involving 439 participants with dementia, which used cognitive–behavioural therapy, interpersonal therapy, counselling or multimodal interventions including a specific psychological therapy. We found beneficial effects for both depression and anxiety. Overall, the quality of the evidence was moderate for depression and low for anxiety, due to the methodological limitations of the studies we identified and the limited number of trials. Conclusions The evidence from six RCTs suggests that psychological treatments are effective in reducing symptoms of

depression and anxiety for people with dementia. There is a need for high-quality, multicentre trials including standardised, well-defined interventions.

Pace-Schott, E. F., A. Germain, et al. (2015). ***"Effects of sleep on memory for conditioned fear and fear extinction."*** Psychol Bull 141(4): 835-857. http://www.ncbi.nlm.nih.gov/pubmed/25894546

Learning and memory for extinction of conditioned fear is a basic mammalian mechanism for regulating negative emotion. Sleep promotes both the consolidation of memory and the regulation of emotion. Sleep can influence consolidation and modification of memories associated with both fear and its extinction. After brief overviews of the behavior and neural circuitry associated with fear conditioning, extinction learning, and extinction memory in the rodent and human, interactions of sleep with these processes will be examined. Animal and human studies suggest that sleep can serve to consolidate both fear and extinction memory. In humans, sleep also promotes generalization of extinction memory. Time-of-day effects on extinction learning and generalization are also seen. Rapid eye movement (REM) may be a sleep stage of particular importance for the consolidation of both fear and extinction memory as evidenced by selective REM deprivation experiments. REM sleep is accompanied by selective activation of the same limbic structures implicated in the learning and memory of fear and extinction. Preliminary evidence also suggests extinction learning can take place during slow wave sleep. Study of low-level processes such as conditioning, extinction, and habituation may allow sleep effects on emotional memory to be identified and inform study of sleep's effects on more complex, emotionally salient declarative memories. Anxiety disorders are marked by impairments of both sleep and extinction memory. Improving sleep quality may ameliorate anxiety disorders by strengthening naturally acquired extinction. Strategically timed sleep may be used to enhance treatment of anxiety by strengthening therapeutic extinction learned via exposure therapy. (PsycINFO Database Record

Pachankis, J. E., S. D. Cochran, et al. (2015). ***"The mental health of sexual minority adults in and out of the closet: A population-based study."*** J Consult Clin Psychol 83(5): 890-901. http://www.ncbi.nlm.nih.gov/pubmed/26280492

OBJECTIVES: Previous studies have found that sexual orientation concealment affords escape from stigma and discrimination but also creates a psychological toll. While disclosure alleviates the mental burden of concealment, it invites the stress of navigating a new public identity. Population-based samples that include both "in" and "out" sexual minorities provide an ideal opportunity to resolve limitations and inconsistencies of previous nonprobability investigations into the mental health correlates of concealment and disclosure. METHOD: Sexual minority participants in the California Quality of Life Survey (n = 2,083) indicated whether and when they first disclosed their sexual orientation to others. Prevalence of 1-year major depressive disorder and generalized anxiety disorder was derived from the Composite International Diagnostic Interview-Short Form. RESULTS: Closeted men (n = 84) were less likely to be depressed than out men, n = 1,047; odds ratio (OR) = 0.41; 95% CI [0.17, 0.996]. Men who were recently out (n = 201) experienced higher odds of major depressive disorder, OR = 6.21; 95% CI [1.53, 24.47], and generalized anxiety disorder, OR = 5.51; 95% CI [1.51, 20.13], as compared to closeted men. Men who were distantly out (n = 846) also experienced higher odds of major depressive disorder than men who were closeted, OR = 2.91; 95% CI [1.10, 7.69]. Recently out women (n = 243) experienced lower odds of depression than closeted women, n = 63; OR = 0.21; 95% CI [0.05, 0.96]. CONCLUSION: Whether being in or out of the closet is associated with depression and anxiety largely depends on gender. Clinical and policy implications are discussed in terms of the unique stressors facing men and women both in and out of the closet.

