UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL

FACULDADE DE MEDICINA

PROGRAMA DE PÓS-GRADUAÇÃO EM CIÊNCIAS MÉDICAS: PSIQUIATRIA

TESE DE DOUTORADO

TENDÊNCIAS HISTÓRICAS E ATUAIS DAS TERAPIAS COGNITIVO-COMPORTAMENTAIS

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SUMÁRIO

ABREVIATURAS E SIGLAS

ACT	acceptance and commitment therapy
APA	American Psychological Association
CAT	cognitive analytic therapy
CBASP	cognitive behavioral analysis system of psychotherapy
DBT	dialectical behavior therapy
ECR	ensaio clínico randomizado
EFT	emotion-focused therapy
EFT-EP	emotion-focused therapy experiential-process approach
EST	empirically supported treatment
MBT	mentalization-based treatment
MBCT	mindfulness-based cognitive therapy
MCT	metacognitive therapy
NICE	National Institute for Clinical Excellence
PIB	produto interno bruto
TCC	terapia cognitivo-comportamental
TC	terapia comportamental
TIP	interpersonal therapy
TREC	terapia racional emotiva comportamental
RCT	randomized controlled trial
WHO	World Health Organization

RESUMO

Apesar de constituírem parte fundamental da prática clínica em psiquiatria e saúde mental, as psicoterapias ainda são pouco investigadas do ponto de vista científico. Este estudo tem o objetivo de examinar as preferências de profissionais da saúde mental em relação às escolas de psicoterapia ao longo da história e investigar a aplicação clínica corrente de uma das abordagens psicoterápicas mais praticadas na atualidade. Tanto quanto sabemos, este é o primeiro estudo a conduzir uma revisão sistemática e meta-regressão que examina as prevalências globais de orientações teóricas entre psicoterapeutas ao longo dos últimos 50 anos, e especialmente na ultima década, conforme apresentado no primeiro artigo. A utilização no momento atual de intervenções cognitivo-comportamentais para um amplo espectro de transtornos psiquiátricos e outras condições médicas foi o objeto de estudo do segundo artigo. Por meio de busca computadorizada de artigos da literatura em bancos de dados eletrônicos, conduzimos uma revisão sistemática de pesquisas realizadas com profissionais de saúde que investigaram sobre suas afiliações a escolas psicoterápicas publicadas no período entre 1960 e 2012. Sessenta artigos que apresentavam dados originais com porcentagens específicas de preferências dos terapeutas por uma das 5 escolas de psicoterapia de maior preferência foram incluídos na análise. Posteriormente foi realizada uma segunda revisão sistemática de todos ensaios clínicos randomizados (ECRs) publicados no ano de 2014 que descreviam a comparação de uma intervenção cognitivo-comportamental com outra forma de intervenção psicossocial ou tratamento médico. Trezentos e noventa e quatro ECRs foram identificados e incluídos na análise final. Os dados analisados no primeiro estudo demostram que na ultima década a

terapia cognitivo-comportamental (TCC) é o modelo teórico praticado por cerca de 28% dos psicoterapeutas pesquisados, seguido pela abordagem eclética/integrativa praticada por cerca de 23% dos profissionais. A orientação teórica psicanalítica e psicodinâmica foi endossada por 15% dos profissionais de saúde pesquisados. No segundo estudo, dados extraídos de artigos publicados no ano de 2014 revelaram que cerca de 58.000 indivíduos foram submetidos a intervenções cognitivas e comportamentais para tratamento de 22 diferentes diagnósticos médicos e psiquiátricos. Conforme esperado, 20% dos ensaios abordaram tratamentos para transtornos depressivos. Outras condições médicas, como tratamentos para dores e fadiga crônicas, e sintomas colaterais de tratamentos para o câncer, foram tratadas com intervenções cognitivas e comportamentais em 75 estudos, 19% do total. Um em cada 4 estudos foi feito em grupo; 65/394 estudos realizaram intervenções via computador; e quase todos (95% do total) foram realizados em países de alta renda econômica. Há um interesse crescente na utilização do modelo cognitivo-comportamental de psicoterapia por parte dos profissionais de saúde mental. Desde que iniciou sua trajetória, esta abordagem foi a única dentre as 5 estudadas que apresentou aumentos sistemáticos na porcentagem de terapeutas que professavam sua utilização na prática clinica. Um grande número de resultados de ECRs realizados em um único ano, com amostras de estudos conduzidos em todos quadrantes do planeta, relatando sua utilização cada vez mais abrangente para diferentes condições clínicas, demonstra a tendência de consolidação definitiva das terapias cognitivas comportamentais em nosso arsenal terapêutico.

Palavras-chave: Revisão sistemática. Ensaios clínicos randomizados. Orientações teóricas. Modelos psicoterápicos. Terapia cognitivo-comportamental.

ABSTRACT

Despite being an essential part of clinical practice in psychiatry and mental health, psychotherapies are still poorly investigated from a scientific point of view. This study aims to examine the endorsements of mental health professionals to psychotherapeutic orientations throughout history and to investigate the current clinical applications of one of the most practiced psychotherapeutic approaches. To our knowledge, this study is the first one to conduct a systematic review and meta-regression examining the prevalence of theoretical orientations amongst psychotherapists worldwide in the last 50 years, particularly in the last decade, as presented in the first article. The current uses of cognitive-behavioral interventions in a wide scope of psychiatric and other medical disorders was the second article focus. From a computerized literature search, we conducted a systematic review of the literature identifying any research conducted with health professional published in the period between January 1960 and December 2012. Sixty papers containing original data about the single preferred orientation of psychotherapists for one of the five most endorsed schools of psychotherapy were included in the final analysis. Then a second systematic review of the literature of all published papers in the year of 2014 describing randomized controlled trials that compared cognitive behavioral therapies with another form of psychosocial intervention or medical treatment was conducted. Three hundred ninety four studies were identified and included in the final analysis. The analysis of the data from the first study shows that in the last decade cognitive-behavioral therapy is the theoretical model practiced by around 28% of the researched psychotherapists, followed by the eclectic/integrative approach preferred by around 23% individuals. The psychoanalytic and psychodynamic

theoretical orientation was endorsed by 15% of health professionals. In the second study, extracted data from papers published in the year of 2014 revealed that around 58,000 individuals underwent cognitive and behavioral interventions for the treatment of 22 different medical and psychiatric diagnoses. As expected, treatments for depressive disorders were the focus in 20% of trials. Other medical conditions, as chronic pain and fatigue, and collateral symptoms of cancer treatments, and insomnia, were treated with cognitive behavioral interventions in 75 studies, 19% of total. One in every 4 studies conducted group treatments; 65/394 studies performed computer-assisted psychosocial interventions; and almost all (95% of total) were conducted in high-income economy countries. There is a growing interest by mental health professionals in the cognitive-behavioral model. Since its appearance, this approach was the only one amongst the 5 studied that showed systematic increases in the percentages of therapists' endorsements. The high number of randomized clinical trials conducted in a single year, with study samples from all planet quadrants, reporting an increasingly widespread use for different clinical conditions, demonstrates a definite consolidation of cognitive behavioral therapies in our therapeutic arsenal.

Key words: Systematic review. Randomized controlled trials. Theoretical orientations. Psychotherapy models. Cognitive-behavioral therapy.

1 APRESENTAÇÃO

O termo ‘psicoterapia’ como o concebemos hoje foi cunhado e apareceu pela primeira vez em 1887, quando da inauguração de uma clínica para tratamentos psiquiátricos e emocionais na cidade de Amsterdam (Ellenberger, 1970). A definição de psicoterapia adotada pela Divisão de Psicoterapia da *Americal Psychological Association* que congrega os psicólogos americanos, foi desenvolvida por Norcross (1990, p. 218):

> Psicoterapia é a aplicação informada e intencional de métodos clínicos e postura interpessoal derivados de princípios psicológicos estabelecidos, com a finalidade de ajudar pessoas a modificar seus comportamentos, cognições, emoções, e/ou outras características pessoais com uma condução que os participantes consideram desejável.

A psicoterapia contemporânea se desenvolveu a partir dos trabalhos de Freud, quando há mais de 100 anos sistematizou uma ‘terapia pela fala’ chamada de psicanálise, que foi adotada globalmente por profissionais da saúde mental, especialmente entre os psiquiatras, que naquele momento eram os profissionais que mais trabalhavam com psicanálise e psicoterapia de orientação psicanalítica. Antes dos anos 1950, havia relativamente poucos modelos de psicoterapia, derivados na maioria da psicanálise freudiana; desde então apareceram e desapareceram pelo menos 400 modelos de psicoterapia (Beutler, 1998) numa estimativa conservadora, uns com

pequenas variações entre si enquanto outros apresentaram conceitos de psicopatologia e técnicas psicoterápicas bastante diferentes.

