New Psychotherapy Improves Optimistic Outlook

Patients with major depression do better by learning to create a more positive outlook about the future, rather than by focusing on negative thoughts about their past experiences, according to a study published in CNS Neuroscience and Therapeutics.

While patients with major depressive disorder (MDD) traditionally undergo cognitive-behavioral therapy that seeks to alter their irrational, negative thoughts about past experiences, patients who were treated with the newly developed Future-Directed Therapy™ demonstrated significant improvement in depression and anxiety, as well as improvement in overall reported quality of life, the researchers found.

In the study, 16 adult patients diagnosed with MDD attended future-directed group therapy sessions led by a licensed psychologist twice per week for 10 weeks. Each week, patients read a chapter from a Future-Directed Therapy manual and completed worksheets aimed at improving certain skills, such as goal setting. Another group of 17 patients diagnosed with depression underwent standard cognitive group therapy.

The study team measured the severity of depression and anxiety symptoms and quality of life before and after treatment using the Quick Inventory of Depressive Symptoms, the Beck Anxiety Inventory, and the Quality-of-Life Enjoyment and Satisfaction Questionnaire short form.

Patients in the Future-Directed Therapy group experienced an average 5.4-point reduction in their depressive symptoms on the Quick Inventory of Depressive Symptoms scale, compared with a 2-point reduction in the cognitive therapy group. Regarding the Beck Anxiety Inventory, patients in the Future-Directed Therapy group reported an average 5.4-point reduction in anxiety symptoms compared with a reduction of 1.7 points in the cognitive therapy group.

Finally, patients in the Future-Directed Therapy group reported an average 8.4-point improvement in their self-reported quality of life on the Quality of Life Enjoyment and Satisfaction scale, compared with a 1.2-point improvement in the cognitive therapy group.

Energy Drink-Related Emergencies on the Rise

A new nationwide report from the Substance Abuse and Mental Health Services Association (SAMHSA) indicates that from 2005 to 2009 a sharp increase has occurred in the number of emergency department (ED) visits associated with the use of non-alcohol energy drinks—from 1,128 visits in 2005 to 13,114 visits in 2009. According to the report, the highest level of these energy drink-related ED admissions occurred in 2008 (16,055 visits).

Overall, 44% of the ED visits involving energy drinks were associated with the combined use of an energy drink with other substances such as alcohol, pharmaceuticals, or illicit drugs. The rate of combination use of energy drinks and other substances of abuse was greatest among cases involving young adults ages 18 to 25 (52%). The report notes that the vast majority (77%) of these visits were made by people ages 18 to 39 and that men made up nearly two thirds (64%) of all the visits.

Energy drink-related ED visits involving men were twice as likely as those involving women to include the use of alcohol (20% versus 10%) or illicit drugs (12% versus 5%). Female visits were more likely than male visits to involve the combined use of energy drinks and pharmaceuticals (35% versus 23%).

The report, Emergency Department Visits Involving Energy Drinks, is based on data from SAMHSA’s 2005–2009 Drug Abuse Warning Network reports. For nursing implications regarding this energy drink phenomenon, see the article by Fogger and McGuinness in the December 2011 issue of JPN.
Guides Available for Prescription Drug Abuse

According to a survey sponsored by the National Institutes of Health, more than half of high school seniors said that opioid drugs such as Vicodin® and OxyContin® would be fairly easy or very easy to get. That said, the prescription drug abuse epidemic among teens is the focus of a new component on BeSmartBeWell.com.

BeSmartBeWell.com/Drug-Safety provides practical information to help identify and prevent prescription drug abuse. Produced by Blue Cross and Blue Shield in collaboration with medical experts and national health organizations, the site features life stories of real people struggling with health and safety issues, expert Q&As, reputable resources and links, health news, in-depth articles, and health quizzes. Parents can also get educated about the most commonly abused prescription and over-the-counter drugs, including the street names youth use to describe them, with the new BeSmartBeWell.com Drug Guide.

At the site, visitors can also register for a monthly newsletter and news alerts for in-depth articles and breaking news on drug safety and other health topics.

Television icon Dr. Drew Pinsky has also stepped up to fight prescription drug abuse. The National Association of School Nurses (NASN) and Janssen Pharmaceuticals, Inc. have joined Pinsky to launch a new toolkit intended to help America's schools educate teens and their parents about the risks and consequences of abusing prescription medication.

The Schools Get Smart, Schools Take Action Tool Kit is part of Smart Moves, Smart Choices, a national initiative of NASN and Janssen Pharmaceuticals, Inc., designed to inform parents, teens, and educators about the growing problem of teen prescription drug abuse and what they can do to combat it.

Flexible and simple to use, the School Tool Kit contains materials that will enable school professionals to raise awareness of teen prescription drug abuse by holding school assemblies, incorporating lesson plans into their curricula, and distributing informational materials to teens and parents.

The Tool Kit includes school assembly videos featuring Dr. Drew, lesson plans, eye-catching posters, stickers, parent fliers, and student knowledge tests.