Persons, J. B., K. Koerner, et al. (2016). ***"Increasing psychotherapists' adoption and implementation of the evidence-based practice of progress monitoring."*** Behaviour Research and Therapy 76: 24-31. http://www.sciencedirect.com/science/article/pii/S000579671530053X

(Available in free full text) Evidence-based practices (EBPs) reach consumers slowly because practitioners are slow to adopt and implement them. We hypothesized that giving psychotherapists a tool + training intervention that was designed to help the therapist integrate the EBP of progress monitoring into his or her usual way of working would be associated with adoption and sustained implementation of the particular progress monitoring tool we trained them to use (the Depression Anxiety Stress Scales on our Online Progress Tracking tool) and would generalize to all types of progress monitoring measures. To test these hypotheses, we developed an online progress monitoring tool and a course that trained psychotherapists to use it, and we assessed progress monitoring behavior in 26 psychotherapists before, during, immediately after, and 12 months after they received the tool and training. Immediately after receiving the tool + training intervention, participants showed statistically significant increases in use of the online tool and of all types of progress monitoring measures. Twelve months later, participants showed sustained use of any type of progress monitoring measure but not the online tool.

Reimer, S. G. and D. A. Moscovitch (2015). ***"The impact of imagery rescripting on memory appraisals and core beliefs in social anxiety disorder."*** Behaviour Research and Therapy 75: 48-59. http://www.sciencedirect.com/science/article/pii/S0005796715300474

Negative mental images in social anxiety disorder (SAD) are often rooted in autobiographical memories of formative, distressing life events. In the present study, 25 participants with SAD retrieved an idiosyncratic negative mental image and associated autobiographical memory. Participants were then randomly assigned either to a single-session of imagery rescripting (IR) targeting the retrieved autobiographical memory or to a non-intervention control condition (no-IR). Outcomes were assessed one week later. Compared to control participants, those who received IR experienced substantial reduction in SAD symptoms accompanied by more positive and less negative appraisals of their autobiographical memories. Moreover, IR relative to no-IR participants reported marked shifts in the content, validity, and accuracy of their memory-derived negative core beliefs about self and others, but not about the world. Results support the promise of IR as a stand-alone intervention for SAD and suggest important directions for future research to enhance our understanding of the cognitive mechanisms that underlie its effects.

Researchers, O. (2015) ***Coping with self harm: A guide for parents and carers***. 1-13

(Freely downloadable 13 page PDF) Self-harm is very common in young people, with 10-15% of young people in the UK reporting that they self-harm. Young people's self-harm can leave families confused, anxious and feeling like there's nowhere to turn. Now, based on in-depth research with parents, a team from Oxford University's Centre for Suicide Research are launching a guide to help parents and carers who are trying to cope with this difficult situation.

Rohan, K. J., J. Meyerhoff, et al. (2015). ***"Outcomes one and two winters following cognitive-behavioral therapy or light therapy for seasonal affective disorder."*** Am J Psychiatry: appiajp201515060773. http://www.ncbi.nlm.nih.gov/pubmed/26539881

OBJECTIVE: The central public health challenge for winter seasonal affective disorder (SAD) is recurrence prevention. Preliminary studies suggest better long-term outcomes following cognitive-behavioral therapy tailored for SAD (CBT-SAD) than light therapy. The present study is a large, randomized head-to-head comparison of these treatments on outcomes one and two

winters after acute treatment. METHOD: Community adults with major depression, recurrent with seasonal pattern (N=177) were followed one and two winters after a randomized trial of 6 weeks of CBT-SAD (N=88) or light therapy (N=89). Prospective follow-up visits occurred in January or February of each year, and major depression status was assessed by telephone in October and December of the first year. The primary outcome was winter depression recurrence status on the Structured Interview Guide for the Hamilton Depression Rating Scale-Seasonal Affective Disorder Version (SIGH-SAD). Other outcomes were depression severity on the SIGH-SAD and the Beck Depression Inventory-Second Edition (BDI-II), remission status based on severity cutoff scores, and major depression status from tracking calls. RESULTS: The treatments did not differ on any outcome during the first year of follow-up. At the second winter, CBT-SAD was associated with a smaller proportion of SIGH-SAD recurrences (27.3% compared with 45.6%), less severe symptoms on both measures, and a larger proportion of remissions defined as a BDI-II score </=8 (68.3% compared with 44.5%) compared with light therapy. Nonrecurrence at the next winter was more highly associated with nonrecurrence at the second winter among CBT-SAD participants (relative risk=5.12) compared with light therapy participants (relative risk=1.92). CONCLUSIONS: CBT-SAD was superior to light therapy two winters following acute treatment, suggesting greater durability for CBT-SAD.

