

Search Results

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Search History

1. PsycINFO; exp ADDICTION/ OR DRUG ABUSE [+NT]/ OR DRUG USAGE [+NT]/; 35456 results.
2. PsycINFO; addict*.ti,ab; 25722 results.
3. PsycINFO; 1 OR 2; 47561 results.

1. Neonatal outcomes and mental illness, substance abuse, and intentional injury during pregnancy.

- Citation:** Maternal and Child Health Journal, July 2012, vol./is. 16/5(979-988), 1092-7875;1573-6628 (Jul 2012)
- Author(s):** Wiencrot, Anna; Nannini, Angela; Manning, Susan E; Kennelly, Joan
- Correspondence Address:** Nannini, Angela: Department of Nursing, College of Health and Environment, University of Massachusetts Lowell, 3 Solomont Way, Suite 2, Lowell, MA, US, 01854, Angela_Nannini@uml.edu
- Institution:** Wiencrot, Anna: University of Illinois-Chicago, Chicago, IL; Nannini, Angela: Department of Nursing, College of Health and Environment, University of Massachusetts Lowell, Lowell, MA; Manning, Susan E.: Massachusetts Department of Public Health, Boston, MA; Kennelly, Joan: University of Illinois-Chicago, Chicago, IL
- Language:** English
- Abstract:** Mental illness (MI), substance abuse (SA), and intentional injury (II) are known individual risk factors for adverse pregnancy outcomes. Their combined association with preterm birth (PTB) and low birth weight (LBW) remains relatively unexplored. We examined hospital utilization for the co-occurrence of II and MI or SA in pregnant women in Massachusetts and assessed their interactive association with PTB and LBW. This retrospective cohort study used ICD-9 and E-codes reported on linked birth and hospital utilization data to identify MI, SA, and II diagnoses during pregnancy for 176,845 Massachusetts resident women who delivered during 2002-2004. Adjusted odds ratios (OR) for the independent and joint associations of MI, SA, and II on PTB and LBW were calculated. Two thousand two hundred and eight women (1.6%) had a prenatal MI visit, 834 (0.5%) a prenatal SA visit, and 847 (0.5%) a prenatal II visit. Among them 163 women had MI and II visits and 69 had SA and II visits. SA, MI, and II were all significant predictors of LBW and PTB. Women with both SA and II had higher odds of PTB (OR 2.7 95% CI 1.3-5.7) and LBW (OR 5.3 95% CI 3.9-7.3) than women with neither diagnosis. Prenatal MI, SA, and II are risk factors for LBW and PTB. Women with SA and II co-diagnoses have greater risk of LBW and PTB than women with neither diagnosis. Screening, timely diagnosis, and treatment of women with co-occurring morbidities, particularly II and SA, should be incorporated into reproductive and perinatal health programs. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: Springer Science+Business Media, LLC; YEAR: 2011
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Birth Weight](#)
[*Health Care Utilization](#)
[*Hospitals](#)
[*Risk Factors](#)
[*Pregnancy Outcomes](#)
[Drug Abuse](#)
[Injuries](#)
[Mental Disorders](#)
[Premature Birth](#)
- Source:** PsycINFO

2. Predicting transitions in low and high levels of risk behavior from early to middle adolescence: The TRAILS study.

- Citation:** Journal of Abnormal Child Psychology, August 2012, vol./is. 40/6(923-931), 0091-0627;1573-2835 (Aug 2012)
- Author(s):** Monshouwer, K; Harakeh, Z; Lugtig, P; Huizink, A; Creemers, H. E; Reijneveld, S. A; De Winter, A. F; Van Oort, F; Ormel, J; Vollebergh, W. A. M
- Correspondence Address:** Monshouwer, K.: Interdisciplinary Social Science, Utrecht University, PO Box 80.140, Utrecht, Netherlands, 3508 TC, k.monshouwer@uu.nl

Institution: Monshouwer, K.: Interdisciplinary Social Science, Utrecht University, Utrecht; Harakeh, Z.: Interdisciplinary Social Science, Utrecht University, Utrecht; Lugtig, P.: Department of Methods and Statistics, Utrecht University, Utrecht; Huizink, A.: Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam; Creemers, H. E.: Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam; Reijneveld, S. A.: Department of Health Sciences, University Medical Center Groningen, University of Groningen, Groningen; De Winter, A. F.: Department of Health Sciences, University Medical Center Groningen, University of Groningen, Groningen; Van Oort, F.: Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam; Ormel, J.: Interdisciplinary Center for Psychiatric Epidemiology, Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen; Vollebergh, W. A. M.: Interdisciplinary Social Science, Utrecht University, Utrecht

Language: English

Abstract: The present study examined the joint development of substance use and externalizing problems in early and middle adolescence. First, it was tested whether the relevant groups found in previous studies i.e., those with an early onset, a late onset, and no onset or low levels of risk behavior could be identified, while using a developmental model of a single, underlying construct of risk behavior. Second, departing from Moffitt's taxonomy of antisocial behavior, it was tested if early, but not late, onset risk behavior is predicted by a problematic risk profile in childhood. Data were used from TRAILS, a population based cohort study, starting at age 11 with two follow-ups at mean ages of 13.6 and 16.3 years. Latent transition analyses demonstrated that, both in early and middle adolescence, a single underlying construct of risk behavior, consisting of two classes (labeled as low and high risk behavior), adequately represented the data. Respondents could be clearly classified into four possible transition patterns from early to middle adolescence, with a transition from high to low being almost non-existent (2.5 %), low to low (39.4 %) and low to high (41.8 %) being the most prevalent, and high to high (16.2 %) substantial. As hypothesized, only the high-high group was characterized by a clear adverse predictor profile in late childhood, while the low-high group was not. This study demonstrates that the development of substance use is correlated with externalizing problems and underscores the theory that etiologies of early and later onset risk behavior are different. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Author(s); YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Development](#)
[*Drug Abuse](#)
[*Externalization](#)
[*Risk Taking](#)

Source: PsycINFO

3. Deep brain stimulation of nucleus accumbens region in alcoholism affects reward processing.

Citation: PLoS ONE, May 2012, vol./is. 7/5, 1932-6203 (May 22, 2012)

Author(s): Heldmann, Marcus; Berding, Georg; Voges, Jurgen; Bogerts, Bernhard; Galazky, Imke; Muller, Ulf; Baillot, Gunther; Heinze, Hans-Jochen; Munte, Thomas F

Correspondence Address: Heldmann, Marcus, marcus.heldmann@neuro.uni-luebeck.de

Institution: Heldmann, Marcus: Department of Neurology, University of Magdeburg, Magdeburg; Berding, Georg: Department of Nuclear Medicine, Medical School Hannover, Hannover; Voges, Jurgen: Department of Stereotactic Neurosurgery, University of Magdeburg, Magdeburg; Bogerts, Bernhard: Department of Psychiatry, University of Magdeburg, Magdeburg; Galazky, Imke: Department of Neurology, University of Magdeburg, Magdeburg; Muller, Ulf: Department of Psychiatry, University of Magdeburg, Magdeburg; Baillot, Gunther: Department of Nuclear Medicine, Medical School Hannover, Hannover; Heinze, Hans-Jochen: Department of Neurology, University of Magdeburg, Magdeburg; Munte, Thomas F.: Department of Neurology, University of Lubeck, Lubeck

Language: English

Abstract: The influence of bilateral deep brain stimulation (DBS) of the nucleus nucleus (NAcc) on the processing of reward in a gambling paradigm was investigated using H2[5O]-PET (positron emission tomography) in a 38-year-old man treated for severe alcohol addiction. Behavioral data analysis revealed a less risky, more careful choice behavior under active DBS compared to DBS switched off. PET showed win- and loss-related activations in the paracingulate cortex, temporal poles, precuneus and hippocampus under active DBS, brain areas that have been implicated in action monitoring and behavioral control. Except for the temporal pole these activations were not seen when DBS was deactivated. These findings suggest that DBS of the NAcc may act partially by improving behavioral control. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Heldmann et al.; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Nucleus Accumbens](#)
[*Rewards](#)
[*Deep Brain Stimulation](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [National Library of Medicine](#)

4. The experience of benzodiazepine use and perceived dependence among older women: A cultural analysis.

Citation: Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4708), 0419-4209 (2012)

Author(s): Canham, Sarah Louise

Institution: Canham, Sarah Louise: U Maryland, Baltimore County

Language: English

Abstract: Examining the use of prescription medications such as benzodiazepines (BZDs) and their abuse potential in older populations is important in light of the current statistics: older adults comprise about 13% of the population, but are prescribed approximately one-third of all medications. Despite some important research in recent years, the understanding of older BZD-using women has been neglected. This dissertation addressed the use of BZDs by women age 65 and older. The specific aims of this dissertation are to 1) qualitatively examine the experience, meaning, and interpretation of BZD use and 2) determine how culture has a role in the differential experience of BZD use in later life in a sample of community-dwelling older women. Methods: A sample of 15 community-dwelling women aged 65 to 92 were recruited. Inclusion criteria included female status, age 65 and above, English-speaking, cognitively-intact, and self-identifying as using a BZD on a regular basis over the previous 3 months at minimum. Ethnographic interviews were conducted in order to complement prior quantitative research done by others and to give older BZD users a voice concerning their experiences of BZD use. Three semi-structured, digitally-recorded life history and drug use interviews each lasting approximately 1-1.5 hours were conducted with each informant. Results: Analyses revealed that there are important reasons to critique the current standardized definitions of dependence for older BZD users. Informants for this dissertation research reported on their personal beliefs and experiences regarding their own dependence and their personal meanings of dependence and addiction. There were also a multitude of influences reported by informants to influence their use of BZDs, although reasons for use primarily stemmed from the underlying causes for which these medications were prescribed-sleep and anxiety problems. Other important influences on informants' BZD use included where knowledge about BZDs was obtained and feelings about the effects these medications have on informants' lives. Informants also reported on their experiences of BZD use, experiences of having sleep problems or anxiety, and what BZDs do for informants, among other topics. Conclusion: This dissertation provides a unique look into the medication use worlds of older community-dwelling women and helps to answer previously unaddressed questions about this population. Future research is needed in several areas, including

determining how to define BZD dependence in older populations and also how socially isolated older adults and persons burdened by caregiving responsibilities use psychotropic medications as coping tools. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Analysis](#)
[*Benzodiazepines](#)
[*Drug Dependency](#)
[*Experience Level](#)
[*Human Females](#)
[Gerontology](#)

Source: PsycINFO

5. Father-daughter attachment and relationship self-efficacy in romantic relationships.

Citation: Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4757), 0419-4209 (2012)

Author(s): Finley, Kari

Institution: Finley, Kari: Walden U.

Language: English

Abstract: The development of secure relationships in childhood has been linked to wellbeing in adulthood. Yet, many adults are in stressful relationships that can result in poor emotional health. The purpose of this study was to explore relationships between father-daughter attachment measured by the Experience in Close Relationships-Relationship Structures Questionnaire and women's relationship self-efficacy (RSE) in romantic relationships measured by the Relationship Self-Efficacy Scale subscales (Mutuality, Differentiation, and Emotional Control). Despite documented importance of familial relationships, the literature remains unclear on the impact of father-daughter attachment on RSE. Problematic relationships have individual and societal consequences such as addiction, divorce, domestic violence, and suicide. Attachment and self-efficacy theories guided this correlational, cross-sectional survey research study of a convenience sample of 68 18-26 year-old women at a western US university. Hierarchical multiple regression was used to analyze the data. Results showed that when father-daughter attachment subscales (avoidance and anxiety) were added to the control variables (time in relationship and quality of mother-daughter relationships measured by the Mother-Adult Daughter Questionnaire) the full model significantly predicted mutuality and differentiation but not emotional control. This study will contribute to social change by helping women who have father-daughter attachment issues and problems with mutuality or differentiation in romantic relationships improve their RSE and, therefore, their emotional health. Awareness of how attachment issues help shape current relationships can help reduce personal negative consequences that arise from low RSE and reduce the financial burden associated with mental health services provision. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Attachment Behavior](#)
[*Daughters](#)
[*Fathers](#)
[*Romance](#)
[*Self Efficacy](#)
[Parent Child Relations](#)

Source: PsycINFO

6. Adoring our wounds: Suicide, prevention, and the Maya in Yucatan, Mexico.

Citation: Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4623), 0419-4209 (2012)