Historicamente, nos começo dos anos 1960, quando a psicanálise era a escola predominante, e a abordagem humanista-existencial era uma tímida presença entre os profissionais da saúde mental, a terapia comportamental, que tem suas raízes nas teorias behavioristas de Skinner, Watson e Wolpe, surgia como a segunda opção na prática clínica de psicoterapeutas. Skinner, ao longo de sua carreira, estava genuinamente interessado em aplicar sua teoria behaviorista à psicanalise, e ponderava que as dificuldades do indivíduo eram resultado em grande parte da punição ou medo desta, e que o comportamento não-crítico do psicanalista promoveria a extinção de neuroses. Outro posicionamento teórico pouco divulgado dos pais do behaviorismo é de que o fator mais importante para obtenção de bons resultados em psicoterapia é a relação terapêutica (Larsson, 2010). Nada muito diferente do que propunha à época o precursor da abordagem centrada na pessoa, Carl Rogers (1957), sobre a mudança construtiva no processo terapêutico, preconizando três condições necessárias e suficientes na relação do terapeuta para com o paciente, independente do modelo teórico abraçado pelo terapeuta: compreensão empática, genuinidade, e aceitação positiva incondicional.

As abordagens chamadas integrativas ou ecléticas eram então uma mescla de diferentes abordagens advindas da psicanálise, diferente da fundamentação teórica que esta abordagem psicoterápica propõe ter atualmente, em que “duas ou mais terapias são integradas com a expectativa de que o resultado seja melhor do que as terapias constituintes separadas” (Norcross, 2005, p. 8). A terapia familiar e de casal, uma

prática profissional exercida então majoritariamente por assistentes sociais, diferentemente dos profissionais que trabalhavam com outras psicoterapias, dava seus primeiros passos. Foi neste momento histórico que surge a terapia cognitiva de Aaron T. Beck (1963), precedida por um curto espaço de tempo pela terapia racional (atualmente denominada terapia racional emotiva comportamental) de Albert Ellis (1962), originalmente um psicanalista como Beck. A terapia comportamental começava a perder interesse entre os terapeutas, porque focada somente em comportamentos observáveis (o pensamento considerado como um comportamento encoberto) não dava conta dos múltiplos aspectos que envolviam um problema psicológico, gerando certa insatisfação entre os profissionais e pacientes (Dobson, 2004). No entanto, muitos de seus fundamentos acabaram se preservando quando a terapia cognitiva (TC) mesclou alguns de seus elementos teórico-práticos num modelo de tratamento que se convencionou chamar de terapia cognitivo-comportamental (TCC) no final dos anos setenta. A maioria dos terapeutas com formação cognitivo-comportamental integram técnicas que se mostraram efetivas de ambos modelos, mas um bom número mantém uma orientação comportamental mais tradicional, como a análise comportamental aplicada (Craske, 2010), enquanto outros ainda seguem o modelo cognitivo beckiano clássico. As terapias advindas da tradição comportamental e comportamental-cognitiva, chamadas por Hayes (1999) de “terceira onda” da TCC serão abordadas adiante.

Com tantas e diferentes abordagens, orientações, linhas, e modelos de psicoterapia contemporâneos, torna-se complexa a identificação de quais são de fato as diferenças e semelhanças entre os modelos psicoterápicos existentes, dificultando a tarefa de alinhá-los em características teóricas e técnicas suficientemente homogêneas.

A classificação de cada abordagem, de acordo com o conjunto de princípios conceituais e funcionais para o agrupamento em escolas de psicoterapia, segue as designações encontradas na revisão sistemática.

2 BASE CONCEITUAL

2.1 As orientações teóricas em psicoterapia

A tradição de realizar pesquisas com profissionais de saúde mental para identificar os modelos teóricos praticados no trabalho clínico, iniciou com a pesquisa de E. Lowell Kelly (1961) com psicoterapeutas norte-americanos publicada em 1961. Desde então, ao longo das ultimas décadas trabalhos deste tipo têm sido realizadas em muitos países; não temos conhecimento de que tenham sido publicadas ou realizados tais estudos com amostras de psicoterapeutas brasileiros.

No levantamento das pesquisas estudadas, a escola psicoterápica determinada pelo terapeuta como a sua orientação teórica proeminente no trabalho clínico, estava definida dentro dos parâmetros abaixo:

1. Psicanalítica/psicodinâmica: inclui a psicanálise, as abordagens neo-Freudiana, Kleiniana, Adleriana, Sullivaniana, ego-analítica, relações objetais, orientada para o insight, psicoterapia psicodinâmica e todas orientações psicodinâmicas relacionadas.

2. Comportamental: inclui as terapias comportamental/behaviorista, análise do comportamento, behaviorista radical, análise comportamental aplicada, analítica funcional, modificação do comportamento, e as orientações da teoria do aprendizado social.

3. Cognitivo-comportamental: inclui as orientações cognitiva, cognitivo-comportamental, racional emotiva comportamental, narrativa, reestruturação cognitiva, e processamento cognitivo. As denominadas “terceira onda” (por ex., terapia de aceitação e comprometimento, terapia dialética comportamental, terapia cognitiva embasada em *mindfulness*) também estão incluídas aqui.
4. Eclética/Integrativa: inclui orientações ecléticas e integrativas definidas por um dos seguintes: 1) não adesão a uma orientação teórica especifica; 2) a utilização combinada de aspectos de uma ou mais abordagem teórica; 3) o uso de técnicas especificas de diferentes orientações sem necessariamente aceitar a teoria que fundamente as técnicas.
5. Humanista: inclui as orientações existencial, centrada na pessoa, fenomenológica, Gestalt, experiencial, logoterapia, e outras abordagens humanistas.

As terapias familiar/sistêmica e a terapia interpessoal (TIP) foram reportadas em apenas 9 e 6 pesquisas respectivamente, do total de 60 pesquisas analisadas, por isso seus dados foram examinados separadamente.

Outras terapias apresentaram dados de preferências em um número muito restrito de pesquisas, impossibilitando a inclusão na análise, entre elas o sistema de psicoterapia de análise cognitiva comportamental (CBASP, cognitive behavioral analysis system of psychotherapy), modelo que integra a TIP e a TCC desenvolvido por McCullough (2000); a dessensibilização e reprocessamento do movimento ocular (EMDR) desenvolvido para traumas em adultos por Shapiro (1989); a terapia focada na

emoção (EFT), que inclui a abordagem processo-experiencial (EFT-PE), uma mescla das terapias Gestalt, centrada na pessoa, construtivista, sistêmica, e da teoria do apego (Greenberg, 2002); a terapia analítica cognitiva (CAT), como indica o nome uma composição de inspiração psicodinâmica e cognitiva (Ryle, 2005), entre outras.

Sessenta estudos que apresentaram a preferência de psicoterapeutas por determinada escola de psicoterapia foram incluídos na análise final. Dentre as 5 escolas com maior endosso, a TCC aparece com a maior taxa de preferência segundo dados coletados nas pesquisas, apresentados no artigo 1.

2.2 As terapias cognitivo-comportamentais

A TCC é uma integração de duas abordagens psicoterápicas congregando uma família de intervenções que compartilham os mesmos elementos da TC, que preconiza a importância dos processos cognitivos na regulação emocional (Hofmann, Asmundson, Beck, 2013). Os termos “terapia cognitiva” e “terapia cognitivo-comportamental” são usados com frequência de forma intercambiável para descrever psicoterapias embasadas no modelo cognitivo mediacional, de que as avaliações cognitivas de eventos afeta a resposta a estes. Atualmente, TCC carrega um significado bem mais abrangente, que inclui tanto a TC padrão quanto diferentes combinações teóricas de estratégias cognitivas e comportamentais, congregando uma diversidade de abordagens que emergiram ao longo das décadas, atingindo variados graus de aplicação e sucesso (Dobson e Sherrer, 2004).

As pesquisas de Albert Bandura (1965) sobre modelos de processamento de informações e aprendizagem vicária, e as evidências empíricas na área do

desenvolvimento da linguagem (Vygotsky, 1962) suscitaram questões sobre o modelo comportamental tradicional disponível até então e apontaram as limitações de uma abordagem comportamental não-mediacional para explicar o comportamento humano. A partir dos anos 60 e 70, um número crescente de teóricos e terapeutas começou a se identificar como “cognitivo-comportamental” em termos de orientação. Alguns dos proponentes iniciais mais importantes de uma perspectiva cognitiva e cognitivo-comportamental para o tratamento de transtornos emocionais além de Beck (1963, 1967, 1970, 1976) e Ellis (1962), foram Lazarus (1966), Cautela (1967), Meichenbaum (1973) e Mahoney (1974), entre outros.

Beck (1976) foi quem melhor conseguiu formular uma base teórica coerente para seu modelo antes do desenvolvimento de estratégias terapêuticas. As diretrizes para desenvolver e avaliar o novo sistema de psicopatologia e psicoterapia foram: 1) construir uma teoria abrangente de psicopatologia que dialogasse bem com a abordagem psicoterápica; 2) pesquisar as bases empíricas para a teoria; e 3) conduzir estudos empíricos para testar a eficácia da terapia. As pesquisas subsequentes envolveram diversos estágios: a tentativa de identificar os elementos cognitivos idiossincráticos derivados de dados clínicos em vários transtornos; desenvolver e testar medidas para sistematizar essas observações clínicas; e preparar planos de tratamento e diretrizes para terapia.