Sani, F., V. Madhok, et al. (2015). ***"Greater number of group identifications is associated with lower odds of being depressed: Evidence from a scottish community sample."*** Social Psychiatry and Psychiatric Epidemiology 50(9): 1389-1397. http://dx.doi.org/10.1007/s00127-015-1076-4

(Available in free full text) Purpose Group identification has been shown to be associated with reduced risk of depression, but this research has important limitations. Our aim was to establish a robust link between group identification and depression whilst overcoming previous studies' shortcomings. Methods 1824 participants, recruited from General Practice throughout Scotland, completed a questionnaire measuring their identification with three groups (family, community, and a group of their choice), as well as their intensity of contact with each group. They also completed a self-rated depression measure and provided demographic information. Their medical records were also accessed to determine if they had been prescribed antidepressants in the previous 6 months. Results The number of group identifications was associated with both lower self-rated depression and lower odds of having received a prescription for antidepressants, even after controlling for the number of contact-intensive groups, level of education, gender, age, and relationship status. Conclusions Identifying with multiple groups may help to protect individuals against depression. This highlights the potential importance of social prescriptions, where health professionals encourage a depressed patient to become a member of one or more groups with which the patient believes he/she would be likely to identify.

Schumm, J. A., B. D. Dickstein, et al. (2015). ***"Changes in posttraumatic cognitions predict changes in posttraumatic stress disorder symptoms during cognitive processing therapy."*** J Consult Clin Psychol 83(6): 1161-1166. http://www.ncbi.nlm.nih.gov/pubmed/26214540

OBJECTIVE: Although cognitive processing therapy (CPT) has strong empirical support as a treatment for posttraumatic stress disorder (PTSD), studies have not directly examined the proposed change mechanisms that underlie CPT-that change in trauma-related cognitions produces change in PTSD and depression symptoms. To improve the understanding of underlying mechanisms of psychotherapeutic change, this study investigated longitudinal association between trauma-related cognitions, PTSD, and depression among veterans receiving CPT during a 7-week residential PTSD treatment program. METHOD: All 195 veterans met DSM-IV-TR diagnosis for PTSD. The sample was 53% male with a mean age of 48 years. Self-reported race was 50% White and 45% African American. The Posttraumatic Cognitions Inventory was used to assess trauma-related cognitions. The PTSD Checklist and Beck Depression Inventory-II were used to assess PTSD and depression, respectively. Cross-lagged panel models were used to test the longitudinal associations between trauma-related cognitions, PTSD, and depression. Measures were administered at three time points: pre-, mid-, and posttreatment. RESULTS: Change in posttraumatic cognitions (self-blame; negative beliefs about the self) preceded change in PTSD. In addition, (a) change in negative beliefs about the self preceded change in depression, (b) change in depression preceded change in self-blame cognitions, and (c) change in depression preceded change in PTSD. CONCLUSION: Findings support the hypothesized underlying mechanisms of CPT in showing that change in trauma-related cognitions precedes change in PTSD symptoms. Results suggest that reduction of depression may be important in influencing reduction of PTSD among veterans in residential PTSD treatment. (PsycINFO Database Record

Tajika, A., Y. Ogawa, et al. (2015). ***"Replication and contradiction of highly cited research papers in psychiatry: 10-year follow-up."*** The British Journal of Psychiatry 207(4): 357-362. http://bjp.rcpsych.org/bjprcpsych/207/4/357.full.pdf

Background Contradictions and initial overestimates are not unusual among highly cited studies. However, this issue has not been researched in psychiatry. Aims To assess how highly cited studies in psychiatry are replicated by subsequent studies. Method We selected highly cited studies claiming effective psychiatric treatments in the years 2000 through 2002. For each of these studies we searched for subsequent studies with a better-controlled design, or with a similar design but a larger sample. Results Among 83 articles recommending effective interventions, 40 had not been subject to any attempt at replication, 16 were contradicted, 11 were found to have substantially smaller effects and only 16 were replicated. The standardised mean differences of the initial studies were overestimated by 132%. Studies with a total sample size of 100 or more tended to produce replicable results. Conclusions Caution is needed when a study with a small sample size reports a large effect.