Author(s): Reyes-Cortes, Beatriz Mireya

Institution: Reyes-Cortes, Beatriz Mireya: U California, Berkeley

Language: English

Abstract: The first decade of the 21st century has seen a transformation in national and regional Mexican politics and society. In the state of Yucatan, this transformation has taken the shape of a newfound interest in indigenous Maya culture coupled with increasing involvement by the state in public health efforts. Suicide, which in Yucatan more than doubles the national average, has captured the attention of local newspaper media, public health authorities, and the general public; it has become a symbol of indigenous Maya culture due to an often cited association with Ixtab, an ancient Maya "suicide goddess". My thesis investigates suicide as a socially produced cultural artifact. It is a study of how suicide is understood by many social actors and institutions and of how upon a close examination, suicide can be seen as a trope that illuminates the complexity of class, ethnicity, and inequality in Yucatan. In particular, my dissertation-based on extensive ethnographic and archival research in Valladolid and Merida, Yucatan, Mexico-is a study of both suicide and suicide prevention efforts. As such, the first half of my dissertation focuses on how suicide is produced in public and state discourse. The second half of my dissertation considers how foreign mental health treatment models are applied in local clinical settings as part of state suicide prevention efforts. These programs, however, are entangled in a complex web of regional and national politics, very often to the detriment of the programs and the populations they purport to help. This research deconstructs the idea that suicide is due to a Maya cultural predisposition and suggests that chronic poverty, addiction, class inequality, and unique local worldviews contribute to the phenomenon in a decisive way. My thesis calls into question the viability of a Maya-centered research approach, arguing that such an approach creates a false research object and excludes a large segment of the local population from study. I conducted ethnographic research in the town of Valladolid (pop. 45,000) and the city of Merida (pop. 1,000,000). My research methodology included "traditional" participant observation research with members of both communities as well as institutional ethnography at the Ministerio Publico or public ministry of Valladolid, and Hospital Psiquiatrico Yucatan, the regional public psychiatric hospital. I conducted extensive archival research with the Valladolid police suicide case files and studied representations of suicide in newspaper media. By studying (1) how suicide is produced in state and local discourse and (2) how suicide prevention methods are deployed, I demonstrate the production of new subjectivities in a population that continues to struggle with numerous social and economic challenges. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Politics](#)
[*Society](#)
[*Suicide](#)
[*Suicide Prevention](#)

Source: PsycINFO

7. D.A.R.E.: The message and the messenger--perspectives of the officer.

Citation: Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4789), 0419-4209 (2012)

Author(s): Hansen, Ilona

Institution: Hansen, Ilona: Capella U.

Language: English

Abstract: The Drug Abuse Resistance Education (D.A.R.E.) Program was created in 1983 through the coordinated efforts of Los Angeles Law Enforcement and Educators in response to research that noted increased use and negative effects of drugs and alcohol on behavior of youth. Limited research regarding the views of the law enforcement officers who teach the program led to the purpose of this research, which was to explore and document how they felt their experiences with students related to the overall mission of the D.A.R.E.

program in making healthy choices and wise decisions. Using an interpretative qualitative research method, with unstructured interviews and open-ended questions, 14 D. A. R. E. officers revealed their thoughts about interactions with students and the program. Social capital theory provided the theoretical framework that related to the experiences of officers and students in building bonding and bridging relationships. Using a thematic analysis described by Creswell (2003), conclusions drawn from the themes that emerged from the interviews indicated: (a) The D.A.R.E. program was of value in introducing students to the harmful effects of tobacco, alcohol and drugs. (b) Learning to make wise choices and understanding consequences for behaviors affected the child on a broader scale than did the information on drugs. (c) The bond built between officer and student could turn into a trusting relationship that encouraged responsibility and respect for self and others. The results of this research provide a preliminary base for exploring long-term effects of the program from the officer's point of view. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Drug Abuse](#)
[*Educational Programs](#)
[*Law Enforcement](#)
[*Messages](#)
[*Resistance](#)

Source: PsycINFO

8. Minority stress predictors of substance use and sexual risk behavior among a cohort sample of men who have sex with men.

Citation: Dissertation Abstracts International Section A: Humanities and Social Sciences, 2012, vol./is. 72/12-A(4757), 0419-4209 (2012)

Author(s): Dentato, Michael Philip

Institution: Dentato, Michael Philip: Loyola U Chicago

Language: English

Abstract: This study examined the impact of factors associated with minority stress theory, including experiences of external prejudice, expectations of rejection and internalized homophobia, upon a cohort sample of men who have sex with men (MSM). Resultant associations with substance use, defined as one time use of a club drug prior to baseline; and sexual risk behavior, defined as unprotected insertive and receptive anal intercourse with primary and non-primary partners, was examined. In addition, this study compared whether each individual aspect of minority stress (external prejudice, expectations of rejection and internalized homophobia) independently or collectively predicted substance use and sexual risk behavior among MSM with their primary and non-primary partners. Factors and outcomes associated with substance use and sexual risk behaviors were investigated via binary logistic regression and use of multivariable modeling for subsequent analysis. Odds ratios for all models were examined utilizing dichotomized variables for minority stress and sociodemographic factors found in the descriptive statistics of the study population, and compared to specific types of sexual risk behavior among the cohort sample. Expectations of rejection demonstrated significance as a protective factor for decreased likelihood of MSM engaging in unprotected insertive anal intercourse with primary and non-primary partners while on drugs and while not on drugs. Additionally, there was validated significance related to decreased likelihood of engaging in unprotected insertive and receptive anal intercourse with both primary and non-primary partners among older study participants (25-40+). Implications are discussed for continued research associated with minority stress factors, substance use and sexual risk behavior among MSM, along with future directions. Such conclusions assist in informing social work clinical practice and behavioral interventions associated with HIV prevention, substance use education, prevention and treatment among the MSM community. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Drug Usage](#)

*Male Homosexuality
 *Sexual Risk Taking
 *Stress
 *Sexual Partners
 Homosexuality (Attitudes Toward)
 Safe Sex
 Risk Assessment

Source: PsycINFO

9. Prevention and early intervention for mental health problems in 0-25 year olds: Are there evidence-based models of care?

Citation: Advances in Mental Health, October 2011, vol./is. 10/1(6-19), 1837-4905 (Oct 2011)

Author(s): Catania, Lisa S; Hetrick, Sarah E; Newman, Louise K; Purcell, Rosemary

Institution: Catania, Lisa S.: Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC; Hetrick, Sarah E.: Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC; Newman, Louise K.: Centre for Developmental Psychiatry and Psychology, Monash University, Melbourne, VIC; Purcell, Rosemary: Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC

Language: English

Abstract: Approximately 10-20% of children and young people aged 0-25 years have significant mental health problems, with 50% of mental illnesses commencing before the age of 14 and 75% by the age of 24. Mental health disorders account for the highest burden of disease across this age range, led by anxiety and mood disorders and problematic substance use. Regrettably, there is an inverse relationship between the prevalence of mental disorders in this age group and the use of health services to improve mental health outcomes, with only a fraction of affected individuals receiving appropriate treatment through psychiatric services. There is a pressing need to develop better models of care to ensure greater access to appropriate early intervention services among those with the highest rates and risks for developing mental disorders; in this case, those aged 0-25 years. This paper reviews the development of mental health disorders and the mental health needs of children and young people aged 0-25, and the evidence for collaborative and integrated service systems to ensure adequate treatment provision and continuity of care across this age spectrum. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: eContent Management Pty Ltd

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Affective Disorders
 *Anxiety
 *Drug Abuse
 *Intervention
 *Mental Disorders
 Evidence Based Practice

Source: PsycINFO

10. Street life involvement and substance use among "yandaba" in Kano, Nigeria.

Citation: African Journal of Drug and Alcohol Studies, 2011, vol./is. 10/2(119-129), 1531-4065 (2011)

Author(s): Salaam, Abeeb Olufemi

Correspondence Address: Salaam, Abeeb Olufemi: Merseyside Community Mental Health Services, 17 Lacey Street, Cheshire, Widnes, United Kingdom, WA8 7SQ

Institution: Salaam, Abeeb Olufemi: Community Reintegration Oyo, Oyo State

Language: English

Abstract: Representative members (N =173) of yandaba (young, male, urban gangs in Kano, Nigeria) aged 13-29 years (mean age = 19.3years, SD = 3.81), recruited through street outreach, were invited to complete self-report anonymous questionnaires about their patterns of drug and alcohol use. Of these, nine participants were randomly reselected to participate in oral interviews about their motivation towards psychoactive drug/alcohol use. High rates of cannabis, tobacco (nicotine), rophynol, codeine, and alcohol misuse appear to exist among this group, in addition to other improvised local drugs. The choice of certain types of drugs or intoxicants among the group could be affected by their cost implication (i.e., affordability), availability and commonality. A thematic analysis of the qualitative interviews suggests "strategic intoxication" to get the job done, the need to maintain cohesion and/or increase solidarity, and relationships with politicians as the probable risk factors to explain substance misuse among this group. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: CRISA Publications; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Drug Usage](#)
[*Juvenile Gangs](#)
[*Urban Environments](#)
[*Gangs](#)

Source: PsycINFO

11. Determinants of alcohol, khat, and bhang use in rural Kenya.

Citation: African Journal of Drug and Alcohol Studies, 2011, vol./is. 10/2(107-118), 1531-4065 (2011)

Author(s): Kinoti, Kithuri E; Jason, Leonard A; Harper, Gary W

Correspondence Address: Jason, Leonard A.: Center for Community Research, DePaul University, 990 W. Fullerton Ave., Suite 3100, IL, US, 60614, Chicago, ljason@depaul.edu

Institution: Kinoti, Kithuri E.: DePaul University, IL; Jason, Leonard A.: DePaul University, IL; Harper, Gary W.: DePaul University, IL

Language: English

Abstract: The study investigated local determinants of substance use in rural Kenya. Over the years, there has been a growing concern over increased use of substances across ages, gender, religious persuasions, and social class in Kenya. It is still unclear what psychosocial individual and/or community factors might be that offer some explanation for the high levels of alcohol and drug use. The study investigated community members' social status in areas of gender, education, employment, self-esteem, and availability of substances. The sample was comprised of Kenyan rural participants, and included 153 men and 64 women with a mean age of 34.2 years. The participants completed a survey measuring possible psychosocial determinants of alcohol, khat and bhang (i.e., marijuana) use patterns. The sample evidenced high levels of substance use particularly involving the locally available substances (i.e., bottled beer, local brews, chewing khat, smoking bhang). Males in comparison to females were more likely to drink alcohol, chew khat, and smoke bhang. Women compared to men reported higher education and employment status, which were associated with less substance use. Females had higher self-esteem when they did not use bottled beer whereas males had higher self-esteem when they use bottled beer. The implications of these findings are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: CRISA Publications; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Drug Usage](#)
[*Psychosocial Factors](#)
[Age Differences](#)

Human Sex Differences
 Marijuana Usage
 Rural Environments
 Social Class

Source: PsycINFO

12. Pattern of urine toxicology screening in a Lagos Psychiatric Hospital.

Citation: African Journal of Drug and Alcohol Studies, 2011, vol./is. 10/2(89-93), 1531-4065 (2011)

Author(s): Olalekan, Adesola O; Okewole, Adeniran O; Onyendi, Ikedieze; Adebayo, Adeola O; Okunola, Oluwatoyin T; Dada, Mobolaji U; Ladapo, Harry T. O; Lawal, Rahman A

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Language: English

Abstract: Toxicology screening has clinical and forensic applications in evaluating severe or life-threatening symptoms in patients presenting with signs and symptoms suggestive of intoxication or overdose. In both acute psychiatric and medical settings, urine toxicology has been found helpful in detection of substances of abuse. The aim of this study was to determine the pattern of substance use as detected by urine toxicology screening amongst patients at a psychiatric facility in Lagos Nigeria. A Total of 1555 subjects made up of males (1480) and females (75) were screened using the one step multi-6 drug test panel immunoassay for qualitative detection of Methadone, Methamphetamine, Benzodiazepine, Cocaine, Morphine and Tetrahydrocannabinol. 927 (59.6%) subjects were positive with one or more drugs passing the concentration cut off. Tetrahydrocannabinol (42.3%) and Benzodiazepine (49%) were found to be predominant in the population studied. This study shows the most common psychoactive substance used in this environment is cannabis and also, the significant agreement between clinical diagnosis and urine toxicology screening. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: CRISA Publications; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Drug Abuse
 *Drug Usage Screening
 *Psychiatric Hospitals
 *Psychiatric Patients
 *Urinalysis

Source: PsycINFO

13. Determining the clinically important difference in visual analog scale scores in abuse liability studies evaluating novel opioid formulations.