As TCCs foram classificadas por Mahoney (1995) em três divisões principais: 1) terapias de habilidades de enfrentamento, que enfatizam o desenvolvimento de um repertório de habilidades que objetivam fornecer ao paciente instrumentos para lidar com uma série de situações problemáticas; 2) terapia de solução de problemas, que

enfatiza o desenvolvimento de estratégias gerais para lidar com uma ampla variedade de dificuldades pessoais; e 3) terapias de reestruturação cognitiva, que enfatizam o pressuposto de que problemas emocionais são uma consequência de pensamentos mal adaptativos, sendo a meta do tratamento reformular pensamentos distorcidos e promover pensamentos adaptativos. Alguns desses modelos conceituais de modificação cognitivo-comportamental, conforme apresentados por Dobson e Dozois (2006), estão brevemente resumidos abaixo. A terapia cognitiva de Aaron Beck será discutida em uma seção separada neste artigo.

A *terapia racional emotiva comportamental* (TREC), uma terapia de reestruturação desenvolvida por Albert Ellis, é considerada por muitos como uma das primeiras, se não a primeira, TCC. Em seu livro de 1962, *Razão e Emoção em Psicoterapia*, que permanece uma referência primária para esta abordagem, desenvolveu o chamado modelo ABC, que propõe que toda experiência ou evento (interno ou externo) gera a ativação (A) de determinadas crenças individuais (B, de *beliefs*) que, por sua vez, geram consequências (C) emocionais, comportamentais e fisiológicas. Ellis também postulou 12 crenças irracionais básicas, que tomam a forma de expectativas irrealistas ou absolutistas, que seriam a base do transtorno emocional; o objetivo da terapia seria identificá-las e, através de questionamento, discussão e debate lógico-empíricos, modificá-las pelo convencimento (Driden e Ellis, 2001).

A *terapia do esquema* desenvolvida por Jeffrey Young tem suas origens na CT beckiana, mas no processo integrativo com outras escolas “mescla elementos das abordagens cognitivo-comportamental, Gestalt, relações objetais, construtivismo, e da psicanálise, num modelo de unificação conceitual e de tratamento” (Young, Klosko,

Weishaar, 2003). A terapia do esquema trabalha muito mais as raízes precoces na infância do conjunto de crenças nucleares (os denominados esquemas) do que a TC tradicional, tanto na conceituação cognitiva do caso clinico quanto na condução das técnicas do tratamento. De tal forma, que para muitos teóricos a terapia do esquema se assemelha mais à terapia psicodinâmica do que à terapia cognitiva de onde se originou.

O *treinamento de autoinstrução* foi desenvolvido na década de 70 por Donald Meichenbaum (1973), com foco especial na relação entre autoinstrução verbal e comportamento. Apoiado em uma extensa literatura, o treinamento de autoinstrução tem ênfase nas tarefas graduais, modelagem cognitiva, na orientação do treinamento mediacional e auto-reforço, refletindo claramente a herança comportamental de Meichenbaum. O *treinamento de inoculação de estresse*, outra abordagem multicomponente de habilidades de enfrentamento, também foi desenvolvido por Meichenbaum (1985) e é baseado na premissa teórica de que, ao aprender a lidar com níveis leves de estresse, os clientes essencialmente se tornam “inoculados” contra níveis incontroláveis de estresse. A *terapia de solução de problemas*, conceitualizada como treinamento de autocontrole, foi proposta por D’Zurilla e Goldfried (1971). Seu propósito é treinar habilidades básicas de solução de problemas que são subsequentemente aplicadas a situações problemáticas reais e, desta forma, promovem mudança generalizada do comportamento. Ela foi desenvolvida e utilizada numa série de situações, como prevenção e manejo de estresse, manejo da raiva, enfrentamento do câncer, e depressão (Nezu 1986).

A *terapia construtivista* tem uma abordagem cognitiva estrutural, introduzida no início da década de 80 (Guidano, Liotti, 1983). Ao passo que há alguns paralelos entre

as perspectivas cognitivo-comportamental e construtivista, como a identificação e modificação de estruturas cognitivas por meio de uma série de técnicas comportamentais e cognitivas, há diferenças importantes entre a TCC, classificada como abordagem "racional", e a perspectiva construtivista, considerada uma abordagem "pós-racionalista". Guidano expressou uma preocupação crescente com a *validade* das estruturas cognitivas ao invés da *verdade* do conteúdo de estruturas cognitivas; ao invés de lidar com o conteúdo do pensamento, as terapias de orientação construtivista enfatizam o processo de pensamento e a geração de significado. Conforme apontado por Neimeyer (1995, p.232) a abordagem pós-racional pode ser até "radicalmente divergente de uma perspectiva tradicional de terapia cognitiva". A *terapia narrativa* bem como outras formas de terapias de construtos pessoais podem ser agrupadas dentro da orientação construtivista.

A primeira geração da terapia behaviorista tinha seu foco na mudança do comportamento, a segunda na mudança do pensamento, e a terceira geração tem como objetivo mudar a *função* do pensamento, não seu *conteúdo*. Este conjunto da terceira geração, chamadas de terapias da "terceira onda" por Hayes (2004), uma expressão que vem causando um misto de interesse e também alguma reticência por parte da comunidade cientifica (Hofmann, 2008), especialmente a terapia de aceitação e comprometimento (ACT), que uma metanálise concluiu não se qualificar como um tratamento comprovado empiricamente (Öst, 2008). De qualquer forma, além da ACT (Hayes et al. 2006), a terapia dialética comportamental (DBT) de Martha Linehan (1993), e a terapia cognitiva baseada em *mindfulness* (MBCT) de Segal, Williams e Teasdale (2001), que fazem parte deste agrupamento, têm se tornado uma forma de

tratamento muito popular na psicoterapia contemporânea (Hofmann e Asmundson, 2008).

2.2.1 Semelhanças e diferenças entre as TCCs

As abordagens em TCC compartilham bases comuns, embora haja diferenças consideráveis em princípios e procedimentos entre elas devido ao fato de que os pioneiros no desenvolvimento de intervenções cognitivo-comportamentais terem vindo de diferentes fundamentos teóricos. Por exemplo, ao passo que Aaron Beck e Albert Ellis tinham bases psicanalíticas, outros teóricos, como Meichenbaum, Goldfried e Mahoney, foram originalmente treinados em modificação do comportamento.

As abordagens atuais em TCC compartilham três proposições fundamentais. A primeira é o papel mediacional da cognição, que afirma que há sempre um processamento cognitivo e avaliação de eventos internos e externos que podem afetar a resposta a esses eventos; a segunda defende que a atividade cognitiva pode ser monitorada, avaliada e medida; e a terceira, que a mudança de comportamento pode ser mediada por essas avaliações cognitivas e, desta forma, pode ser uma evidência indireta de mudança cognitiva.

A TCC pode ser contrastada dos tratamentos puramente comportamentais, nos quais a cognição não é uma variável explicativa importante e não é primariamente o foco da intervenção. Portanto, as abordagens voltadas estritamente para a mudança de comportamento, como o modelo estímulo-resposta, não são cognitivo-comportamentais; da mesma forma, qualquer terapia unicamente baseada em mudança cognitiva não é cognitivo-comportamental. Qualquer forma de terapia que não inclua a

proposição do modelo mediacional como componente importante do plano de tratamento não está incluída no escopo da TCC, e o rótulo “cognitivo-comportamental” não pode ser aplicado. Em resumo, uma característica definidora da TCC é o conceito de que os sintomas e os comportamentos disfuncionais são cognitivamente mediados e, logo, a melhora pode ser produzida pela modificação do pensamento e de crenças disfuncionais.

Além disso, as diversas TCCs compartilham uma série de pontos em comum que não são fundamentais do ponto de vista teórico. Primeiro, a maioria das TCCs tem limite de tempo de tratamento, com muitos manuais de tratamentos recomendando 12-16 sessões para depressão e ansiedade não complicadas. Transtornos de personalidade e outros transtornos crônicos levam mais tempo, talvez mais de um ou dois anos de tratamento. Segundo, quase todas as TCCs são aplicadas a problemas ou transtornos específicos, uma característica que reflete sua herança da terapia comportamental e do modelo médico, o que explica em parte o limite de tempo de tratamento. A natureza focada em problemas reflete um esforço contínuo para documentar efeitos terapêuticos, estabelecer fronteiras terapêuticas e identificar a terapia mais eficaz para um determinado problema. Um terceiro ponto em comum, o pressuposto de controle do paciente, enfatiza que o paciente é o agente ativo de seu tratamento, o que é possível pelo tipo de problemas com os quais as TCCs clássicas tipicamente lidam, que incluem transtornos e problemas médicos e psicológicos específicos, problemas de autocontrole e habilidades gerais de solução de problemas. Relacionado com o pressuposto de controle do paciente há um quarto ponto em comum: muitas TCCs são explícita ou implicitamente educativas por natureza, uma vez

que o modelo terapêutico pode ser ensinado e a lógica para a intervenção é comunicada ao paciente, o que representa um contraste de outras abordagens psicoterápicas. O quinto ponto em comum deriva diretamente de seu processo psicoeducativo, já que a maioria das TCCs estabelece o objetivo implícito de que o paciente aprenderá sobre o processo terapêutico ao longo da terapia. Além de superar os problemas na terapia e, assim, aprender a prevenir recorrências, os pacientes também aprendem habilidades terapêuticas que eles próprios podem aplicar com abrangência a uma gama de diferentes problemas em suas vidas. Na TCC, os pacientes tornam-se seus próprios terapeutas.