Taylor, P. J., J. Rietzschel, et al. (2015). ***"The role of attachment style, attachment to therapist, and working alliance in response to psychological therapy."*** Psychology and Psychotherapy: Theory, Research and Practice 88(3): 240-253. http://dx.doi.org/10.1111/papt.12045

Objectives Working alliance (WA) has been shown to be an important process influencing the success of therapy. The association of clients' underlying attachment representations with WA and the subsequent success of therapy has increasingly been recognized. This study explores the association between adult attachment representations, specific attachment to the therapist and WA in patients receiving psychological therapy. Method Fifty-eight participants due to receive therapy were recruited from primary care psychological services. Participants completed self-report measures of attachment, WA, and psychopathology. Results Patients with greater secure attachment to the therapist showed significantly greater WA. In a subset of participants completing therapy, change in outcome was also correlated with baseline attachment towards the therapist. Conclusions The study suggests that attachment towards the therapist is an important predictor of WA. The results suggest that in terms of WA, attachment to the therapist may be more important than pre-existing attachment representations. Practitioner points * A more secure attachment to the therapist was associated with greater WA and improvement in therapy. * Clinicians should be mindful of signs of an insecure attachment to themselves, reflecting a difficulty around trusting the therapist and viewing them as a secure base. Missed sessions and an ongoing reluctance to disclose personal information to the therapist may be signs of an insecure attachment. * This may be the case even in cognitive–behavioural approaches to therapy where

relational processes are not necessarily a focus of therapy. * Incorporating attachment processes in the formulation, including attachment to the therapist, may provide one way of exploring these issues in therapy.

Vachon, D. D., R. F. Krueger, et al. (2015). ***"Assessment of the harmful psychiatric and behavioral effects of different forms of child maltreatment."*** JAMA Psychiatry 72(11): 1135-1142. http://dx.doi.org/10.1001/jamapsychiatry.2015.1792

Importance Several widely held beliefs about child abuse and neglect may be incorrect. It is most commonly assumed that some forms of abuse (eg, physical and sexual abuse) are more harmful than others (eg, emotional abuse and neglect); other assumptions are that each form of abuse has specific consequences and that the effects of abuse differ across sex and race. Objective To determine whether widely held assumptions about child abuse and neglect are valid by testing the hypothesis that different types of child maltreatment (CM) actually have equivalent, broad, and universal effects. Design, Setting, and Participants This observational study assessed 2292 racially and ethnically diverse boys (1254 [54.7%]) and girls (1038 [45.3%]) aged 5 to 13 years (mean [SD] age, 9.0 [2.0] years) who attended a research summer camp program for low-income, school-aged children from July 1, 1986, to August 15, 2012. Of these children, 1193 (52.1%) had a well-documented history of maltreatment. Analysis was conducted from September 25, 2013, to June 1, 2015.Main Outcomes and Measures Various forms of internalizing and externalizing personality and psychopathologic traits were assessed using multiple informant ratings on the California Child Q-Set and Teacher Report Form as well as child self-reported depression and peer ratings of aggression and disruptive behavior. Results Structural analysis showed that different forms of CM have equivalent psychiatric and behavioral effects, ranging from anxiety and depression to rule-breaking and aggression. We also found that nonsexual CM alters 2 broad vulnerability factors, internalizing (β = 0.185; SE = 0.028; P<.001) and externalizing (β = 0.283; SE = 0.023; P<.001), that underlie multiple forms of psychiatric and behavioral disturbance. We show that CM has comparable consequences for boys and girls of different races, and our results allowed us to describe a base rate and co-occurrence issue that makes it difficult to identify the unique effects of child sexual abuse. Conclusions and Relevance Our findings challenge widely held beliefs about how child abuse should be recognized and treated—a responsibility that often lies with the physician. Because different types of child abuse have equivalent, broad, and universal effects, effective treatments for maltreatment of any sort are likely to have comprehensive psychological benefits. Population-level prevention and intervention strategies should emphasize emotional abuse, which occurs with high frequency but is less punishable than other types of child maltreatment.

Weitz, E. S., S. D. Hollon, et al. (2015). ***"Baseline depression severity as moderator of depression outcomes between cognitive behavioral therapy vs pharmacotherapy: An individual patient data meta-analysis."*** JAMA Psychiatry 72(11): 1102-1109. http://dx.doi.org/10.1001/jamapsychiatry.2015.1516