Citation: Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation, August 2012, vol./is. 21/6(975-981), 0962-9343;1573-2649 (Aug 2012)

Author(s): Eaton, Thomas A; Comer, Sandra D; Revicki, Dennis A; Trudeau, Jeremiah J; van Inwegen, Richard G; Stauffer, Joseph W; Katz, Nathaniel P

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Institution: Eaton, Thomas A.: Analgesic Solutions, Inc, Natick, MA; Comer, Sandra D.: Department of Psychiatry, Columbia University, New York State Psychiatric Institute, New York, NY; Revicki, Dennis A.: Center for Health Outcomes Research, United BioSource Corporation, Bethesda, MD; Trudeau, Jeremiah J.: Analgesic Solutions, Inc, Natick, MA; van Inwegen, Richard G.: Analgesic Solutions, Inc, Natick, MA; Stauffer, Joseph W.: Alharma Pharmaceuticals, Piscataway, NJ; Katz, Nathaniel P.: Inc, Natick, MA

Language: English

Abstract: Purpose: This study determined how the magnitude of change in positive subjective responses predicts clinical outcome in a treatment setting. Specifically, we attempted to define what constitutes a clinically important difference (CID) in subjective responses. Methods: A 100-mm visual analog scale (VAS) measured subjective ratings of drug "high," calculated via an anchor-based method with published data from participants receiving sustained-release naltrexone (NTX) and heroin in a laboratory setting. The data were then compared to clinical outcomes in a treatment trial with sustained-release naltrexone. A distribution-based method subsequently analyzed data from participants who received ALO-01 (extended-release morphine with sequestered NTX) to predict its abuse liability. Results: Differences in ratings of drug high of approximately 10 mm on a 100-mm line were clinically significant. By extrapolation, CIDs were also found between crushed or intact ALO-01 and immediate-release morphine sulfate (IRMS). No CIDs were found between intact and crushed ALO-01. Conclusions: From laboratory and treatment trial data involving naltrexone, calculation of CIDs in subjective ratings of high is possible. Consequently, crushing/swallowing or injecting ALO-01 produces clinically significantly less drug high than oral or intravenous morphine alone, suggesting that ALO-01 has lower abuse liability by those routes than morphine formulations. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer Science+Business Media B.V.; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Psychometrics](#)
[*Test Reliability](#)
[*Test Validity](#)

Source: PsycINFO

14. Review of Developments in music therapy practice: Case study perspectives.

Citation: Music Therapy Perspectives, 2011, vol./is. 29/2(159-160), 0734-6875 (2011)

Author(s): Vega, Victoria P

Institution: Vega, Victoria P.: Loyola University New Orleans, New Orleans, LA

Language: English

Abstract: Reviews the book, *Developments in Music Therapy Practice: Case Study Perspectives* edited by A. Meadows (2011). *Developments in Music Therapy Practice: Case Study Perspectives* is the first case study text in more than a decade. The case study authors are internationally renowned music therapy clinicians and researchers who practice unique music therapy techniques from part of the world. In fact, over 60% of the cases are from outside of the United States. The text is divided into four parts by client life stage: children, adolescents, adults, older adults and end-of-life care. Part I provides two case studies with premature infants (Chapters 1 & 2) and eight case studies that focus on music therapy with children with varied clinical diagnoses (chapters 3-10). Part II (Chapters 11-15) includes courses of music therapy with both individuals and groups and most chapters include the therapists' reflections. Part III (Chapters 16-30) is the largest section in this text; therefore, it is further divided into subgroups of medical settings, addictions, psychiatry, healthy lifestyle, and older adults. The final four chapters (31-34) in Part III concentrate on music therapy practices with healthy adults. Part IV provides four case

studies with older adults (Chapters 31 & 32) and end-of-life care (Chapters 33 & 34). The case studies provided in this text are very realistic. Client progress is not linear, and this book shows the peaks and valleys that music therapists typically witness. All case studies show the client's progression over varied lengths of time, from a weekend retreat to a year, with most treatments taking place over several weeks. Each case study provides a wealth of information, outlining entry-level techniques as well as advanced approaches. This book is unique in that it provides foundational concepts for each case study. Perhaps this text's most exciting contribution is a look inside not only well-known music therapy models and approaches but also newer and less well-known. My only criticism is that only a few of the case studies provided the therapist's reflections. I found these reflections to be very beneficial as they give the reader insight into what worked well and what did not. I would have liked to have had this information in all the case studies. This collection is a wonderful resource for music therapists with all levels of experience. Students gain information about many clinical population's characteristics and an inside look at tried and true music therapy techniques through veteran clinicians. Young music therapy professionals glean a look at treatment occurring in a variety of health-care settings and the many therapeutic approaches to treatment. This knowledge may encourage them to consider gaining advanced training. The seasoned professional gains new knowledge through information on new techniques and models. Therefore, this text is an asset for teaching and for use in the clinic and should be a staple in every music therapist's library. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Clinical Practice](#)
[*Music Therapy](#)
[*Psychiatry](#)
[Clients](#)
[Palliative Care](#)
[Therapists](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [ProQuest](#)

15. Changes in cytokine levels during admission and mortality in acute alcoholic hepatitis.

Citation: Alcohol, August 2012, vol./is. 46/5(433-440), 0741-8329 (Aug 2012)

Author(s): Gonzalez-Reimers, E; Sanchez-Perez, M. J; Santolaria-Fernandez, F; Abreu-Gonzalez, P; De la Vega-Prieto, M. J; Vina-Rodriguez, J; Aleman-Valls, M. R; Rodriguez-Gaspar, M

Correspondence Address: Gonzalez-Reimers, E., egonrey@ull.es

Institution: Gonzalez-Reimers, E.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife; Sanchez-Perez, M. J.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife; Santolaria-Fernandez, F.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife; Abreu-Gonzalez, P.: Dpto. De Fisiologia, Facultad de Medicina, Universidad de La Laguna, Tenerife; De la Vega-Prieto, M. J.: Servicio de Laboratorio, Hospital Universitario de Canarias, Tenerife; Vina-Rodriguez, J.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife; Aleman-Valls, M. R.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife; Rodriguez-Gaspar, M.: Servicio de Medicina Interna, Hospital Universitario de Canarias, Tenerife

Language: English

Abstract: Cytokine levels are raised in acute alcoholic hepatitis. However, there are disparate results regarding the duration of altered plasma levels, and there are also discrepancies about the relation of changes during the first 15 days after admission with short-term (in-hospital) or long-term mortality. In 56 patients with acute alcoholic hepatitis we found that IL-8, IL-4, Interferon- (IFN-), malondialdehyde and C-reactive protein remained higher in patients than in 18 age- and sex-matched controls at admission, at the 7th day and at the 15th day after admission. Moreover, IL-4 levels (and to a lesser extent, IL-10 and IFN-ones) increased along the three determinations. However, comparing patients who died during the admission with those who did not, there were no statistically significant

differences, but there was a nearly significant trend for MDA ($Z = 1.89$; $p = 0.059$), with higher levels among those who died. When changes between the first and the second determinations were compared with long-term survival, only IL-8 and IFN- showed a relation with mortality. IFN- values increased among those who survived and decreased among those who died ($p = 0.048$). IFN- values at the first determination also showed a relation with long-term mortality, especially when patients with IFN- values in the first quartile were compared with those of the 4th one (log rank = 5.64; $p = 0.018$; Breslow = 4.64; $p = 0.031$). Besides Interferon-, only C-reactive protein showed differences between the first and the 4th quartile regarding mortality (Log rank = 4.50; $p = 0.034$; Breslow 4.33; $p = 0.038$). In contrast with other studies, no relation was found between TNF- or IL-6 and mortality. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Cytokines](#)
[*Hepatitis](#)
[*Hospital Admission](#)
[*Interferons](#)

Source: PsycINFO

16. A web-based intervention for alcohol misuse in VA primary care.

Citation: Psychiatric Services, March 2012, vol./is. 63/3(292), 1075-2730 (Mar 1, 2012)

Author(s): Cucciare, Michael A; Ghaus, Sharfun

Correspondence Address: Cucciare, Michael A.: Center for Health Care Evaluation, U.S. Department of Veterans Affairs Palo Alto Health Care System, 795 Willow Rd. (152), Menlo Park, CA, US, 94025, michael.cucciare@va.gov

Institution: Cucciare, Michael A.: Center for Health Care Evaluation, U.S. Department of Veterans Affairs Palo Alto Health Care System, Menlo Park, CA; Ghaus, Sharfun: Center for Health Care Evaluation, U.S. Department of Veterans Affairs Palo Alto Health Care System, Menlo Park, CA

Language: English

Abstract: Web-based brief alcohol interventions are effective in reducing alcohol consumption among adults and college students who misuse alcohol. These interventions have also been used effectively in ambulatory care clinics, including primary care, hepatitis C clinics, and emergency departments. Therefore, we conducted a pilot study to examine the feasibility of implementing a Web-based brief alcohol intervention in a large Veterans Affairs (VA) primary care clinic. We conducted two focus groups with primary care administrators and clinic staff to determine their interest in and need for this intervention in their clinic. Both groups expressed a desire to implement the protocol but emphasized the need for effective intervention tools that minimally affect clinic operations. Twenty veterans who screened positive (men, ≥ 4 ; women, ≥ 3) on the three-item Alcohol Use Disorders Identification Test-Consumption Items (AUDIT-C) were invited to participate. Screening was conducted by a clinic nurse at intake. About half of our sample was Caucasian and reported an annual income of $\leq \$30,000$. More than half of participants (60%) reported a history of receiving treatment for a substance use disorder and AUDIT-C scores in a range indicating alcohol misuse (mean \pm SD=6.2 \pm 2.69 out of 12 points). These results suggest that clinic nurses were referring appropriate patients to the brief alcohol intervention. On completion of the intervention, most participants reported being willing to discuss their alcohol use with a primary care provider or nurse (90%) and to attend a first appointment with an alcohol counselor if recommended by their provider (73%). All participants completed a brief questionnaire assessing usability of the brief intervention. A majority of participants (95%) indicated that the program was easy to use and that personalized feedback was easy to understand, and they found the graphics helpful and easy to interpret. Most participants (90%) also felt comfortable disclosing information about their alcohol use via computer, with 90% feeling that their information

would be secure and confidential. This pilot study was a first step in establishing the feasibility of a Web-based brief alcohol intervention in VA primary care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Rehabilitation](#)
[*Alcoholism](#)
[*Clinics](#)
[*Intervention](#)
[Internet](#)
[Primary Health Care](#)

Source: PsycINFO

17. Perceptions of the state policy environment and adoption of medications in the treatment of substance use disorders.

Citation: Psychiatric Services, January 2012, vol./is. 63/1(19-25), 1075-2730 (Jan 1, 2012)

Author(s): Knudsen, Hannah K; Abraham, Amanda J

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Institution: Knudsen, Hannah K.: Department of Behavioral Science, University of Kentucky, Lexington, KY; Abraham, Amanda J.: Owens Institute for Behavioral Research, University of Georgia, Athens, GA

Language: English

Abstract: Objective: Despite growing interest in the use of evidence-based treatment practices for treating substance use disorders, adoption of medications by treatment programs remains modest. Drawing on resource dependence and institutional theory, this study examined the relationships between adoption of medications by treatment programs and their perceptions about the state policy environment. Methods: Data were collected through mailed surveys and telephone interviews with 250 administrators of publicly funded substance abuse treatment programs in the United States between 2009 and 2010. Multiple imputation and multivariate logistic regression were used to estimate the associations between perceptions of the state policy environment and the odds of adopting at least one medication for the treatment of substance use disorders. Results: A total of 91 (37%) programs reported having prescribed any medication for treatment of a substance use disorder. Programs were significantly more likely to have adopted at least one medication if they perceived greater support for medications by the Single State Agency. The odds of adoption were significantly greater if the program was aware that at least one medication was included on their state's Medicaid formulary and that state-contract funding permitted the purchase of medications. Conclusions: States may play significant roles in promoting the adoption of medications, but adequate dissemination of information about state policies and priorities may be vital to further adoption. Future research should continue to study the relationships between the adoption of medications for treating substance use disorders and the evolving policy environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Drug Rehabilitation](#)
[*Drug Therapy](#)
[*Government Policy Making](#)
[*Health Personnel Attitudes](#)

Source: PsycINFO

18. Legal challenges for substance abuse treatment during disasters.

Citation: Psychiatric Services, January 2012, vol./is. 63/1(7-9), 1075-2730 (Jan 1, 2012)

Author(s): Rutkow, Lainie; Vernick, Jon S; Mojtabai, Ramin; Rodman, Sarah O; Kaufmann, Christopher N