Mesmo que terapias identificadas como cognitivo-comportamentais compartilhem uma série de características teóricas e práticas, e apesar de suas diversas sobreposições de procedimentos, “é tão apropriado afirmar que há de fato uma só abordagem cognitivo-comportamental quanto o é afirmar que há uma só terapia psicanalítica” (Dobson e Dozois, 2006). Entretanto, ao passo que TCCs em geral envolvem toda uma variedade de abordagens, a TC conforme desenvolvida por Beck, com seu conjunto próprio de princípios, metodologias e técnicas muito específicas, é razoavelmente uniforme.

2.2.2 Origens e fundamentos teóricos da terapia cognitiva de Beck

O modelo cognitivo foi originalmente construído de acordo com pesquisas conduzidas por Aaron Beck (1963, 1964) para explicar os processos psicológicos na depressão, em uma tentativa de provar a teoria freudiana de depressão como

hostilidade retrofletida reprimida. Ao invés de hostilidade e raiva, a pesquisa sobre os sonhos dos pacientes deprimidos mostrou um “senso de derrota, fracasso e perda” (Beck e Ward, 1961). Os temas de pacientes deprimidos ao dormirem eram consistentes com seus temas em vigília; sonhos poderiam ser um reflexo dos pensamentos do indivíduo. Baseado em pesquisa sistemática e observações clínicas, Beck propôs que os sintomas de depressão poderiam ser explicados em termos cognitivos como interpretações tendenciosas das situações, atribuídas à ativação de representações negativas de si mesmo, do mundo pessoal e do futuro (a tríade cognitiva).

Como consequência natural, Beck começou a questionar cada vez mais o modelo de motivações inconscientes da psicanálise e o seu método terapêutico, principalmente a ênfase da psicanálise em conceitualizações motivacionais e afetivas como causa dos transtornos emocionais, que ignoram em grande parte os fatores cognitivos, como foi substanciado por seus achados sobre depressão. Estabelecendo as bases para a teoria e terapia cognitivas, Beck passou a diferenciar a abordagem cognitiva da psicanalítica, focando o tratamento em problemas presentes, em oposição a desvelar traumas escondidos do passado, e na análise de experiências psicológicas acessíveis, ao invés de inconscientes. Entretanto, a experiência com a psicanálise foi importante no desenvolvimento inicial das estratégias e conceitos terapêuticos da TC (Beck, 2005). Uma contribuição importante para os fundamentos da TC foi dada pela formulação freudiana de estruturação hierárquica da cognição em processo primário (fora da consciência e baseada em fantasias e desejos) e processo secundário (acessível à consciência e baseado nos princípios de realidade objetiva), bem como o

conceito de que os sintomas são baseados em ideias patogênicas. Desde seu treinamento em psicanálise e ao longo de sua carreira profissional, Beck identificou-se com neo-analistas, como Alfred Adler, Karen Horney, Otto Rank e Harry Sullivan, que enfatizaram a importância de entender e lidar com as experiências conscientes dos pacientes, bem como a necessidade de tratar os significados que os pacientes atribuem a eventos que acontecem em suas vidas. A teoria cognitiva, com seu foco nos processos intrapsíquicos, e não no comportamento observável, é mais um legado da teoria psicanalítica, embora os procedimentos terapêuticos sejam mais semelhantes à terapia comportamental (Beck, 2005).

Além disso, a estrutura teórica da TC foi construída sobre contribuições de outras escolas, como a abordagem fenomenológica-humanista à psicologia. Inspirada em parte por filósofos como Kant, Heidegger e Husserl, ela adotou a ênfase na experiência subjetiva consciente. Derivado dos filósofos estóicos gregos surgiu o conceito de que os seres humanos são perturbados pelos significados que atribuem aos fatos, e não pelos fatos *per se*. Carl Rogers, com sua terapia centrada no cliente, inspirou o estilo terapêutico de questionamento gentil e aceitação incondicional do paciente. A teoria do apego de John Bowlby (1969) foi uma fonte altamente valiosa para o desenvolvimento da conceitualização cognitiva.

As influências das ciências cognitivas e da psicologia cognitiva também foram responsáveis pelas bases da TC. Os trabalhos de George Kelly, um psicólogo cognitivo, tiveram importante impacto, principalmente sua teoria do constructo pessoal que, junto com a ideia de *esquematas* de Piaget (1954), evoluiu para a definição semelhante de Beck de esquemas. A teoria cognitiva de emoções de Richard Lazarus (1964), a

abordagem de solução de problemas de Goldfried & D'Zurilla (1971), os modelos de auto-regulação de Bandura (1965) e Donald Meichenbaum (1977), além de escritores com foco na cognição, como Arnold Lazarus (1965), também influenciaram a teoria e prática cognitiva.

A abordagem científica adotada pela terapia comportamental contribuiu com diversos procedimentos e estratégias terapêuticos, como a estrutura da sessão, a maior atividade do terapeuta, o estabelecimento de objetivos do tratamento para toda a terapia e de uma pauta para cada sessão, a formulação e teste de hipóteses, a obtenção de *feedback*, o uso de técnicas de solução de problemas e treinamento de habilidades sociais, a prescrição de tarefas de casa e experimentos entre as sessões, e a medição de variáveis mediacionais e desfechos. Entretanto, de um ponto de vista filosófico, a TC pode ser considerada muito mais relacionada com a abordagem humanista, uma vez que trabalha com construtos como a mente, e lida com sentimentos e pensamentos, ao passo que muitos considerariam a terapia comportamental mecanicista demais.

2.2.3 Pesquisas clínicas

Uma revisão de metanálises (Butler, Chapman, Forman e Beck, 2006) apresentou resultados nos tratamentos realizados com TC/TCC, demostrando ser muito efetiva (tamanho de efeito=0.95) em transtornos como depressão unipolar de adultos e adolescentes, ansiedade generalizada, pânico com ou sem agorafobia, ansiedade social, transtorno de estresse pós-traumático, e depressão e ansiedade infantil. A TCC

também foi associada com amplas melhoras em sintomas como bulimia, significativamente maiores na comparação com farmacoterapia. Também apresentou resultados promissores como auxiliar no tratamento medicamentoso da esquizofrenia, e tamanho de efeito moderado quando comparado com controles nos distúrbios conjugais, tratamento da raiva, transtornos somáticos da infância, e diversas variáveis no tratamento da dor crônica. A TC foi algo superior a antidepressivos no tratamento de depressão unipolar no adulto, e foi igualmente efetiva em comparação à terapia comportamental no tratamento da depressão adulta, bem como no transtorno obsessivo-compulsivo. A TCC focada em trauma comparada com EMDR foi igualmente efetiva no TEPT, mas quando combinada com tratamento hormonal demonstrou ser o tratamento mais efetivo para a redução de recidiva nesta população. Por fim, a TC se mostrou superior comparada à terapia de apoio/não diretiva em dois estudos de depressão na adolescência e dois estudos de ansiedade generalizada.

As pesquisas têm demonstrado que a TCC é efetiva na redução de sintomas e taxas de recorrência, com ou sem medicação, em uma ampla variedade de transtornos psiquiátricos e distúrbios médicos. De fato, a maioria de tratamentos com evidência empírica (EST, empirically supported treatments) publicados são de TCC.

3 REFERÊNCIAS BIBLIOGRÁFICAS

Bandura A. Vicarious processes: a case of no-trial learning. In: Berkowitz L (ed.). Advances in experimental social psychology. Vol. 2. New York: Academic Press; 1965.

Bandura A. Self-efficacy: Toward a unifying theory of behavioral change. Psychological review. 1977; 84: 191-215.

Beck AT, Ward CH. Dreams of depressed patients. Characteristic themes in manifest content. Arch Gen Psychiatry. 1961;5, 561-571

Beck AT. Thinking and depression: 1. Idiosyncratic content and cognitive distortions. Arch Gen Psychiatry. 1963; 9, 36-46

Beck AT. Thinking and depression: 2. Theory and therapy. Arch Gen Psychiatry. 1964;10, 561-571.

Beck AT. Depression. Causes and treatment. Philadelphia: University of Pennsylvania Press; 1967.

Beck AT. Cognitive therapy and the emotional disorders. New York: International Universities Press; 1976.

Beck AT, Rush AJ, Shaw BF e Emery G. Cognitive therapy of depression. New York: Guilford; 1979.

Beck AT. Cognitive therapy, behavior therapy, psychoanalysis, and pharmacotherapy. A cognitive continuum. In: Mahoney MJ. Cognition and psychotherapy. New York: Plenum; 1985.

Beck AT. Beyond belief: a theory of modes, personality and psychopathology. In: Salkovskis PM (Ed.), Frontiers of Cognitive Therapy. New York: Guilford Press; 1996.

Beck AT. The current state of cognitive therapy: a 40 year retrospective. Arch Gen Psychiatry. 2005; 62(9):953-9.

Beutler LE. Identifying empirically supported treatments: What if we didn't? Journal of Consulting and Clinical Psychology 1998; 66(1), 113-120.

Bowlby J. Attachment and loss I: Attachment. New York: Basic Books; 1969.

Piaget J. The construction of reality in the child. New York: Ballantine Books; 1954.

Butler AC, Chapman JE, Forman EM, & Beck AT. The empirical status of cognitive-behavioral therapy: A review of meta-analyses. Clinical Psychol Review. 2006; 26, 17–31.