Importance Current guidelines recommend treating severe depression with pharmacotherapy. Randomized clinical trials as well as traditional meta-analyses have considerable limitations in testing for moderators of treatment outcomes. Objectives To conduct a systematic literature search, collect primary data from trials, and analyze baseline depression severity as a moderator of treatment outcomes between cognitive behavioral therapy (CBT) and antidepressant medication (ADM).Data Sources A total of 14 902 abstracts were examined from a comprehensive literature search in PubMed, PsycINFO, EMBASE, and Cochrane Registry of Controlled Trials from 1966 to January 1, 2014. Study Selection Randomized clinical trials in which CBT and ADM were compared in patients with a DSM-defined depressive disorder were included. Data Extraction and Synthesis Study authors were asked to provide primary data from their trial. Primary data from 16 of 24 identified trials (67%), with 1700 outpatients (794 from the CBT condition and 906 from the ADM condition), were included. Missing data were imputed with multiple imputation methods. Mixed-effects models adjusting for study-level differences were used to examine baseline depression severity as a moderator of treatment outcomes. Main Outcomes and Measures Seventeen-item Hamilton Rating Scale for Depression (HAM-D) and Beck Depression Inventory (BDI). Results There was a main effect of ADM over CBT on the HAM-D (β = −0.88; P = .03) and a nonsignificant trend on the BDI (β = −1.14; P = .08, statistical test for trend), but no significant differences in response (odds ratio [OR], 1.24; P = .12) or remission (OR, 1.18; P = .22). Mixed-effects models using the HAM-D indicated that baseline depression severity does not moderate reductions in depressive symptoms between CBT and ADM at outcome (β = 0.00; P = .96). Similar results were seen using the BDI. Baseline depression severity also did not moderate the likelihood of response (OR, 0.99; P = .77) or remission (OR, 1.00; P = .93) between CBT and ADM. Conclusions and Relevance Baseline depression severity did not moderate differences between CBT and ADM on the HAM-D or BDI or in response or remission. This finding cannot be extrapolated to other psychotherapies, to individual ADMs, or to inpatients. However, it offers new and substantial evidence that is of relevance to researchers, physicians and therapists, and patients.

Wiles, N. J., L. Thomas, et al. (2016). ***"Long-term effectiveness and cost-effectiveness of cognitive behavioural therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care: Follow-up of the cobalt randomised controlled trial."*** The Lancet Psychiatry. http://dx.doi.org/10.1016/S2215-0366(15)00495-2

(Available in free full text) Background Cognitive behavioural therapy (CBT) is an effective treatment for people whose depression has not responded to antidepressants. However, the long-term outcome is unknown. In a long-term follow-up of the CoBalT trial, we examined the clinical and cost-effectiveness of cognitive behavioural therapy as an adjunct to usual care that included medication over 3–5 years in primary care patients with treatment-resistant depression. Methods CoBalT was a randomised controlled trial done across 73 general practices in three UK centres. CoBalT recruited patients aged 18–75 years who had adhered to antidepressants for at least 6 weeks and had substantial depressive symptoms (Beck Depression Inventory [BDI-II] score ≥14 and met ICD-10 depression criteria). Participants were randomly assigned using a computer generated code, to receive either usual care or CBT in addition to usual care. Patients eligible for the long-term follow-up were those who had not withdrawn by the 12 month follow-up and had given their consent to being re-contacted. Those willing to participate were asked to return the postal questionnaire to the research team. One postal reminder was sent and non-responders were contacted by telephone to complete a brief questionnaire. Data were also collected from general practitioner notes. Follow-up took place at a variable interval after randomisation (3–5 years). The primary outcome was self-report of depressive symptoms assessed by BDI-II score (range 0–63), analysed by intention to treat. Cost-utility analysis compared health and social care costs with quality-adjusted life-years (QALYs). This study is registered with isrctn.com, number ISRCTN38231611. Findings Between Nov 4, 2008, and Sept 30, 2010, 469 eligible participants were randomised into the CoBalT study. Of these, 248 individuals completed a long-term follow-up questionnaire and provided data for the primary outcome (136 in the intervention group vs 112 in the usual care group). At follow-up (median 45·5 months [IQR 42·5–51·1]), the intervention group had a mean BDI-II score of 19·2 (SD 13·8) compared with a mean BDI-II score of 23·4 (SD 13·2) for the usual care group (repeated measures analysis over the 46 months: difference in means −4·7 [95% CI −6·4 to −3·0, p<0·001]). Follow-up was, on average, 40 months after therapy ended. The average annual cost of trial CBT per participant was £343 (SD 129). The incremental cost-effectiveness ratio was £5374 per QALY gain. This represented a 92% probability of being cost effective at the National Institute for Health and Care Excellence QALY threshold of £20 000. Interpretation CBT as an adjunct to usual care that includes antidepressants is clinically effective and cost effective over the long-term for individuals whose depression has not responded to

pharmacotherapy. In view of this robust evidence of long-term effectiveness and the fact that the intervention represented good value-for-money, clinicians should discuss referral for CBT with all those for whom antidepressants are not effective.