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Institution: Rutkow, Lainie: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Vernick, Jon S.: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Mojtabai, Ramin: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Rodman, Sarah O.: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Kaufmann, Christopher N.: Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Language: English

Abstract: Certain groups with preexisting mental and behavioral health conditions, such as substance use disorders, may be especially vulnerable during and shortly after disasters. Researchers have found that substance abuse treatment programs and the individuals they serve experienced major disruptions after the September 11, 2001, attacks on the World Trade Center and the Pentagon and after Hurricane Katrina. This column considers legal challenges that may arise when a rapid influx of licensed providers is needed for substance abuse treatment during disasters and reviews specific legal issues that disasters may raise for opioid treatment programs. Opportunities to mitigate legal challenges and facilitate substance abuse treatment during disasters are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Disasters](#)
[*Drug Abuse](#)
[*Drug Rehabilitation](#)
[*Legal Processes](#)
[*Opiates](#)

Source: PsycINFO

19. American Indian adolescents girls: Vulnerability to sex trafficking, intervention strategies.

Citation: American Indian and Alaska Native Mental Health Research, 2012, vol./is. 19/1(37-56), 0893-5394;1533-7731 (2012)

Author(s): Pierce, Alexandra (Sandi)

Correspondence Address: Pierce, Alexandra (Sandi), spierce651@comcast.net

Language: English

Abstract: The Minnesota Indian Women's Resource Center offers harm reduction programming to at-risk adolescent American Indian girls, including outreach, case management, advocacy, healthy sexuality education, and support groups. To evaluate program impact, participants are assessed at intake and every 6 months afterward for current vulnerability to commercial sexual exploitation, violence, and addiction. Evaluation results indicate frequent exposure to sex traffickers and suggest that harm reduction methods can help girls reduce risk of commercial sexual exploitation. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Centers for American Indian and Alaska Native Health

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*American Indians](#)
[*Case Management](#)
[*Harm Reduction](#)
[*Human Trafficking](#)
[*Sexuality](#)
Human Females
[Susceptibility \(Disorders\)](#)

Source: PsycINFO

20. BeLieving in Native Girls: Characteristics from a baseline assessment.

Citation: American Indian and Alaska Native Mental Health Research, 2012, vol./is. 19/1(15-36), 0893-5394;1533-7731 (2012)

Author(s): Scott, Deborah; Langhorne, Aleisha

Correspondence Address: Scott, Deborah: Sage Associates, Inc., 4407 Rose Street, Houston, TX, US, 77007, dsscott@sageways.com

Language: English

Abstract: BeLieving In Native Girls (BLING) is a juvenile delinquency and HIV intervention at a residential boarding school for American Indian/Alaska Native adolescent girls ages 12-20 years. In 2010, 115 participants completed baseline surveys to identify risk and protective factors. Initial findings are discussed regarding a variety of topics, including demographics and general characteristics, academic engagement, home neighborhood characteristics and safety, experience with and perceptions of gang involvement, problem-solving skills, self-esteem, depression, sexual experiences and risk-taking behaviors, substance abuse, and dating violence. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Centers for American Indian and Alaska Native Health

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Boarding Schools](#)
[*Drug Abuse](#)
[*Major Depression](#)
[*Problem Solving](#)
[*Self Esteem](#)
[Academic Achievement](#)
[Alaska Natives](#)
[Human Females](#)
[Neighborhoods](#)
[Residential Care Institutions](#)
[Risk Factors](#)
[Risk Taking](#)

Source: PsycINFO

21. Maternal prenatal depressive symptoms, nicotine addiction, and smoking-related knowledge, attitudes, beliefs, and behaviors.

Citation: Maternal and Child Health Journal, July 2012, vol./is. 16/5(973-978), 1092-7875;1573-6628 (Jul 2012)

Author(s): Orr, Suezanne Tangerose; Blazer, Dan G; Orr, Caroline A

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Institution: Orr, Suezanne Tangerose: Department of Health Education and Promotion, College of Health and Human Performance, East Carolina University, Greenville, NC; Blazer, Dan G.: Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; Orr, Caroline A.: Department of Psychology, Loyola University, Baltimore, MD

Language: English

Abstract: Maternal smoking is a key preventable cause of poor pregnancy outcomes, such as low birthweight. In many areas of the United States, including Eastern North Carolina, rates of prenatal smoking are high. Prenatal depressive symptoms are associated with maternal smoking, but there remains much to learn about this relationship, especially among Black women, who have double the risk of poor pregnancy outcomes of White women. In the

study reported in this paper, we investigated the relationship between maternal prenatal depressive symptoms with smoking behaviors, beliefs and attitudes, environmental factors which promote smoking and nicotine addiction. Pregnant women were enrolled in the study at the first prenatal visit to the clinics of the Departments of Obstetrics and Gynecology and Family Medicine of the Brody School of Medicine, East Carolina University. An interviewer administered a questionnaire to each woman about smoking, smoking-related attitudes, knowledge, beliefs and behaviors, nicotine addiction, and home environmental factors that encourage smoking. The CES-D was used to measure depressive symptoms. We used the cut-point score of 23 or greater to indicate elevated depressive symptoms, which is thought to represent major depressive disorder. The sample consisted of 810 Black women, of whom 18% were smokers. CES-D score was associated with nicotine addiction, not thinking of quitting smoking, and not expecting support from family and friends if they decided to quit. Prenatal depressive symptoms may be a barrier to smoking cessation. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer Science+Business Media, LLC; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Health Attitudes](#)
[*Health Behavior](#)
[*Nicotine](#)
[*Pregnancy](#)
[*Tobacco Smoking](#)
[Addiction](#)
[Environmental Effects](#)
[Major Depression](#)
[Symptoms](#)

Source: PsycINFO

22. Review of Dulcan's textbook of child and adolescent psychiatry.

Citation: The American Journal of Psychiatry, May 2012, vol./is. 169/5(541-542), 0002-953X;1535-7228 (May 1, 2012)

Author(s): Cook, Mary N

Institution: Cook, Mary N.: Department of Psychiatry and Behavioral Sciences, Children's Hospital Colorado, Aurora, CO

Language: English

Abstract: Reviews the book, Dulcan's Textbook of Child and Adolescent Psychiatry edited by Mina K. Dulcan (see record 2009-22653-000). The field of child psychiatry has historically been fraught with controversy and stigmatization, yet this text offers hope in its presentation of a comprehensive and contemporary evidence base, supporting best-practice approaches for the assessment and treatment of youths with mental illness. One is struck by the scope and depth of the text, which leave the reader feeling empowered and inspired by how far the field has come in establishing a solid, scientifically rigorous reservoir of knowledge to guide one's practice. This text bears little resemblance to its previous edition, in that 56 of 65 chapters feature new lead authors. It is enormously expanded in its scope, with the addition of over a dozen new sections and an increase in chapters devoted to treatment, from seven to 18 chapters. The authors managed to distill and consolidate the vast literature presently available to the field, with a focus on more current findings. The chapters were designed to be comprehensive and balanced, with practical applications and key points highlighted. For example, the chapter on attention deficit hyperactivity disorder (ADHD), by Steven R. Pliszka, M.D., was organized in a clear and easy-to-follow manner, with handy tables and bulleted summary outlines to reiterate key points and present core principles in a readily digestible fashion. The writing style is very concise and crisp, facilitating efficient consumption of the materials. The information compiled is balanced, offering multiple points of view within each category as appropriate, including contradicting perspectives along with evidence in their support. The chapter on substance abuse, by Oscar G. Bukstein, M.D., M.P.H., and

Deborah Deas, M.D., M.P.H., is well organized, current, and comprehensive. Sections mentioning newer phenomena, such as Internet addiction, were added to reflect contemporary culture and trends. found Dr. Mina Dulcan's chapter on psychiatric classification, including past, current, and future systems, to be fascinating and relevant. With so much of child psychiatry research organized around diagnoses, the background, rationale, and methodology for defining and validating diagnostic criteria are essential for any provider to understand. In summary, I found Dulcan's textbook of child and adolescent psychiatry to be the best of its kind. It provides an authoritative, concise review of the most current literature in a manner that is balanced and intelligible. The material was organized in a readily digestible manner, with well-written narratives, bulleted summaries, and easy-to-read tables. This text would serve well as a definitive and comprehensive reference and guide to any provider assessing and treating youths with mental illness in any setting. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Adolescent Psychiatry](#)
[*Attention Deficit Disorder with Hyperactivity](#)
[*Child Psychiatry](#)
[*Drug Abuse](#)
[*Mental Disorders](#)

Source: PsycINFO

23. "Mental health insurance parity in Oregon": Reply.

Citation: The American Journal of Psychiatry, May 2012, vol./is. 169/5(539-540), 0002-953X;1535-7228 (May 1, 2012)

Author(s): McConnell, K. John; McFarland, Bentson H; Mccarty, Dennis; Ridgely, M. Susan

Language: English

Abstract: Reply by the current authors to the comments made by K. J. McConnell et al. (see record 2012-17466-022) on the original article (see record 2012-13164-009). We appreciate the opportunity to respond to Dr. Kuttner's observations that reimbursement rates in Oregon are lower than in many other states. He speculates that declining reimbursement, combined with restrictive networks, may have led to a shortage of behavioral health providers. The implication is that direct or indirect rationing of behavioral health providers may be an important underlying factor in our study results, which did not show large increases in behavioral health expenditures associated with Oregon's parity law. We agree with Dr. Kuttner's comments about shortages in some aspects of Oregon's behavioral health services, particularly in psychiatrists and inpatient beds. Oregon is generally not considered to have shortages of psychologists, social workers, and counselors (of various disciplines), although there may be a wait to see, for example, psychologists who are well regarded as skilled providers of evidence-based treatments. During the study period, we did not find evidence that behavioral health provider networks decreased. Health plan administrators disclosed in interviews that they planned to expand (not contract) networks. Furthermore, our analysis of a subset of health plans found that distance to the nearest primary care provider was relatively unchanged after the parity law, and distance to the nearest psychiatrist, master's-level therapist, and psychologist tended to decrease. Like Dr. Kuttner, we have heard anecdotally that reimbursement rates for behavioral health providers have declined recently, although we believe that these changes occurred after the study period. We found no evidence of decreased reimbursement rates in our study. Nonetheless, we agree that health plans might indirectly ration behavioral health services through reductions in reimbursement, and that these trends should be monitored locally and nationally. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Health Care Costs](#)
[*Health Care Psychology](#)
[*Health Insurance](#)

*Mental Health Parity
 *Health Care Policy
 Drug Abuse
 Drug Rehabilitation

Source: PsycINFO

24. Mental health insurance parity in Oregon.

Citation: The American Journal of Psychiatry, May 2012, vol./is. 169/5(539), 0002-953X;1535-7228 (May 1, 2012)

Author(s): Kuttner, Charles H

Language: English

Abstract: Comments on an article by K. J. McConnell et al. (see record 2012-13164-009). While I found the article by McConnell et al. in the January issue to be of great interest, I believe there may be other factors contributing to cost control in Oregon than those addressed by the authors. It is my impression, albeit without specific evidence, that insurance reimbursement rates in Oregon are lower than those in many other states, and I am definitely aware that insurance companies have been lowering such rates in recent years. Related to this, we are seeing a declining number of psychiatrists in Oregon as retirement attrition continues, with fewer new psychiatrists starting practices. In addition, insurance companies have highly restrictive panels that make it difficult to find nurse practitioners, social workers, and psychologists. As a result, we are seeing more colleagues who have 3-month or longer waiting lists or who are closing practices to new patients. I believe that lack of supply is helping to keep costs down, but there has been a significant impact on the availability and quality of care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Health Care Costs
 *Health Care Psychology
 *Health Insurance
 *Mental Health Parity
 *Health Care Policy
 Drug Abuse
 Drug Rehabilitation

Source: PsycINFO

25. Naltrexone implant for the treatment of polydrug dependence: A randomized controlled trial.

Citation: The American Journal of Psychiatry, May 2012, vol./is. 169/5(531-536), 0002-953X;1535-7228 (May 1, 2012)

Author(s): Tiihonen, Jari; Krupitsky, Evgeny; Verbitskaya, Elena; Blokhina, Elena; Mamontova, Olga; Fohr, Jaana; Tuomola, Pekka; Kuoppasalmi, Kimmo; Kiviniemi, Vesa; Zwartau, Edwin

Institution: Tiihonen, Jari: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Krupitsky, Evgeny: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Verbitskaya, Elena: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Blokhina, Elena: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Mamontova, Olga: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Fohr, Jaana: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Tuomola, Pekka: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Kuoppasalmi, Kimmo: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Kiviniemi, Vesa: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio; Zwartau, Edwin: Department of Forensic Psychiatry, University of Eastern Finland, Kuopio