Cautela JR. Covert sensitization. Psychol Rep. 1967;20(2):459-68.

Craske MG. Cognitive-behavioral therapy. Washington, DC: American Psychological Association; 2006.

Dobson KS, Scherrer, MC. História e futuro das terapias cognitivo-comportamentais. In: Knapp P. (Ed.). Terapia cognitivo-comportamental na prática psiquiátrica. Porto Alegre: Artmed; 2004.

Dobson, KS, Dozois. Fundamentos históricos e filosóficos das terapias cognitivo-comportamentais. In: Dobson, KS (Ed.) Manual de terapias cognitivo-comportamentais. Porto Alegre: Artmed; 2006.

Dryden W & Ellis A. Rational emotive therapy (pp. 295-348). Guilford, New York; 2001.

D'Zurilla TJ, Goldfried MR. Problem-solving and behavior modification. J Abnorm Psychol. 1971;78:107-26.

Ellenberger HF. The discovery of the unconscious. New York: Basic Books; 1970.

Ellis A. Reason and Emotion in Psychotherapy. New York: Stuart; 1962. Revised and updated edition. Secaucus, NJ: Carol Publishing Book; 1994.

Fonagy P & Bateman AW. Mechanisms of change in metalization-based treatment of BPD. Journal of clinical psychology. 2006. 62, 411-430.

Goldfried MR. Systematic desensitization as training in self-control. J Consult Clin Psychol. 1971;37(2):228-34.

Greenberg LS. Emotion-focused therapy: coaching clients to work through their feelings. Washington, DC: American Psychological Association; 2002.

Guidano VF, Liotti G. Cognitive processes and emotional disorders: a structural approach to psychotherapy. New York: Guilford; 1983.

Hayes SC, Strosahl KD & Wilson KG. Acceptance and commitment therapy: An experiential approach to behavior change. New York: Guilford Press; 1999.

Hayes SC. Acceptance and commitment therapy and the new behavior therapies: Mindfulness, acceptance and relationship. In Hayes, Follette & Linehan (Eds.), Mindfulness and acceptance: Expanding the cognitive-behavioral tradition (pp. 1-29). New York: Guilford Press; 2004.

Hayes SC, Luoma JB, Bond FW, Masuda A, & Lillis, J. Acceptance and commitment therapy: Model, processes, and outcomes. Behaviour Research and Therapy. 2006; 44, 1–26.

Hoffman SG. Acceptance and commitment therapy: new wave or morita therapy. Clinical Psychology: Science and Practice. 2008; 15, 280-285.

Hofmann SG & Asmundson GJ. Acceptance and mindfulness-based therapy: New wave or old hat? Clinical Psychology Review. 2008; 28, 1–16.

Hofmann SG, Admunston GJ, & Beck AT. The science of cognitive therapy. Behavior Therapy. 2013; 44: 199–212.

Knapp P. Princípios fundamentais da terapia cognitiva. In: Knapp P (Ed.). Terapia cognitivo-comportamental na prática psiquiátrica. Porto Alegre: Artmed; 2004.

Knapp P, Kieling C, Beck AT. What do psychotherapists do? A systematic review and meta-regression of surveys." Psychotherapy and Psychosomatics. 2015; 84.6 377-378.

Kelly EL. Clinical psychology - 1960. Report of survey findings. Newsletter: Division of Clinical Psychology of the American Psychological Association. 1961; 14: 1–11.

Larsson B. Therapist and their patients: Similarities and differences in attitudes between four psychotherapy orientations in Sweden. Unpublished doctoral dissertation, Department of Psychology, University of Gottenburg, Sweden; 2010.

Layard R. The case for psychological treatment centres. BMJ 2006;332:1030–2

Lazarus AA, Davidson GC, Polefka DA. Classical and operant factors in the treatment of a school phobia. J Abnorm Psychol. 1965;70:225-9.

Lazarus RS. Psychological Stress and the Coping Process. New York: McGraw-Hill; 1966.

Lazarus RS, Alfert E. Short-circuiting of threat by experimentally altering cognitive appraisal. J Abnorm Psychol. 1964;69:195-205.

Leahy RL. Emotional Schema Therapy. New York: Guilford Press; 2015.

Linehan MM. Cognitive–behavioral treatment of borderline personality disorder. New York: Guilford Press; 1993.

Mahoney MJ. Cognitive and behavior modification. Cambridge, MA: Ballinger; 1974.

Mahoney MJ. Human change processes: the scientific foundations of psychotherapy. New York: Basic Books; 1995.

McCullough JP. Treatment for chronic depression: Cognitive behavioral analysis system of psychotherapy (CBASP). Guilford Press, 2000.

Meichenbaum DH. Cognitive factors in behavior modification: Modifying what clients say to themselves. In: Franks CM e Wilson GT (eds.). Annual Review of Behavior Therapy: Theory and Practice (416-432). New York: Brunner/Mazel; 1973.

Meichenbaum DH. Cognitive-behavior modification. New York: Plenum; 1977.

Meichenbaum DH. Stress inoculation training: a clinical guidebook.
New York: Pergamon Press; 1985.

Neimeyer RA. Constructivist psychotherapies: features, foundations and future directions. In: Neimeyer RA, Mahoney MJ, (eds.). Constructivism in psychotherapy. Washington, DC: American Psychological Association; 1995. p. 231-46.

Nezu AM. Efficacy of a social problem solving therapy approach for unipolar depression. J Consulting Clin Psychol; 1986;54(2):196-202.

Norcross JC. A primer on psychotherapy integration. In Norcross JC & Goldfried MR (Eds.), Handbook of Psychotherapy Integration (2nd ed.); 2005 pp. 3–23.

Norcross JC. An eclectic definition of psychotherapy. In: Zeig JK & Munion WN (Eds.), What is psychotherapy? Contemporary perspectives (pp. 218–220). San Francisco, CA: Jossey-Bass; 1990.

Öst LG. Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. Behaviour Research and Therapy; 2008; 46, 296–321.

Piaget J. The construction of reality in the child. New York: Ballantine Books; 1954.

Rachman S e Wilson GT. Expansion in the provision of psychological treatment in the United Kingdom. Behaviour research and therapy. 2008; 46.3: 293-295.

Ryle A. Cognitive analytic therapy. In Norcross JC & Goldfrie MR. Handbook of psychotherapy integration. Oxford series in clinical psychology (2nd ed.). New York: Oxford University Press. 2005; pp. 196–217

Rogers CR. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology. 1957; 21(7), 95 - 103.

Segal ZV, Williams JMG, & Teasdale JD. Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. New York: Guilford; 2001.

Shapiro F. Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. Journal of Traumatic Stress.1989; 2 (2): 199–223.

Sullivan HS. The interpersonal theory of psychiatry. New York: Norton; 1953.

Vygotsky LS. Thought and language. Cambridge, MA: MIT Press; 1962.

Weissman MM, Markowitz JC, & Klerman GL. Clinician's quick guide to interpersonal psychotherapy. New York: Oxford University Press; 2007.

Wells A, Matthews G Modeling cognition in emotional disorder: The S-REF model. Behaviour Research and Therapy. 1996; 34 (11-12): 881–888.

WHO International consortium in psychiatric epidemiology. Cross-national comparisons of the prevalences and correlates of mental disorders. Bull World Health Organ 2000:78:413-26.

Young JE, Klosko JS, & Weishaar, ME. Schema Therapy: A practioner's guide. New York: Guilford; 2003.

4 OBJETIVOS

4.1 Objetivo geral

Este trabalho tem os objetivos de 1) examinar as tendências de utilização de tratamentos psicoterápicos pelos profissionais de saúde ao longo da história e na atualidade, e 2) investigar as aplicações clínicas correntes da abordagem psicoterápica mais praticada na atualidade, examinando, num corte transversal, o espectro de transtornos psiquiátricos e outras condições médicas nos quais esta abordagem tem sido investigada.

4.2 Objetivos específicos

A. Revisar a literatura científica disponível sobre pesquisas realizadas com profissionais de saúde mental a respeito de suas orientações teóricas predominantes.

B. Identificar as orientações teóricas predominantes ao longo das últimas décadas e traçar um perfil das orientações mais utilizadas atualmente.

C. Examinar a orientação teórica predominante no momento atual e mapear a produção de conhecimento nesta área em termos de diagnósticos abordados e fatores associados.

5 JUSTIFICATIVAS E HIPÓTESES

Apesar da percepção de quem trabalha com psicoterapia de que está havendo um movimento de utilização clínica de novos modelos e técnicas psicoterápicas, não há na literatura cientifica uma clara informação acerca de quais são os tratamentos psicoterápicos predominantes na prática clínica, tanto ao longo da história das psicoterapias quanto no momento atual. Uma revisão sistemática de todas pesquisas já conduzidas com psicoterapeutas que permita extrair dados de preferências de orientação teórica pode elucidar estas questões. A hipótese deste trabalho é de que as terapias cognitiva e cognitivo-comportamental são as que mais encontram adesão entre psicoterapeutas atualmente.

Além disso, o presente trabalho também examina se os focos de tratamento específicos para os quais a terapia cognitivo-comportamental foi originalmente desenvolvida e testada (depressão e ansiedade) mantém a primazia sobre outros tratamentos médicos psiquiátricos. Nesse sentido, trabalha-se com a hipótese de que teria havido um alargamento em termos de abrangência, de modo que esta escola psicoterápica nos dias de hoje estaria sendo testada horizontalmente em diversos outros diagnósticos psiquiátricos e outras condições médicas.