The Schools Get Smart, Schools Take Action Tool Kit is available free of charge to any school in the United States, available in hard-copy format or via digital download at http://www.SmartMovesSmartChoices.org.


22-Year-Old Treatment Yields Positive Results

Throughout the course of his career, University of Missouri Professor Charles Borduin has pioneered the treatment called multisystemic therapy (MST) as a way to prevent serious mental health problems in children and adolescents. MST interventions involve the juvenile offender’s entire family and community, as opposed to the more common individual therapy, where the offender visits a therapist who offers feedback, support and encouragement for behavior change.

Borduin followed up with clinical trial participants who completed treatment nearly 22 years earlier, on average. The following differences between participants who received MST and those who received individualized therapy were published in the Journal of Consulting and Clinical Psychology:

- Violent felonies. Since completing treatment, 4.3% of juveniles treated with MST were arrested for a violent felony, compared with 15.5% of individual therapy participants.
- All felonies. Overall, 34.8% of MST participants committed a felony, compared with 54.8% of individual therapy participants.
- Misdemeanors. MST participants committed five times fewer misdemeanors than individual therapy participants.
- Family problems. Individual therapy participants were involved in family-related civil suits two times more often than MST participants.

The study follows an original clinical trial that took place between 1983 and 1986. In the original trial, the 176 children participants were randomly selected for treatment with MST or individual therapy. For this study, Borduin located records for more than 80% of participants. On average, follow up oc-
Continued from page 13.

Caregivers manage their stress, it did not change the burden of being a dementia caregiver or their coping skills. However, reframing may also lead to a more positive relationship with the person who has dementia.

The evidence review comprised 11 randomized controlled trials involving family caregivers of people with dementia. None of the trials focused solely on cognitive reframing, but they all used cognitive reframing as the main component in their intervention. Caregivers ranged in age from 19 to 84. The majority of participants (40.2%) were caring for a spouse.


Before they began the procedure, the researchers gave participants a questionnaire to rate their degree of schizotypy: the extent to which they experience perceptual effects related to the illusion. The researchers found that the individuals who rated higher on the scale were more susceptible to the illusion.

The researchers gauged the relative strength of the RHI by asking participants to estimate the position of the index finger of their hidden hand on rulers placed on top of the box that conceals it before and after stimulation. The stronger the effect, the more the participants’ estimate of the position of their hidden hand shifted in the direction of the rubber hand. Even the estimates of those who did not experience the effect subjectively shifted slightly.

According to the researchers, out-of-body experiences and body ownership are associated with the area in the brain called the temporoparietal junction. Lesions in this area and stimulation by strong magnetic fields can elicit out-of-body experiences. The new study suggests that disorders in this part of the brain may also contribute to the symptoms of schizophrenia.

Movement Therapy Reshapes the Mind of Schizophrenia

A study using a procedure called the “rubber hand illusion” (RHI), has found new evidence that people experiencing schizophrenia have a weakened sense of body ownership and has produced the first case of a spontaneous, out-of-body experience in the laboratory.

These findings, published in PLoS One, suggest that movement therapy, which trains people to be focused and centered on their own bodies, including some forms of yoga and dance, could be helpful for those with this mental disorder.

The study measured the strength of body ownership of 24 schizophrenia patients and 21 matched control patients by testing their susceptibility to the RHI. This tactile illusion is induced by simultaneously stroking a visible rubber hand and the participant’s hidden hand.

According to the researchers, the finding that schizophrenia patients are more susceptible to the RHI suggests that they have a more flexible body representation and weakened sense of self compared with healthy people.

Research analyst Lindsey McIntosh demonstrates the procedure that elicits the rubber hand illusion on Vanderbilt University student Michael Cooghegan.

Cognitive Reframing Helps Dementia Caregivers Manage Depression and Stress

A review from the Netherlands, published in The Cochrane Library, has found that the psychotherapy technique cognitive reframing can help reduce caregivers’ stress when they are caring for loved ones with dementia.

Cognitive reframing focuses on thinking differently by “reframing” negative or untrue assumptions and thoughts into ones that promote adaptive behavior and lessen anxiety and depression. Cognitive reframing can be offered by a trained primary health care provider or by a mental health care professional.

The review looked at whether caregivers benefited from various interventions to provide education about dementia and whether their beliefs about caregiving responsibilities and their own needs could be changed. Caregivers who received a cognitive reframing intervention had fewer symptoms of anxiety and depression and felt less stress or distress related to their caregiving. While reframing helped caregivers manage their stress, it did not change the burden of being a dementia caregiver or their coping skills. However, reframing may also lead to a more positive relationship with the person who has dementia.

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According to the researchers, out-of-body experiences and body ownership are associated with the area in the brain called the temporoparietal junction. Lesions in this area and stimulation by strong magnetic fields can elicit out-of-body experiences. The new study suggests that disorders in this part of the brain may also contribute to the symptoms of schizophrenia.

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