Language: English

Abstract: Objective: The majority of drug addicts are polydrug dependent, and no effective pharmacological treatment is currently available for them. The authors studied the overall real-world effectiveness of naltrexone implant in this patient population. Method: The authors assessed the effectiveness of a naltrexone implant in the treatment of coexisting heroin and amphetamine polydrug dependence in 100 heroin- and amphetamine-dependent outpatients in a 10-week randomized, double-blind, placebo-controlled trial. The main outcome measures were retention in the study, proportion of drug-free urine samples, and improvement score on the Clinical Global Impressions Scale (CGI). Analyses were conducted in an intent- to-treat model. Results: At week 10, the retention rate was 52% for patients who received a naltrexone implant and 28% for those who received a placebo implant; the proportions of drug-free urine samples were 38% and 16%, respectively, for the two groups. On the CGI improvement item, 56% of the patients in the naltrexone group showed much or very much improvement, compared with 14% of those in the placebo group (number needed to treat = 3). Conclusions: Naltrexone implants resulted in higher retention in the study, decreased heroin and amphetamine use, and improved clinical condition for patients, thus providing the first evidence of an effective pharmacological treatment for this type of polydrug dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Amphetamine
*Drug Dependency
*Drug Therapy
*Heroin
*Naltrexone
Clinical Trials
Outpatients

Source: PsycINFO

26. Sustained-release opiate blockers for treating heroin and amphetamine dependence.

Citation: The American Journal of Psychiatry, May 2012, vol./is. 169/5(455-457), 0002-953X;1535-7228 (May 1, 2012)

Author(s): Penetar, David M

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Institution: Penetar, David M.: Behavioral Psychopharmacology Research Laboratory, McLean Hospital, Belmont, MA

Language: English

Abstract: Comments on an article by J. Tiihonen et al. (see record 2012-17466-017). Tiihonen et al. report on an increasingly popular approach of using opiate-specific antagonists to treat other-than-opiate abuse. The use of opiate-specific antagonists, such as naloxone and naltrexone, to treat heroin abuse is well documented and has strong pharmacological backing. The use of opiate antagonists to treat different classes of drugs of abuse (e.g., alcohol, stimulants) is perhaps not intuitive but has gained strong theoretical and practical support as the general mechanisms of the biological basis of addiction become better understood and numerous preclinical and human studies yield positive results in reducing alcohol and amphetamine intake. In a straightforward manner, Tiihonen and coworkers report the results of a 10-week clinical trial assessing the effects of the opiate antagonist naltrexone (in a sustained-release, implantable form) on individuals with dual dependence on heroin and amphetamine. A strength of the study by Tiihonen et al. is the use of a long-acting, depot formulation of naltrexone. Medication compliance is an issue in many clinical studies. There are obvious advantages for using a medication that does not require the patient to take it daily. Since 2006, naltrexone has been available in an extended-release injectable formulation approved for treatment of alcohol dependence, and since 2010 it has been approved for treatment of opioid dependence. This formulation is a once-a-month gluteal muscle depot injection, whereas the medication used by Tiihonen et al. is a subcutaneous implant capable of releasing naltrexone for 8 to 10

weeks. The authors note in addition that naltrexone blood levels with the implant are somewhat higher than with the depot injection but are within a range found to be effective for treating opioid dependence. Formulations that can produce therapeutically effective levels (as in this study) over 2 months have obvious advantages over shorter-acting formulations and daily dosing regimens. It is important to point out the obvious: that pharmacotherapy-whether for opiate, stimulant, nicotine, or alcohol abuse-is effective only for a percentage of those treated. The results of Tiihonen et al. are encouraging not only for showing a direct effect of naltrexone in reducing opiate and amphetamine use but also for significantly increasing ratings of functioning and retention. Studies in the field emphasize the importance of retention over a period of many weeks and months in determining a successful outcome. Retaining patients in programs where they can obtain beneficial pharmacotherapies in conjunction with behavioral and cognitive therapies may be our most effective treatment strategy for combating the difficult medical, behavioral, and societal problem of substance abuse. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Amphetamine](#)
[*Drug Dependency](#)
[*Drug Therapy](#)
[*Heroin](#)
[*Naltrexone](#)
[Clinical Trials](#)
[Outpatients](#)

Source: PsycINFO

27. Implementation of a "learner-driven" curriculum: An screening, brief intervention, and referral to treatment (SBIRT) interdisciplinary primary care model.

Citation: Substance Abuse, July 2012, vol./is. 33/3(312-315), 0889-7077;1547-0164 (Jul 2012)

Author(s): Stanton, Marina R; Atherton, W. Leigh; Toriello, Paul J; Hodgson, Jennifer L

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Institution: Stanton, Marina R.: Department of Child Development and Family Relations, East Carolina University, Greenville, NC; Atherton, W. Leigh: Department of Rehabilitation Studies, East Carolina University, Greenville, NC; Toriello, Paul J.: Department of Rehabilitation Studies, East Carolina University, Greenville, NC; Hodgson, Jennifer L.: Departments of Child Development, East Carolina University, Greenville, NC

Language: English

Abstract: Although screening, brief intervention, and referral to treatment (SBIRT) has been a popular model to address potential substance abuse issues in primary care, there is a need for innovative approaches for training providers and staff on SBIRT protocols. An interdisciplinary approach to SBIRT training, named ICARE, was implemented at 3 different medical settings. The ICARE team trained 85 employees at an academic family medicine residency center and 37 employees across 2 rural community health care clinics. Using an innovative "learner-driven" approach, the authors implemented a combination of didactic and interactive training strategies that included on-site coaching, patient simulation exercises, as well as large- and small-group learning. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Abuse](#)
[*Intervention](#)
[*Primary Health Care](#)
[*Screening](#)

Source: PsycINFO

28. A collaborative approach to teaching medical students how to screen, intervene, and treat substance use disorders.

Citation:	Substance Abuse, July 2012, vol./is. 33/3(286-291), 0889-7077;1547-0164 (Jul 2012)
Author(s):	Neufeld, Karin J; Alvanzo, Anika; King, Van L; Feldman, Leonard; Hsu, Jeffrey H; Rastegar, Darius A; Colbert, Jorie M; MacKinnon, Dean F
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Institution:	Neufeld, Karin J.: Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD; Alvanzo, Anika: Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD; King, Van L.: Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD; Feldman, Leonard: Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD; Hsu, Jeffrey H.: Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD; Rastegar, Darius A.: Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD; Colbert, Jorie M.: Office of Medical Education Services, Johns Hopkins University School of Medicine, Baltimore, MD; MacKinnon, Dean F.: Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD
Language:	English
Abstract:	Few medical schools require a stand-alone course to develop knowledge and skills relevant to substance use disorders (SUDs). The authors successfully initiated a new course for second-year medical students that used screening, brief intervention, and referral to treatment (SBIRT) as the course foundation. The 15-hour course (39 faculty teaching hours) arose from collaboration between faculty in Departments of Medicine and Psychiatry and included 5 hours of direct patient interaction during clinical demonstrations and in small-group skills development. Pre- and post-exam results suggest that the course had a significant impact on knowledge about SUDs. The authors' experience demonstrates that collaboration between 2 clinical departments can produce a successful second-year medical student course based in SBIRT principles. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Country of Publication:	HOLDER: Taylor & Francis Group, LLC
Publication Type:	Journal; Peer Reviewed Journal
Subject Headings:	*Drug Abuse *Intervention *Medical Students *Screening *Teaching
Source:	PsycINFO

29. Screening, brief intervention, and referral to treatment (SBIRT) curricular innovations: Addressing a training gap.

Citation:	Substance Abuse, July 2012, vol./is. 33/3(227-230), 0889-7077;1547-0164 (Jul 2012)
Author(s):	Gordon, Adam J; Alford, Daniel P
Institution:	Gordon, Adam J.: VA Pittsburgh Healthcare System, Pittsburgh, PA; Alford, Daniel P.: Boston University School of Medicine, Boston, MA
Language:	English
Abstract:	This special issue is an early effort to describe and examine the outcomes of teaching screening, brief intervention, and referral to treatment (SBIRT) to health professionals and trainees. SBIRT is an integrated, comprehensive, public health approach to addressing the full spectrum of unhealthy substance use in general health care settings. The core components of SBIRT include (1) screening-a strategy of early identification and assessment of individuals with unhealthy substance use through interview or self report;

(2) brief intervention-a counseling approach that is focused on raising an individual's awareness of his or her unhealthy substance use and motivating that individual to a positive behavior change; and (3) referral to treatment-a proactive process that facilitates access to specialty addiction for individuals with substance use disorders. The authors of the work contained in this special issue should be commended for their pioneering SBIRT curriculum development and implementation efforts. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Curriculum](#)
[*Innovation](#)
[*Intervention](#)
[*Screening](#)
[*Health Personnel](#)
[Health Care Services](#)

Source: PsycINFO

30. Group cognitive therapy for addictions.

Citation: Group cognitive therapy for addictions., 2012 (2012)

Author(s): Wenzel, Amy; Liese, Bruce S; Beck, Aaron T; Friedman-Wheeler, Dara G

Institution: Wenzel, Amy: University of Pennsylvania School of Medicine, PA; Liese, Bruce S.: University of Kansas Medical Center, KS; Beck, Aaron T.: School of Medicine, University of Pennsylvania, PA; Friedman-Wheeler, Dara G.: Goucher College, Baltimore, MD

Language: English

Abstract: (from the jacket) This pragmatic guide—from a team of experts including cognitive therapy originator Aaron T. Beck—provides a clear-cut framework for helping patients with addictions prevent relapse and improve their quality of life. The cognitive therapy addictions group (CTAG) is grounded in decades of pioneering research. It incorporates proven cognitive and behavioral treatment strategies while harnessing the power of cohesiveness and support among group members. Clinicians are taken step by step through establishing groups and working with participants to meet their individual goals. The book begins with an overview of CTAG and its theoretical underpinnings. One of the unique features of the approach is its flexibility: it is appropriate for patients with any addictive behavior problem, regardless of their stage of recovery, and members can transition in and out of the group at any time. This makes CTAG especially suitable for typical treatment settings, where lack of attendance and dropout are common. The authors describe strategies for assessing the needs of each member and of the group as a whole, including guidelines for developing cognitive case conceptualizations. Vivid case examples and transcripts throughout the volume illustrate what CTAG looks like in action. Chapters detail the basic components of each session: introductions, evaluation of maladaptive thoughts and beliefs, teaching of coping skills (for example, to manage cravings and urges or improve problem solving), homework, and closure. Reproducible clinical tools can be downloaded and printed in a convenient 8 1/2 x 11" size (www.guilford.com/p/wenzel). Presenting a powerful therapeutic model that can be used on its own or in combination with other treatments, this book is an invaluable resource for addiction treatment providers, including clinical psychologists, social workers, substance abuse counselors, and psychiatrists. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Book; Authored Book

Subject Headings: [*Addiction](#)
[*Cognitive Therapy](#)
[*Group Psychotherapy](#)
[*Relapse Prevention](#)