6 CONSIDERAÇÕES ÉTICAS

De acordo com o documento elaborado pelo CONEP que pode ser encontrado no sítio http://conselho.saude.gov.br/web_comissoes/conep/index.html as pesquisas envolvendo apenas dados de domínio público que não identifiquem os participantes da pesquisa, ou apenas revisão bibliográfica, sem envolvimento de seres humanos, não necessitam aprovação por parte do Sistema CEP/CONEP.

7 Artigo #1

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What do psychotherapists do?

A systematic review and meta-regression of surveys

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Mental disorders are among the major causes of health-related burden worldwide. In the United States alone, expenditures on mental health and substance use treatment services are projected to have an average annual growth of 4.6 percent over the next years, reaching a total of $280 billion in 2020.[1] It is indisputable that advances in psychopharmacology over the last decades have led to improvements in a variety of mental health outcomes. Despite this progress, it is also clear that no currently available drug is sufficient to tackle the morbidity and mortality imposed by these conditions.

By demonstrating effectiveness in the management of many psychiatric disorders, evidence-based psychotherapies are now part of clinical guidelines in many countries. Unfortunately, the relevance of these strategies in treating mental health problems and the significant costs involved in their implementation have not been accompanied by efforts in research and clinical training.[2] Specifically, no comprehensive assessment has been done on what types of therapy are being conducted in clinical practice. Although a number of individual surveys have investigated the predominant theoretical orientation

adopted,[3] no systematic review has gauged the existing literature on this topic to date, exploring temporal patterns and the factors associated with these choices.

In a search in Medline, PsychINFO, and Web of Science we found a total of 16,214 titles on this topic between January 1960 and December 2012. Articles were included in the analyses if they contained original data about the single preferred orientation of licensed mental health professionals. Studies allowing the endorsement of more than one alternative or conducted with specific populations (e.g., a single professional association or city) were excluded. A total of 132 surveys met inclusion criteria. Theoretical orientations were grouped in five major categories with the highest number of studies in the last five decades: analytic/psychodynamic; behavioral; cognitive/cognitive-behavioral; humanistic; and eclectic/integrative. We performed meta-analysis of proportions, pooling data with a random-effects model, exploring sources of heterogeneity through meta-regression analyses. We assessed whether study characteristics (year of the survey, geographical location [United States versus other], age and gender of participants) were associated with differences in preference rates. Statistical analysis was performed with software R v.2.14.1, *metafor* package.

A total of 27,647 mental health professionals were interviewed in the 60 surveys that presented specific percentages for all five theoretical orientations included in the final analyses. Respondents had a mean age of 48.37 years, and 55.98% of them were males. The vast majority of studies originated from the United States (n=51 or 24,729 professionals). Eleven surveys, totalizing 5,037 participants, assessed the preference of five major theoretical orientations during the 2001-2010 decade. Cognitive-behavioral

therapy was preferred by 28.24% of the respondents (95% confidence interval [CI] 20.99% to 35.49%); 25.33% (95%CI 19.28% to 31.37%) of the mental health professionals declared to use preferentially eclectic/integrative strategies; 14.82% (95%CI 8.75% to 20.88), endorsed analytic/psychodynamic orientation; 10.91% (95%CI 6.50% to 15.32%), behavioral techniques; and 9.50% (95%CI 5.24% to 13.76%) humanistic therapy.

Over the last four decades, changes in the proportions of preference for different orientations were observed (Figure 1). Meta-regression analysis showed that the preference for the cognitive model increased over time, with an average growth of 4.96% (95%CI 3.97% to 5.96%; $p<0.001$) every five years. Endorsement of a predominant eclectic orientation had a mean decrease of 2.67% (95%CI 0.20% to 5.15%; $p=0.034$) every quinquennium. The other orientations remained relatively stable over the last forty years. There was a differential endorsement of cognitive-behavioral therapy according to gender, with an increase of 0.25% (95%CI 0.11% to 0.39%) of preference for each additional 1% of female participants. Multivariate analysis, however, evidenced no gender effect, whereas year of study remained significantly associated with preference in adjusted analyses. Country of origin and age of respondents were not associated with any specific theoretical orientation.

No temporal changes were observed in two other theoretical orientations more recently included in a subset of surveys: systemic (n=9 surveys; comprising 4,229 professionals in the last decade) and interpersonal (n=6 studies; 3,496 participants) psychotherapies

corresponded, respectively, to 4.33% (95%CI 2.61% to 6.15%) and to 3.07% (95%CI 1.42% to 4.72%) of the preferences in the decade from 2001 to 2010.

While the exact reasons for this scenario remain uncertain, we can only speculate that a number of variables are at play, including the vast literature on empirically supported medical and psychosocial interventions; more accessible training programs for some theoretical models over others, particularly among the newer generations of psychotherapists; and the requirements for reimbursement by insurance companies, among other factors. However it may be, psychotherapies are now under increased scrutiny by the scientific community, and well-conducted trials have consistently demonstrated that psychotherapeutic interventions are cost-effective. Moreover, the neurobiological mechanisms underlying their efficacy, including functional brain changes associated with treatment results, are now being uncovered.

Beyond the theoretical debate on what orientation is more popular among mental health professionals, identifying specific forms of psychotherapy used in routine practice can have relevant clinical implications for treatment outcomes. As medicine in general is moving towards personalization of intervention strategies, we should aspire to be able to ascertain what kind of therapy is recommended to each patient at each moment in their lives. Initial evidence of predictors of treatment response is already available for trials on cognitive-behavioral and psychodynamic therapies: preliminary studies suggest that brain metabolism, especially activation of the insula, constitutes a promising marker to guide treatment selection and to predict clinical course among patients with depression.[4,5]

The expansion of such research, especially its translation to clinical practice, will require a closer look on what psychotherapists do (and, possibly, why they do it). An open debate on this issue could prevent the not uncommon practice of recommending the type of intervention based on the therapist's training rather than on the patient's need – a sort of imposition of a procrustean bed, in which the latter complaints have to adapt to the former techniques. If psychotherapy is to play a decisive role in the promotion of mental health, we need to start better listening to what is going on behind the office doors.

References

1. Substance Abuse and Mental Health Services Administration. *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020.* HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

2. Weissman MM. Psychotherapy: a paradox. *Am J Psychiatry*. 2013 Jul;170(7):712-5.

3. Norcross JC, Karpiak CP. Clinical Psychologists in the 2010s: 50 Years of the APA Division of Clinical Psychology. *Clin Psychol Sci Pract*. 2012;19(1):1-12.

4. McGrath CL, Kelley ME, Holtzheimer PE, Dunlop BW, Craighead WE, Franco AR, Craddock RC, Mayberg HS. Toward a neuroimaging treatment selection biomarker for major depressive disorder. *JAMA Psychiatry*. 2013;70(8):821-9.

5. Roffman JL, Witte JM, Tanner AS, Ghaznavi S, Abernethy RS, Crain LD, Giulino PU, Lable I, Levy RA, Dougherty DD, Evans KC, Fava M. Neural predictors of successful brief psychodynamic psychotherapy for persistent depression. *Psychother Psychosom*. 2014;83(6):364-70.

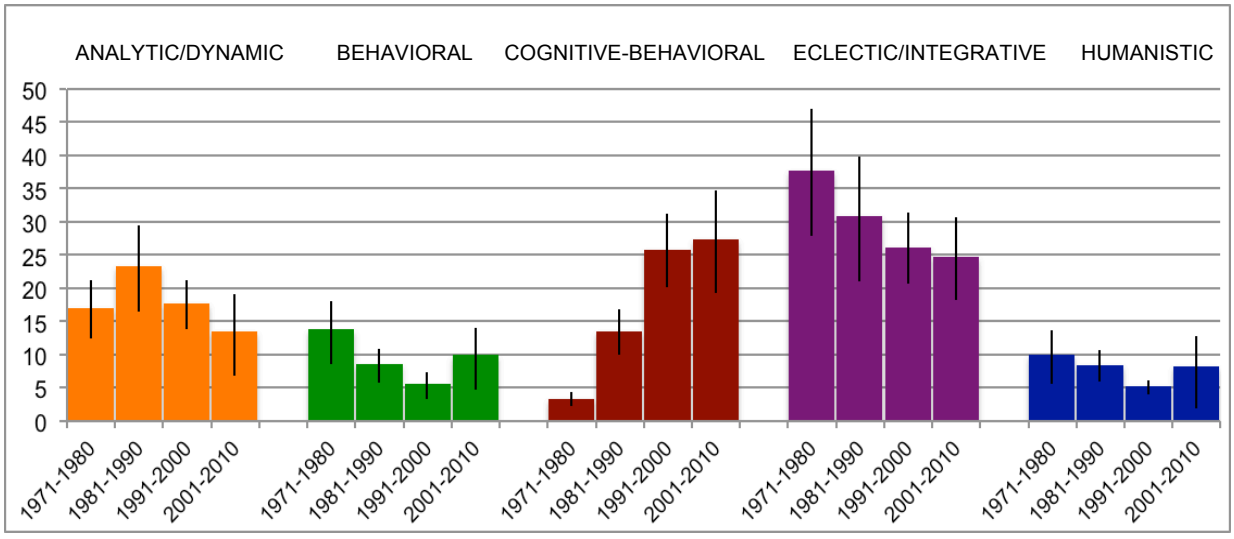

Figure 1. Trends in predominant theoretical orientations adopted by psychotherapists, 1971-2010 (in % of endorsements; error bars represent 95% confidence intervals)

Artigo #2.