Source: PsycINFO

31. What is a mental illness? Public views and their effects on attitudes and disclosure.

- Citation:** Australian and New Zealand Journal of Psychiatry, July 2012, vol./is. 46/7(641-650), 0004-8674;1440-1614 (Jul 2012)
- Author(s):** Rusch, Nicolas; Evans-Lacko, Sara; Thornicroft, Graham
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- Language:** English
- Abstract:** Objective: 'Mental illness' is a common label. However, the general public may or may not consider various conditions, ranging from major psychiatric disorders to stress, as mental illnesses. It is unclear how such public views affect attitudes towards people with mental illness and reactions to one's own potential mental illness, e.g. in terms of help-seeking or disclosure. Methods: In representative English population surveys the classification of six conditions (schizophrenia, bipolar disorder, depression, drug addiction, stress, grief) as a mental illness was assessed as well as attitudes towards, and contact with, people with mental illness, intentions to disclose a mental illness and to seek treatment. Results: A factor analysis of how strongly respondents perceived the six conditions as a mental illness yielded two factors: (i) major psychiatric disorders and (ii) stress- and behaviour-related conditions including drug addiction. In regression analyses, higher scores on the first, but not the second, factor predicted less perceived responsibility of people with mental illness for their actions, and more support for a neurobiological illness model and help-seeking. Classifying stress-related/behaviour-related conditions as mental illnesses, as well as not referring to major psychiatric disorders as mental illnesses, was associated with more negative attitudes and increased social distance, but also with stronger intentions to disclose a mental illness to an employer. Negative attitudes and social distance were also related to ethnic minority status and lower social grade. Conclusions: Referring to major psychiatric disorders as mental illnesses may reflect higher mental health literacy, better attitudes towards people with mental illness and help-seeking. A broader concept of mental illness could, although increasing negative attitudes, facilitate disclosure in the workplace. Public views on what is a mental illness may have context-dependent effects and should be taken into account in anti-stigma campaigns. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: The Royal Australian and New Zealand College of Psychiatrists; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Health Behavior](#)
[*Public Opinion](#)
[*Self Disclosure](#)
[*Health Literacy](#)
[Mental Disorders](#)
- Source:** PsycINFO
- 32. Amygdala 14-3-3 as a novel modulator of escalating alcohol intake in mice.**
- Citation:** PLoS ONE, May 2012, vol./is. 7/5, 1932-6203 (May 22, 2012)
- Author(s):** Lesscher, Heidi M. B; Houthuijzen, Julia M; Groot Koerkamp, Marian J; Holstege, Frank C. P; Vanderschuren, Louk J. M. J
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Institution: Lesscher, Heidi M. B.: Rudolf Magnus Institute of Neuroscience, Department of Neuroscience and Pharmacology, University Medical Center Utrecht, Utrecht; Houthuijzen, Julia M.: Rudolf Magnus Institute of Neuroscience, Department of Neuroscience and Pharmacology, University Medical Center Utrecht, Utrecht; Groot Koerkamp, Marian J.: Molecular Cancer Research, University Medical Center Utrecht, Utrecht; Holstege, Frank C. P.: Molecular Cancer Research, University Medical Center Utrecht, Utrecht; Vanderschuren, Louk J. M. J.: Rudolf Magnus Institute of Neuroscience, Department of Neuroscience and Pharmacology, University Medical Center Utrecht, Utrecht

Language: English

Abstract: Alcoholism is a devastating brain disorder that affects millions of people worldwide. The development of alcoholism is caused by alcohol-induced maladaptive changes in neural circuits involved in emotions, motivation, and decision-making. Because of its involvement in these processes, the amygdala is thought to be a key neural structure involved in alcohol addiction. However, the molecular mechanisms that govern the development of alcoholism are incompletely understood. We have previously shown that in a limited access choice paradigm, C57BL/6J mice progressively escalate their alcohol intake and display important behavioral characteristic of alcohol addiction, in that they become insensitive to quinine-induced adulteration of alcohol. This study used the limited access choice paradigm to study gene expression changes in the amygdala during the escalation to high alcohol consumption in C57BL/6J mice. Microarray analysis revealed that changes in gene expression occurred predominantly after one week, i.e. during the initial escalation of alcohol intake. One gene that stood out from our analysis was the adapter protein 14-3-3, which was up-regulated during the transition from low to high alcohol intake. Independent qPCR analysis confirmed the up-regulation of amygdala 14-3-3 during the escalation of alcohol intake. Subsequently, we found that local knockdown of 14-3-3 in the amygdala, using RNA interference, dramatically augmented alcohol intake. In addition, knockdown of amygdala 14-3-3 promoted the development of inflexible alcohol drinking, as apparent from insensitivity to quinine adulteration of alcohol. This study identifies amygdala 14-3-3 as a novel key modulator that is engaged during escalation of alcohol use. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Lesscher et al.; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Alcoholism](#)
[*Amygdala](#)
[*Proteins](#)
[Mice](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [National Library of Medicine](#)

33. Functional connectivity in brain networks underlying cognitive control in chronic cannabis users.

Citation: Neuropsychopharmacology, July 2012, vol./is. 37/8(1923-1933), 0893-133X;1740-634X (Jul 2012)

Author(s): Harding, Ian H; Solowij, Nadia; Harrison, Ben J; Takagi, Michael; Lorenzetti, Valentina; Lubman, Dan I; Seal, Marc L; Pantelis, Christos; Yucel, Murat

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Language: English

Abstract: The long-term effect of regular cannabis use on brain function underlying cognitive control remains equivocal. Cognitive control abilities are thought to have a major role in everyday functioning, and their dysfunction has been implicated in the maintenance of maladaptive drug-taking patterns. In this study, the Multi-Source Interference Task was employed alongside functional magnetic resonance imaging and psychophysiological interaction methods to investigate functional interactions between brain regions underlying cognitive control. Current cannabis users with a history of greater than 10 years of daily or near-daily cannabis smoking (n = 21) were compared with age, gender, and IQ-matched non-using controls (n = 21). No differences in behavioral performance or magnitude of task-related brain activations were evident between the groups. However, greater connectivity between the prefrontal cortex and the occipitoparietal cortex was evident in cannabis users, as compared with controls, as cognitive control demands increased. The magnitude of this connectivity was positively associated with age of onset and lifetime exposure to cannabis. These findings suggest that brain regions responsible for coordinating behavioral control have an increased influence on the direction and switching of attention in cannabis users, and that these changes may have a compensatory role in mitigating cannabis-related impairments in cognitive control or perceptual processes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: American College of Neuropsychopharmacology; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Cannabis](#)
[*Drug Abuse](#)
[*Cognitive Control](#)
[*Biological Neural Networks](#)

Source: PsycINFO

34. The motivation to self-administer is increased after a history of spiking brain levels of cocaine.

Citation: Neuropsychopharmacology, July 2012, vol./is. 37/8(1901-1910), 0893-133X;1740-634X (Jul 2012)

Author(s): Zimmer, Benjamin A; Oleson, Erik B; Roberts, David C. S

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Language: English

Abstract: Recent attempts to model the addiction process in rodents have focused on cocaine self-administration procedures that provide extended daily access. Such procedures produce a characteristic loading phase during which blood levels rapidly rise and then are maintained within an elevated range for the duration of the session. The present experiments tested the hypothesis that multiple fast rising spikes in cocaine levels contribute to the addiction process more robustly than constant, maintained drug levels.

Here, we compared the effects of various cocaine self-administration procedures that produced very different patterns of drug intake and drug dynamics on Pmax, a behavioral economic measure of the motivation to self-administer drug. Two groups received intermittent access (IntA) to cocaine during daily 6-h sessions. Access was limited to twelve 5-min trials that alternated with 25-min timeout periods, using either a hold-down procedure or a fixed ratio 1 (FRI). Cocaine levels could not be maintained with this procedure, instead the animals experienced 2 fast-rising spikes in cocaine levels each day. The IntA groups were compared with groups given 6-h FRI long access and 2-h short access sessions and two other control groups. Here, we report that cocaine self-administration procedures resulting in repeatedly spiking drug levels produce more robust increases in Pmax than procedures resulting in maintained high levels of cocaine. These results suggest that rapid spiking of brain-cocaine levels is sufficient to increase the motivation to self-administer cocaine. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: American College of Neuropsychopharmacology; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Brain](#)
[*Cocaine](#)
[*Drug Self Administration](#)
[Animal Motivation](#)
[Rats](#)

Source: PsycINFO

35. Pathological gambling: A systematic review of biochemical, neuroimaging, and neuropsychological findings.

Citation: Harvard Review of Psychiatry, May 2012, vol./is. 20/3(130-148), 1067-3229;1465-7309 (May 2012)

Author(s): Conversano, Ciro; Marazziti, Donatella; Carmassi, Claudia; Baldini, Sara; Barnabei, Graziano; Dell'Osso, Liliana

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Language: English

Abstract: Pathological gambling is an emerging psychiatric disorder that has recently gained much attention because of its increasing prevalence and devastating personal, familial, and social consequences. Although its pathophysiology is largely unknown, the shared similarities with both addiction and obsessive-compulsive spectrum disorders have suggested the possibility of common psychobiological substrates. As with many other psychiatric disorders, it is believed that pathological gambling may result from the interplay between individual vulnerability and environmental factors. The aim of this article is to offer a comprehensive review of the main neurobiological aspects of pathological gambling, with particular attention to neuropsychological and related findings. A deeper understanding of the biological correlates of pathological gambling is required in order to develop effective treatment strategies. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: President and Fellows of Harvard College; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Biochemistry
 *Neurobiology
 *Neuropsychology
 *Pathological Gambling
 Neuroimaging

Source: PsycINFO

36. The risks associated with stimulant medication use in child and adolescent populations diagnosed with attention-deficit hyperactivity disorder.

Citation: Ethical Human Psychology and Psychiatry: An International Journal of Critical Inquiry, 2012, vol./is. 14/1(5-14), 1559-4343 (Spr, 2012)

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Institution: Stolzer, Jeanne M.: University of Nebraska-Kearney, Kearney, NE

Language: English

Abstract: Throughout human history, psychiatric dysfunction in child and adolescent populations has been rare. However, over the last 2 decades, psychiatric diagnoses have reached epidemic proportions-particularly in the United States. Currently, attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric illness in child and adolescent populations with an estimated 10-12 million children diagnosed in the United States. Over the last 2 decades, behavior patterns that were once perceived as typical, normative developmental stages have been systematically redefined by those promoting the mass labeling and drugging of children as a "chemical imbalance of the brain." Grounded in bioevolutionary theory, this article will challenge the existing medical model and will explore in-depth the risks associated with the ADHD label and the use of stimulant medication in pediatric populations. In addition, this article will examine the cultural, physical, neurological, psychological, and social correlates as they relate to the diagnosis of ADHD in America. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Springer Publishing Company; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Attention Deficit Disorder with Hyperactivity
 *CNS Stimulating Drugs
 *Diagnosis
 *Drug Therapy
 *Drug Usage

Source: PsycINFO

Full Text: Available in *fulltext* at *ProQuest*

37. Social smokers: Smoking motivations, behavior, vulnerability, and responses to antismoking advertising.

Citation: Journal of Consumer Behaviour, May 2012, vol./is. 11/3(207-216), 1472-0817;1479-1838 (May-Jun 2012)

Author(s): Debevec, Kathleen; Diamond, William D

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Language: English

Abstract: Antismoking campaigns have traditionally ignored the differences between social and regular smokers. This paper reports the results of three studies: interviews with 17 college students describing themselves as social smokers, a survey verifying the interview results with a larger sample of undergraduates, and an experimental test of advertising appeals based on the survey results. In the interviews, social smokers differentiated themselves from regular smokers and described smoking mostly in situations where drinking and smoking goes hand in hand. They did not feel vulnerable to the long-term consequences of smoking. The survey confirmed differences between the behaviors, motivations, and perceived vulnerability of social and regular smokers. The experimental study found that both social and regular smokers were persuaded by an advertisement describing the risk of cancer, but social smokers expressed the lowest vulnerability to this risk. A message strategy describing the risk of addiction was particularly effective in capturing the attention of social smokers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: John Wiley & Sons, Ltd.; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Advertising](#)
[*Risk Factors](#)
[*Social Influences](#)
[*Tobacco Smoking](#)
[Motivation](#)
[Social Behavior](#)
[Susceptibility \(Disorders\)](#)

Source: PsycINFO

38. James Q. Wilson: "The legitimacy of government itself".

Citation: Public Administration Review, July 2012, vol./is. 72/4(485-486), 0033-3352;1540-6210 (Jul-Aug 2012)

Author(s): DiIulio, John J Jr.

Institution: DiIulio, John J.: University of Pennsylvania, Philadelphia, PA

Language: English

Abstract: James Q. Wilson died on March 2, 2012, at the age of 80. For 32 years, he was my revered mentor and dear friend. We collaborated on magazine articles. We wrote for each other's edited volumes. Jim believed that civic virtue required a citizenry that was neither addicted to government nor allergic to it. Jim foresaw that in the era of big government, "thinking clearly about goals" and creating the institutional machinery necessary to translate policy into effective action would prove "a tough assignment" for our "political system." As government grew, he predicted, the "compromise, ambiguity, and contradiction" that had long characterized our politics would increasingly confound the quality of our administration. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Country of Publication: HOLDER: American Society for Public Administration; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Government](#)
[*Political Processes](#)
[*Virtue](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [EBSCOhost](#)

39. Disturbed sleep in ecstasy users reported by partners/roommates.

Citation: Australian and New Zealand Journal of Psychiatry, June 2012, vol./is. 46/6(587-588), 0004-8674;1440-1614 (Jun 2012)

Author(s): Ogeil, Rowan P; Rajaratnam, Shantha M. W; Broadbear, Jillian H

Correspondence Address: Ogeil, Rowan P.: School of Psychology and Psychiatry, Monash University, Clayton, VIC, Australia, 3800, Rowan.Ogeil@monash.edu

Institution: Ogeil, Rowan P.: School of Psychology and Psychiatry, Monash University, Clayton, VIC; Rajaratnam, Shantha M. W.: School of Psychology and Psychiatry, Monash University, Clayton, VIC; Broadbear, Jillian H.: School of Psychology and Psychiatry, Monash University, Clayton, VIC

Language: English

Abstract: This article aimed to investigate the prevalence of commonly reported sleep disturbances in a sample of ecstasy users, as reported by their roommates/partners. Data were collected using the supplementary questions of the Pittsburgh Sleep Quality Index (PSQI). The relationship between roommate/partner ratings of sleep disturbance and user-reported sleep quality was also assessed. Results shows the frequency with which roommates/partners rated ecstasy users as exhibiting symptoms associated with disturbed sleep during the past month. Global PSQI score was not significantly related with partner ratings of loud snoring. These results demonstrate that many ecstasy users display signs of sleep disturbance that can be corroborated by others. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Country of Publication: HOLDER: The Royal Australian and New Zealand College of Psychiatrists; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Drug Usage](#)
[*Epidemiology](#)
[*Methylenedioxymethamphetamine](#)
[*Sleep Deprivation](#)
[Roommates](#)

Source: PsycINFO

40. The emergence of a recovery movement for alcohol and drug dependence.

Citation: Australian and New Zealand Journal of Psychiatry, June 2012, vol./is. 46/6(586), 0004-8674;1440-1614 (Jun 2012)

Author(s): Best, David; Lubman, Dan I

Correspondence Address: Best, David: Turning Point Alcohol and Drug Centre, 54-62 Gertrude Street, Fitzroy, VIC, Australia, 3065, davidb@turningpoint.org.au

Institution: Best, David: Turning Point Alcohol and Drug Centre, Melbourne, VIC; Lubman, Dan I.: Turning Point Alcohol and Drug Centre, Melbourne, VIC

Language: English

Abstract: Comments on an article by P. Burgess et al. (see record 2011-05709-002). In their article, Burgess et al. presented an excellent overview of the progress made in mapping and measuring mental health recovery for both clients and services. For those of us working in the alcohol and drug arena, it provokes the question of what tools we have to measure recovery from addiction, and the status of the recovery movement more generally in our respective fields. However, in contrast to the mental health field, there is a paucity of strong and consistent measures of personal or organizational recovery related to addiction. As professionals in this field, it is our duty to disseminate this statistic to our colleagues and to enact its principles in our daily practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Country of Publication: HOLDER: The Royal Australian and New Zealand College of Psychiatrists; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Measurement](#)
[*Mental Health Services](#)
[Recovery \(Disorders\)](#)

Source: PsycINFO

41. Limited to no responsibility: Addiction, alcoholism and the law in modern Germany.

Citation: History of Psychiatry, June 2012, vol./is. 23/2(169-181), 0957-154X;1740-2360 (Jun 2012)

Author(s): Lewy, Jonathan

Correspondence Address: Lewy, Jonathan: Hebrew University of Jerusalem, 67 Nof Harim St, Mevasseret Zion, Israel, gaeseric@mscc.huji.ac.il

Institution: Lewy, Jonathan: Hebrew University of Jerusalem, Mevasseret Zion

Language: English

Abstract: In Germany, a perpetrator had to be of sound mind to be convicted of a crime throughout the nineteenth and twentieth centuries. The criminal code was clear, but reality was not. From the moment that physicians accepted alcoholism and drug addiction as diseases of mind and body, the question of what to do with alcoholic and addicted criminals troubled legal theorists. How were judges to maintain the balance of justice if, on the one hand, a potential perpetrator chose to be of unsound mind by drinking or using drugs, but on the other, he was sick, unable to control his actions? As this article demonstrates, the legal system was lenient towards inebriated perpetrators as a by-product of the insistence of German doctors that alcoholism and addiction were diseases. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Author(s); YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Drug Addiction](#)
[*Justice](#)
[*Laws](#)
[Judges](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [Highwire Press](#)

42. Media and social policy: Towards an evidence-based approach to content regulation.

Citation: Growing up fast and furious: Reviewing the impacts of violent and sexualised media on children., 2012(197-219) (2012)

Author(s): Braunstein, Danya; Plumb, Julia; Warburton, Wayne

Institution: Warburton, Wayne: Department of Psychology, Children and Families Research Centre, Macquarie University, Sydney

Language: English

Abstract: (from the chapter) This chapter examines the state of evidence-based policy procedures in Australia and overseas. It also explores the discrepancies between what researchers have found about media influences on children and what policy-makers and the public understand and do about these media effects. The first part of the chapter looks at the key issues in policy-making both in Australia and overseas, with a focus on the role of government regulation, the acknowledgement or otherwise of research evidence and the regulatory frameworks involved in balancing the needs of children with the preservation of adult freedoms. Secondly, the chapter explores media policies spanning both content and access-related concerns in five key areas related to child development and children's media use: physical health, alcohol and other drugs, sexualisation, television programming, and internet use (a sixth key area, classification systems, was discussed in detail in Chapter 9). In the final part of the chapter we discuss the importance of educating children and young people about the media and discuss ways in which future trends in media convergence will create an even greater need to educate children about media. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Childhood Development](#)
[*Government Policy Making](#)
[*Mass Media](#)
[*Public Opinion](#)
[*Social Influences](#)
[Drug Usage](#)
[Evidence Based Practice](#)
[Physical Health](#)
[Sexuality](#)
[Television](#)
[Internet Usage](#)

Source: PsycINFO

43. Negative reactions to substance-using clients: Where the reactions come from, what they are, and what to do about them.

Citation: Transforming negative reactions to clients: From frustration to compassion., 2013(245-268) (2013)

Author(s): Rotgers, Frederick

Institution: Rotgers, Frederick: Graduate School of Applied and Professional Psychology, Rutgers University, Piscataway, NJ

Language: English

Abstract: (from the chapter) In this chapter, I address this stigma and its impact on clinician reactions to substance-using clients from several perspectives. First, I review some of the literature on the origins of the stigma attached to substance use in contemporary American society. The specifics of that stigma are somewhat different from how substance users and substance use disorders are viewed in other parts of the world. Second, I review some of the most common negative reactions to substance-using clients that I have experienced or that have been reported in the literature and anecdotally to me by colleagues and supervisees. Finally, I discuss some ways that clinicians can reduce their negative responses to these stigmatized individuals and become more effective therapists when working with them. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Drug Abuse](#)
[*Drug Usage Attitudes](#)
[*Psychotherapeutic Processes](#)
[*Stigma](#)
[Clients](#)
[Clinicians](#)

Source: PsycINFO

44. Voucher-based contingency management in the treatment of substance use disorders.

Citation: APA handbook of behavior analysis, Vol. 2: Translating principles into practice., 2013(481-500) (2013)

Author(s): Higgins, Stephen T; Heil, Sarah H; Sigmon, Stacey C

Institution: Higgins, Stephen T.: Department of Psychiatry, University of Vermont, Burlington, VT; Heil, Sarah H.: Department of Psychiatry, University of Vermont, Burlington, VT; Sigmon, Stacey C.: Department of Psychiatry, University of Vermont, Burlington, VT

Language: English

Abstract: (from the chapter) Substance use disorders (SUDs) represent a highly prevalent and costly public health problem in the United States and most other developed and developing countries. Indeed, almost one-fifth (18%) of the U.S. population will experience an SUD

at some point in their lifetime and the associated economic burden in terms of lost productivity and increased morbidity and mortality is estimated at \$5 billion or more annually (Galanter & Kleber, 2008). The need for greater scientific understanding of SUDs as well as effective interventions for preventing and treating these disorders is tremendous. The field of behavior analysis has made numerous contributions to a scientific analysis of SUDs. Among those contributions is the use of contingency management (CM) to treat SUDs (Higgins, Silverman, & Heil, 2008), which is the focus of this chapter. CM involves the systematic application of reinforcing or punishing consequences to promote and sustain behavior change. When used in the treatment of SUDs, CM interventions usually focus not only on increasing abstinence from drug use, but also on increasing clinic attendance, adherence with medication regimens, and other therapeutic targets such as vocational goals (see Higgins et al., 2008). CM is typically used as part of a more comprehensive treatment intervention for SUDs, but it has also been used as an effective stand-alone treatment, depending on the particular type of SUD and population. CM treatments for SUDs have taken different forms over the approximately 40 years in which they have appeared in the scientific literature, including, for example, earning clinic privileges contingent on objectively verified drug abstinence among methadone maintenance patients (e.g., Stitzer, Iguchi, & Felch, 1992), forfeiting a professional license contingent on drug use among drug-dependent health care workers (e.g., Crowley, 1985-1986), earning temporary housing among homeless drug-dependent individuals contingent on abstinence from drug use (e.g., Milby, Schumacher, Wallace, Freedmen, & Vuchinich, 2005), and earning vouchers exchangeable for retail items contingent on abstinence from drug use among individuals dependent on cocaine and other drugs (e.g., Higgins et al., 1991). As we discuss in greater detail later, the practice of offering abstinence-contingent vouchers exchangeable for retail items or other monetary-based consequences for promoting behavior change is the most thoroughly researched of these different types of CM and thus is the primary focus of this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Book; Edited Book

Subject Headings: [*Behavior Analysis](#)
[*Contingency Management](#)
[*Drug Abuse](#)

Source: PsycINFO

45. Stimulating perspectives in conducting consumer research.

Citation: PsycCRITIQUES, 2012, vol./is. 57/32(No Pagination Specified), 1554-0138 (2012)

Author(s): Hollenbeck, Candice R

Language: English

Abstract: Reviews the book, *Transformative Consumer Research for Personal and Collective Well-Being* edited by David Glen Mick, Simone Pettigrew, Cornelia Pechmann, and Julie L. Ozanne (see record 2011-14892-000). This book discusses an important and timely issue: the potential for consumer research to positively influence social and cultural welfare. The editors present a series of chapters that reflect the research interests of various contributors. Each chapter exemplifies how consumer research can benefit marginalized and often understudied groups such as minorities, youths, older adults, those who are illiterate, those who are less educated, and lower income consumers. Destructive behavioral patterns are examined, such as gambling, abuse of credit cards, addictive consumption of food and alcohol, smoking, pornography, and excessive materialism. In addition, important and relevant cultural issues are addressed, such as childhood obesity, the influence of social media, and effective parenting and quality family time during an era riddled with hurried lifestyles. The audience for this book includes anyone who is interested in the application of consumer research to the higher order goal of improving society. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Electronic Collection

Subject Headings: [*Consumer Research](#)
[*Well Being](#)

Consumer Behavior

Source: PsycINFO

46. Recovering from substance misuse.

Citation: Contemporary issues in couples counseling: A choice theory and reality therapy approach., 2012(59-77) (2012)

Author(s): Burdenski, Thomas K Jr.