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Trends in cognitive-behavioral therapy:

a systematic review of current randomized controlled trials

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Running title:

Trends in cognitive-behavioral therapy

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ABSTRACT

Objective: The aim of the present review was to assess randomized controlled trials delivering cognitive-behavioral therapy (CBT) for any psychiatric or other medical condition. This review summarizes the current focus of the literature on CBT interventions, describing the frequency assessment of specific diagnoses and associated factors.

Methods: We searched Medline to conduct a systematic review of the literature of all articles published in the year of 2014 describing randomized controlled trials of CBT. Data on the main diagnostic categories according to DSM-5, as well as other study characteristics were extracted.

Results: A total of 394 studies were included in the analyses. 58,377 subjects presenting 22 different psychiatric and general health conditions underwent a wide scope of CBT interventions. Depressive disorders, medical conditions, and mixed depression-anxiety symptoms accounted for almost half of all CBT trials. Web-based as opposed to face-to-face interventions were performed in 16% of studies; and 95% of trials were conducted in high-income countries.

Conclusion: Cognitive-behavioral therapy, originally developed for a limited range of outcomes, is now a method that has been empirically tested for a wide variety of diagnoses, including psychiatric and general medical conditions. Nonetheless, gaps in the current literature still exist, especially regarding new approaches such as web-

delivered CBT and culturally-sensitive interventions for low- and middle-income countries.

Keywords: cognitive-behavioral therapy, systematic review, randomized controlled trials.

INTRODUCTION

The term ‘psychotherapy’ was used for the first time in 1887, when a clinic for emotional and mental disorders was founded in Amsterdam, and was rapidly adopted publicly to define a form of treatment of psychological disorders or maladjustments delivered by a professional.[1] The American Psychological Association adopted a resolution on the effectiveness of psychotherapy in 2012 based on a definition developed by Norcross: “*Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable.*”[2]

As stated by Garfield,[3] the field of psychotherapy through the 1960’s was dominated in the USA by psychoanalytic theory, the most important and influential orientation in the 1940s and into the 1960s, for which there was no opposing orientation. Rogerian person-centered approach received some attention from psychotherapists, but it never made an impact on Psychiatry, the dominant group involved in psychotherapy at that time; throughout the decades the group of existential-humanistic orientations altogether correspond to no more than 9,5% of the theoretical preference, as shown in a recent systematic review and meta-regression study.[4] The emerging of the behavioral interventions changed the decades-long dominant scene, especially after Wolpe’s seminal work, *Psychotherapy by Reciprocal Inhibition*[5] published in 1958, so that during the 1960’s behavior therapy (BT) received increasing recognition in the USA as one of the approaches to

psychotherapy. It was in that context that cognitive therapy made its appearance in the psychotherapeutic scene.

During the late 1960's, BT began to embrace Ellis[6] and Beck[7] cognitive approaches, so that behavioral and cognitive techniques commenced to be combined in packages of treatment that were then tested, gradually leading to the change from BT to CBT, conceptualized later as the second generation of BT.[8] Through this merging of BT with CT, encompassing thus a diversity of theories, principles, models, and techniques categorized within the spectrum of 'cognitive-behavioral', these group of therapies is actually a collection of interventions understood from the social learning and information processing perspectives. Both these systems include behavioral interventions, and are primarily focused on emotional difficulties in the present, aiming to solve problems concerning dysfunctional cognitions, emotions, and behaviors through a focus and goal-oriented, systematic procedures.[9] The particular therapeutic techniques vary within the different approaches of CBT according to the particular kind of problems, but may include a set of instruments designed to questioning and testing assumptions and beliefs that might be distorted or unhelpful, as well as testing out new ways of reacting and behaving when facing difficulties. In practice, depending on his own training and personal characteristics, some therapists remain more behaviorally oriented and treat cognitions within a behavioral framework (i.e., applied behavior analysis), while others embraced an integrative approach and combined behavioral and cognitive techniques. Finally, other clinicians are more cognitively focused and considered the content of cognitions as the central factor for behavioral change.[10]

In addition, the so called "third wave" psychotherapies[11] under the umbrella of the CBT framework, such as dialectical behavior therapy (DBT),[12] acceptance and

commitment therapy (ACT),[13] and mindfulness-based cognitive therapy (MBCT)[14] have influences from other traditions and have integrated elements from other schools, especially from meditation traditions (as in MBCT, for example), but sometimes also from the experiential school. Schema therapy, another highly integrative therapy with roots in CT, includes elements from Gestalt therapy and emphasizes the patient's childhood to a degree that is sometimes associated more with psychodynamic therapy than with traditional CT.[15] The fairly recent appearance of interpersonal psychotherapy (IPT) shows that it is possible to create new kinds of psychotherapy without belonging to only one established theoretical orientation; while researchers sometimes evaluate IPT together with short-term psychodynamic psychotherapy,[16] advocates of IPT underline that it is a distinctive psychotherapy independent of any particular theoretical school.[17]

Starting with Kelly[18] in 1961, researches in the USA and abroad have surveyed many aspects of mental health professionals to understand what they think, how they work, and what is the most predominant theoretical orientation that drives their work. A study[4] based on these surveys with psychotherapy professionals was able to identify the most prevalent psychotherapy models practiced by psychotherapists worldwide in the last decade, showing CBT as the preferred mode of therapy, seconded closely by the eclectic/integrative therapies.

As part of a broader movement that arose in the United Kingdom and was initially known as evidence-based medicine,[19] there has been a growing interest of psychotherapy researches in promoting the awareness and dissemination of empirically supported psychological interventions (EST). The premises of this movement are as pointed out by Chambless and Ollendick:[20] (a) patient care can be enhanced by acquisition and use of up-to-date empirical knowledge and (b) it is

difficult for clinicians to keep up with newly emerging information pertinent to their practice, but (c), if they do not, their knowledge and clinical performance will deteriorate over the years after their training; consequently, (d) clinicians need summaries of evidence provided by expert reviews and instructions on how to access this information during their routine practice. Efforts to increase the practice of evidence-based psychotherapy in the United States have led to the formation of task forces to define, identify, and disseminate information about empirically supported psychological interventions.

Of primary interest for this systematic review is the question of what is the current focus of evidence-based research on CBT, taking an instant picture to identify the current trends in randomized controlled trials testing interventions on the broad cognitive-behavioral scope. For the purpose of this paper we use the following criteria for a particular CBT intervention to be included:[21] (1) to be grounded in a throughout theory that offers a coherent rational about the origins and maintenance of symptoms, and the means to eliminate them; (2) the goals of the treatment must be clearly specified; (3) there must be evidence that the observable changes occurred as an outcome of the techniques, and not by means of unspecific factors.[22] Outcomes or comparative efficacy of a particular study group were not the primary intent of this review.

METHODS

Search strategy

A search of MEDLINE (through PubMed) electronic database was conducted in August 2015, using the following search terms: (("cognitive behavior therapy") OR

("cognitive behavioural therapy") OR ("cognitive-behavior therapy") OR ("cognitive therapy") OR (“CBT”) OR ("rational emotive behavior therapy") OR ("schema therapy") OR ("cognitive processing therapy") OR ("cognitive restructuring therapy") OR (“dialectical behavior therapy”) OR ("acceptance and commitment therapy") OR ("mindfulness-based cognitive therapy") OR ("compassion-focused therapy") OR ("metacognitive therapy") OR (“group CBT")). A randomized controlled trial filter was used and we limited the article search to the time period from January 1st, 2014 to December 31, 2014. No language restriction was applied. Diagnoses presented in trials were grouped to correspond as much as possible to DSM-5 diagnostic categories.

This literature search resulted in a total of 630 abstracts, which then were assessed for eligibility and selected for further review if they met one of the following two criteria: (1) RCTs published in the scientific literature that conveyed data on CBT-based interventions conducted by practitioners of any professional discipline, such as social workers, clinical and counseling psychologists, psychiatrists, marriage and family therapists, nurses, professional counselors, pastoral counselors, drug/alcohol counselors, as well as training instructors and educators; (2) the CBT-based intervention was explicitly depicted in the article. If a criterion was not met because not enough information was provided, even after the full text article was retrieved, the study was set aside for further evaluation. Full-text articles of all abstracts selected were retrieved and reviewed.

Only trials that clearly specified a CBT theoretical orientation were included. Studies that used secondary data of original RCTs were also included, provided the necessary data could be extracted from the parent article. Samples included all populations, undergoing any type of psychiatric or medical condition; subjects with no

formal diagnosis (e.g., students in a school-based prevention program), and psychotherapy professionals in training condition were also included. Any discrepancies were discussed and inclusion or exclusion of studies was based on consensus between the authors. The article selection process of the 394 randomized clinical trials included in this paper is presented in Figure 1.

Data extraction

Study characteristics were extracted into a database with fields for study design, year of publication, journal of publication, authors, country, diagnoses, sample size, participants age range and gender, cognitive-behavioral intervention provided, control group, treatment format, and treatment setting.