Institution: Burdenski, Thomas K.: Tarleton State University, Stephenville, TX

Language: English

Abstract: (from the chapter) Choice theory and reality therapy have been widely used in conjunction with the 12 steps of Alcoholics Anonymous and Al-Anon for recovery from alcoholism and co-dependency since the 1970s (Wubbolding & Brickell, 1999). The application of choice theory/reality therapy to couples has been emphasized in recent works by both Glasser (1998, 2000; Glasser & Glasser, 2000, 2007) and Wubbolding (Christensen & Gray, 2002; Wubbolding 2000a, 2000b, 2011; Wubbolding & Brickell, 1999). Behavioral couples therapy (BCT; O'Farrell & Fals-Stewart, 2006), an approach that focuses on both substance use and repairing relationships, has the best research support for helping couples face the challenges of recovery together. BCT is also highly compatible with choice theory/reality therapy principles as well as 12-step group participation. Recent research has indicated that including partners of substance "misusers" (Van Wormer & Davis, 2008) in conjoint treatment can produce more abstinence, happier relationships, fewer separations, lower risk of divorce, substantially reduced domestic violence, fewer emotional problems in children, and lower treatment costs than individual treatment for substance misuse (O'Farrell, 1993; O'Farrell & Cutter, 1984; O'Farrell & Fals-Stewart, 2000). In BCT, the major goals are to alter interactional patterns that maintain problem drinking and to improve the relationship so that turning to alcohol becomes less attractive as a means of coping with stress and conflict (Thomas & Corcoran, 2001). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Country of Publication: STATEMENT: Routledge is an imprint of Taylor & Francis Group, an Informa business; HOLDER: Taylor & Francis Group, LLC; YEAR: 2012

Publication Type: Book; Edited Book

Subject Headings: [*Behavior Therapy](#)
[*Choice Behavior](#)
[*Couples Therapy](#)
[*Drug Abuse](#)
[*Reality Therapy](#)
[Alcoholics Anonymous](#)
[Alcoholism](#)
[Conflict](#)
[Coping Behavior](#)
[Interpersonal Interaction](#)
[Stress](#)

Source: PsycINFO

47. College student drug use: Patterns, concerns, consequences, and interest in intervention.

Citation: Journal of College Student Development, January 2012, vol./is. 53/1(124-132), 0897-5264;1543-3382 (Jan-Feb 2012)

Author(s): Palmer, Rebekka S; McMahon, Thomas J; Moreggi, Danielle I; Rounsaville, Bruce J; Ball, Samuel A

Correspondence Address: Palmer, Rebekka S.: PGSP-Stanford Consortium, Palo Alto University, 1791 Arastradero Road, Palo Alto, CA, US, 94304, rpalmer@paloalto.edu

Institution: Palmer, Rebekka S.: Pacific Graduate School, Palo Alto University, Palo Alto, CA; McMahon, Thomas J.: Child Study Center, Yale School of Medicine, CT; Moreggi,

Danielle I.: University of New Haven, New Haven, CT; Rounsaville, Bruce J.: Psychotherapy Development Center, Yale School of Medicine, CT; Ball, Samuel A.: APT Foundation, Yale School of Medicine, CT

Language: English

Abstract: Although previous surveys have indicated high rates of illicit and prescription drug misuse among college students, few have assessed negative consequences, personal concerns, or interest in interventions for drug use. In a survey of 262 college students who self-reported lifetime use of an illicit drug, 69% reported at least one negative consequence over the course of their lifetime and 63% in the past year. Many also reported being moderately concerned (28%) about their drug or medication misuse and moderately interested in some form of intervention (76%). The frequency of marijuana use and medication misuse in the past month was related to increased negative consequences and personal concerns even when controlling for the frequency of past month alcohol use. There were relatively few differences as a function of gender or year in college. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Conference Information: Annual Meeting of the College on the Problem of Drug Dependence. 68th. Jun, 2006. An abbreviated version of this study was presented at the aforementioned conference.

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*College Students](#)
[*Drug Usage](#)
[*Intervention](#)
[*Self Report](#)

Source: PsycINFO

48. 'Sex, drugs and snowboarding': (il)legitimate definitions of taste and lifestyle in a physical youth culture.

Citation: Leisure Studies, January 2012, vol./is. 31/1(33-51), 0261-4367;1466-4496 (Jan 2012)

Author(s): Thorpe, Holly

Correspondence Address: Thorpe, Holly, hthorpe@waikato.ac.nz

Institution: Thorpe, Holly: Sport and Leisure Studies, School of Education, University of Waikato, Hamilton

Language: English

Abstract: This paper examines the hedonistic social interactions and lifestyles embraced by many contemporary physical youth cultural participants via the case of snow-boarding. Drawing upon an array of primary and secondary sources collected over seven years, I present a three-part analysis of the hedonistic party lifestyle, alcohol and drug consumption (for both pleasure and performance), and the hyper-sexuality, at the core of the snowboarding culture. Engaging Bourdieu's theory of distinction, and particularly his concepts of field, practice and taste, in dialogue with my empirical evidence, I reveal the definitions of pleasure and the hedonistic snowboarding lifestyle as highly contested. While many cultural participants are complicit to hierarchical and/or violent attempts to regulate the dominant tastes and practices within the snowboarding field, others are engaging in an array of symbolic and embodied struggles to (re)define meanings of 'pleasure' in the snowboarding lifestyle and apres snow culture more broadly. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Taylor & Francis; YEAR: 2012

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Drug Usage](#)
[*Hedonism](#)
[*Lifestyle](#)
[*Social Interaction](#)

Source: PsycINFO

49. The political power of film: Traffic's impact on drug policy debates.

- Citation:** Southern Communication Journal, January 2012, vol./is. 77/1(45-60), 1041-794X;1930-3203 (Jan 2012)
- Author(s):** Schulte, Stephanie Ricker
- Correspondence Address:** Schulte, Stephanie Ricker: Stephanie Ricker Schulte, Department of Communication, University of Arkansas, 417 Kimpel Hall, Fayetteville, AR, US, 72701, stephanieschulte@gmail.com
- Institution:** Schulte, Stephanie Ricker: Department of Communication, University of Arkansas, Fayetteville, AR
- Language:** English
- Abstract:** This interdisciplinary study advances film effects and policy research by combining multiple methodologies to assess how a film may affect policy debates. Investigating Traffic's effect on press and Congressional drug policy debates, this article illustrates how Traffic was used to push for or against legislation, to reframe the drug policy debate, and to provide symbolic attention to drug-related issues. A framing analysis shows that Traffic framed news coverage of drug abuse, and a discursive analysis illustrates how and why this occurred. Ultimately, this article suggests blockbuster films cloaked in realism, elite attention, and news coverage may shift policy debates in media spheres. It also illustrates the potentials for multimethod research strategies to reveal hegemony at work and flaws in journalistic practices. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
- Country of Publication:** HOLDER: Southern States Communication Association; YEAR: 2012
- Publication Type:** Journal; Peer Reviewed Journal
- Subject Headings:** [*Debates](#)
[*Drug Abuse](#)
[*Films](#)
[*Government Policy Making](#)
- Source:** PsycINFO

50. Psychosocial factors in older heroin-dependent patients in treatment.

- Citation:** Reviews in Clinical Gerontology, February 2012, vol./is. 22/1(79-83), 0959-2598;1469-9036 (Feb 2012)
- Author(s):** Sidhu, Harvinder; Crome, Peter; Crome, Ilana B
- Correspondence Address:** Crome, Ilana B.: Academic Psychiatry Unit, Keele University, Medical School, St George's Hospital, Corporation Street, Stafford, United Kingdom, ST16 3SR, pca03@keele.ac.uk
- Institution:** Sidhu, Harvinder: Keele University, Medical School, Keele, STS; Crome, Peter: Keele University, Medical School, Keele, STS; Crome, Ilana B.: Keele University, Medical School, Keele, STS
- Language:** English
- Abstract:** The psychosocial characteristics of older heroin-dependent patients (defined as 45 years and over) attending a specialist addiction clinic in Stoke on Trent, UK were studied using retrospective record analysis of the case notes of the 20 oldest heroin-dependent patients. This study draws attention to the multiple psychosocial problems facing ageing heroin addicts. On average, patients were 48 years old, had first been exposed to heroin at age 29, 85% were injectors and the majority were polydrug users. In 20% a major life event had preceded first use of heroin. Nineteen were male, 17 were single, only 10% were employed, while just 10% did not have a criminal history. Depression, self-harm and memory disturbance were frequently reported. Retention in treatment was a feature, with consequent improvements including reduction in criminality and injecting behaviour.

However, there is little specific guidance on treatment, training or policy for this group in the UK. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Cambridge University Press; YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Addiction](#)
[*Drug Dependency](#)
[*Drug Therapy](#)
[*Heroin](#)
[*Psychosocial Factors](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [ProQuest](#)

51. Fluoxetine treatment of alcoholic perpetrators of domestic violence: A 12-week, double-blind, randomized, placebo-controlled intervention study.

Citation: Journal of Clinical Psychiatry, January 2011, vol./is. 72/1(60-65), 0160-6689 (Jan 2011)

Author(s): George, David T; Phillips, Monte J; Lifshitz, Mariel; Lionetti, Thomas A; Spero, David E; Ghassemzadeh, Niloofer; Doty, Linda; Umhau, John C; Rawlings, Robert R

Correspondence Address: George, David T.: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Clinical Research Center, Bldg 10, Room 2-2352, 10 Center Drive, Bethesda, MD, US, 20892-1540, tedg@mail.nih.gov

Institution: George, David T.: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Phillips, Monte J.: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Lifshitz, Mariel: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Lionetti, Thomas A.: Clinical Center Nursing, National Institutes of Health, Bethesda, MD; Spero, David E.: Clinical Center Nursing, National Institutes of Health, Bethesda, MD; Ghassemzadeh, Niloofer: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Doty, Linda: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Umhau, John C.: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD; Rawlings, Robert R.: Laboratory of Clinical and Translational Studies, National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD

Language: English

Abstract: Objective: Behaviorally based therapies for the treatment of perpetrators who initiate intimate partner violence (IPV) have generally shown minimal therapeutic efficacy. To explore a new treatment approach for IPV, we examined the effects of a selective serotonin reuptake inhibitor on the irritability subscale score of the Modified Overt Aggression Scale. This score served as a surrogate marker for the anger and physical aggression that characterize perpetrators of IPV. Method: A 12-week, double-blind, randomized, placebo-controlled intervention study employing fluoxetine, alcohol treatment, and cognitive-behavioral therapy was performed. Sixty (46 men) non-court-mandated, DSM-IV-diagnosed alcoholic perpetrators of IPV with a history of at least 2 episodes of IPV in the year prior to participation in the study were evaluated. The primary outcome measure was the score on the irritability subscale of the Modified Overt Aggression Scale. Secondary measures included anxiety, depression, and ratings by the perpetrator's spouse/significant other. The study was conducted from January 2002 through December 2007. Results: A repeated-measures analysis of variance using the irritability subscale scores obtained from perpetrators who completed the 12-week study ($n = 24$) showed a significant drug effect ($F_{1,21} = 12.09, P = .002$). Last observation carried forward ($F_{1,32} = 4.24, P = .048$) as well as intent-to-treat analysis ($F_{1,54} = 5.0, P = .034$) also showed a significant drug effect. Spouses'/significant others' physical and nonphysical Partner Abuse Scale ratings showed a significant reduction of abuse over time ($F_{1,11} = 10.2, P = .009$ and $F_{1,11} = 24.2, P = .0005$, respectively). Conclusion: This

is the first controlled study to show that a pharmacologic intervention employing a selective serotonin reuptake inhibitor, in conjunction with alcohol treatment and cognitive-behavioral therapy, can reduce measures of anger and physical aggression in alcoholic perpetrators of IPV. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Conference Information: National Institutes of Health Research Festival. Oct, 2009. This study was presented in poster form at the aforementioned conference.

Country of Publication: HOLDER: Physicians Postgraduate Press, Inc.; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Fluoxetine](#)
[*Intimate Partner Violence](#)
[*Perpetrators](#)
[*Treatment Effectiveness Evaluation](#)
[Serotonin Reuptake Inhibitors](#)

Source: PsycINFO

52. Working without a net: The bachelor as a social problem.

Citation: The Sociological Review, February 1977, vol./is. 25/1(109-129), 0038-0261;1467-954X (Feb 1977)

Author(s): Davis, Alan G; Strong, Philip M

Institution: Davis, Alan G.: University of Aberdeen, Aberdeen; Strong, Philip M.: University of Aberdeen, Aberdeen

Language: English

Abstract: There seem to be four main ways in which new groups can be entered into the burgeoning corpus of literature dealing with social problems. First, by behaviors which can common-sensically be defined as a problem of social control for someone, such as crime, mental illness, drug addiction, and suicide. Secondly, by identification of a major social institution that is showing signs of malfunctioning or change, for example the family and sex roles, work, and community. Thirdly, by characterization of a group of persons facing problems through unmotivated deviance due to circumstances of birth or accident, for instance, ethnic groups, the disabled, and the ill. A fourth method of entering the lists, and one which has received less substantive treatment, is in the form of a variable which makes sense of some other problematic behavior, such as age, sex, creed, marital status, birth weight, social class, or IQ. These are the kinds of variables that are included in any competent sociologist's armory and are held to make sense of problematic objects of study. However, although they are in common use it is often not clear quite why they are used, and just what their meaning is. Marital status is just such a variable and the category of people to whom we want to pay special attention in this essay are those who fall under the heading of 'single' and more particularly, since there are many variations within this, the never-married male (or to be less legalistic and more precise, the bachelor). Our choice of this latter group as worthy of social problem-status trades initially on a variety of social constructs which typify such people as, at the least, 'odd'. We started out by noticing the striking correlation between the incidence of various types of pathology and the unmarried state. In analyzing that state, particularly that of the bachelor, we have noted its possible isolation, privatization and precariousness. Not only may the bachelor be freer to move in 'odd' directions but he also lacks the resources with which to fight off deviant recruitment. Others have noted the potent force that the family exerts to contain deviant behavior, reorganizing relationships rather than exclude the deviant. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Communities](#)
[*Family](#)
[*Marital Status](#)
[*Sex Roles](#)

*Social Control
Social Issues

Source:

PsycINFO