Participant, treatment, and country of study variables were coded in order to analyze the characteristics and allow correlations. The coded participant characteristics were: (a) primary diagnosis as defined by DSM-5 diagnostic criteria (0= no formal diagnosis; 1= Autism Spectrum Disorder; 2= Attention-Deficit/Hyperactive Disorder; 3= Schizophrenia Spectrum and Other Psychotic Disorders; 4= Bipolar and Related Disorders; 5= Depressive Disorders; 6= Separation Anxiety Disorder; 7= Specific Phobia; 8= Social Anxiety Disorder; 9= Panic Disorder (with or without agoraphobia); 10= Generalized Anxiety Disorder; 11= Obsessive Compulsive and Related Disorders; 12= Trauma- and Stressor-Related Disorders; 13= Somatic Symptom and Related Disorders; 14= Feeding and Eating Disorders; 15= Sleep-Wake Disorders; 16= Disruptive, Impulse-control, and Conduct Disorders; 17= Substance-Related and Addictive Disorders; 18= Personality Disorders; 19= Sexual Dysfunctions; 20= Mixed Anxiety, Depression, Stress Symptoms NOS; 21= Other Medical conditions; 22= Prevention; 23= Professional

training; (b) age range (0= 0 to 12 years old; 1= 12 to 18 years old; 2= 0 to 18 years old; 3= over 18 years of age; 4= all age range); and (c) gender (0= male sample only; 1= female sample only; 2= mixed sample). The coded treatment characteristics were: (d) CBT comparisons with (0= waitlist or no formal intervention or sham control; 1= medication or medical management or medical devices; 2= other CBT model(s) or format(s); 3= other psychosocial intervention(s); 4= TAU/usual care, standard care NOS.); (e) treatment format (0= group treatment only; 1= individual treatment only; 2= mixed individual + group treatments); and (f) treatment setting (0= web-based intervention; 1= in person intervention; 2= both settings intervention; 3= telephone intervention). Country of study characteristics was coded according to the World Bank criteria: Low-income economies are defined as those countries with a gross national income (GNI) per capita (converted to U.S. dollars) of $1,045 or less in 2014; middle-income economies are those with a GNI per capita of more than US$1,045 but less than $12,736; high-income economies are those with a GNI per capita of $12,736 or more.[23] The country of study characteristics in our database was coded as: (g) country of study by income (0= Low-income economy; 1= Lower-middle-income economy; 2= Upper-middle-income economy; 3= High-income economy).

RESULTS

Throughout the year of 2014, 394 RCTs conducted in 34 countries assessing the clinical use of a diversity of CBT-oriented treatments were identified and are included in this systematic review. The total number of study subjects receiving any type of CBT intervention is 58,377, with study sample sizes ranging from an 11-patients pilot

study to a sample of 1,184 patients at a multi-site randomized comparison of CBT with psychotropic medication conducted in China. The mean number of study participants was 148; half of the studies randomized up to 94 patients, while 75% of studies reported at the most 168 patients treated in both arms of the intervention. One hundred forty seven of these trials were conducted in the USA, and 15 in Canada, summing up 162 (41% of total) trials in North America. European countries showed a similar contribution: 167, 43% of total studies; most contributions came from United Kingdom (43), The Netherlands (35), Germany (25), and Sweden (21), representing three quarters of the European trials. Outside North America and Europe, Australia published a fair amount of studies (35), and CBT-oriented trials were also reported with samples far apart in the globe as China (9) and Brazil (4); the remaining 16 studies were divided amongst 10 other countries. As expected, the vast majority of studies (373; 95% of total) were conducted by researches working in high-income economies.[25] The 394 RCTs were published in 160 different journals, 39 (10%) of them in *Behavior Research and Therapy*, the journal dedicated to the publishing of behavior and cognitive-behavioral interventions since 1963.

As it could be expected, the most prevalent investigated diagnosis was depressive disorders, reported in 79 studies, which represents 20% of the total number of studies. Closely related to depression, 75 (19%) of all RCTs dealt with medical and health conditions, especially pain-, cancer-, and chronic fatigue-related conditions. If studies that presented mixed anxiety-depression symptoms were added to all other anxiety disorders (generalized anxiety, social anxiety, panic, and specific phobia – not including obsessive-compulsive disorder and post-traumatic stress disorder), the total number of studies summed 63 (16% of the trials). Substance use disorders treatments were addressed in 37 papers.

In regard to the age range of the samples, only 51 (13%) papers presented data on children and adolescents up to 18 years old. Interesting enough, only one substance use disorders trial was conducted within this age range in 2014. Restricting the age range up to 12 years, we identified three studies in each of the following: autism, attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, mixed anxiety-depression disorders, and other medical and health conditions, accounting for 84% of trials in this age range.

Although the majority (90%) of trials included mixed gender samples, 26 (6,6%) studied interventions with a female-only sample; medical conditions (35%), and trauma- and stress-related disorders (roughly 20%) are the most studied conditions within the female population. Treatment format was preferably individual sessions, although 98 (25%) studies treated patients in a group format. Therapy was conducted mainly in-person; however, in accordance to our current times, 65 (16,5%) studies reported treatment interventions delivered through web-based devices, from sites to phone apps. Four studies conducted in school settings aiming psychopathology prevention were published, and two trials compared different formats and settings for professional training in CBT.

DISCUSSION

This systematic review shows clearly that there has been a steady dissemination and adoption of the cognitive-behavioral therapies in practitioner's clinical work in a wide array of psychiatric and medical conditions. By its own value, the publishing of 394 RCTs in a single year by a single psychotherapy approach says much of what is currently going on in the contemporary psychotherapy scene. CBT interventions were

tested in 5 continents, confirming previous reports on extensive embracing of this approach by a diversity of psychotherapy practitioners worldwide. Furthermore, trials conducted in countries without a CBT research tradition reveled interesting knowledge production.

Among the strengths of the current report are the systematic assessment of the literature and the standardized data extraction. This study, nonetheless, is not without limitations: focusing on a single year, although describing the nature of contemporary research on CBT, does not allow for the assessment of longitudinal changes. Also, limiting the search to a single database and to RCTs might have excluded from our analyses other intervention studies published in non-indexed journals or with an uncontrolled design.

The review depicts 65 (16,5% of total) RCTs using internet-delivered interventions, which evidences a considerable employment of the web to disseminate treatments that can potentially assess more people, in more places, with less financial resources. Children and adolescents that master this contemporary technology could play a role in the development of more creative psychological interventions in the efforts to reach out emotional wellbeing. The same technology should be more substantially tested in regards to professional training trough e-learning, probably constituting educational strategies with a better cost-benefit profile. It will be interesting to reedit this review in a brief period of time to register the evolution of CBT delivered by contemporary technology, in spite of the fact that nothing will substitute the benefit of the human encounter in a person-to-person setting.

The finding that 95% of RCTs are derived from high-income countries, although not at all surprising leads to a discussion about culturally sensitive treatments. Efforts from researches in all quadrants will be needed to fill this gap.

In addition to the high output of studies, the broad range of diagnoses assessed in CBT trials, encompassing a wide array of psychiatric and general medical conditions,[26,27] indicates in a compelling manner that CBT, although initially developed with a focus on depression, currently could be regarded as the *Zeitgeist* in counseling and psychotherapy. Nonetheless, the limited number of RCTs examining mechanisms and processes of change, and the scarce utilization of functional neuroimaging techniques in CBT interventions displays the need to further evolve the investigation of important yet open questions.

Although the scope of this systematic review was not to evaluate the efficacy of CBT-oriented techniques compared to other form of psychosocial or medical interventions, future systematic reviews and meta-analysis of RCTs for the variety of new proposed interventions is necessary, as has been the empirical-based tradition and the grounds for the evolution of CBT. This is especially the case so for the recently developed interventions based on the internet and on smartphone devices, for which a throughout evaluation of its efficacy is warranted.

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DISCLOSURE STATEMENT

The authors declare no conflict of interest.

REFERENCES

1 Ellenberger HF. The emergence of dynamic psychiatry. In: Ellenberger HF. The discovery of the unconscious: The history and evolution of dynamic psychiatry. New York: Basic Books. 1970. p. 53-109.

2 Campbell LF, Norcross JC, Vasquez MJ, Kaslow NJ. Recognition of psychotherapy effectiveness: the APA resolution. Psychotherapy (Chic). 2013; 50:98–101.

3 Garfield SL. Psychotherapy: A 40-year appraisal. American Psychologist. 1981; 36: 174-183.

4 Knapp P, Kieling C, Beck AT. What do psychotherapists do? A systematic review and meta-regression of surveys. Psychother Psychosom. 2015; (DOI: 10.1159/000433555) [Epub ahead of print].

5 Wolpe, J. Psychotherapy by reciprocal inhibition. Stanford, California: Stanford University Press; 1958.

6 Ellis A. Reason and emotion in psychotherapy. New York: Lyle Stuart; 1962.

7 Beck AT. Thinking and depression. Arch Gen Psychiatry. 1963; 9: 324-333.

8 Hayes SC. Acceptance and commitment therapy, relational frame theory, and the third wave of behavior therapy. Behav Ther. 2004; 35: 639-665.

9 Ruiz FJ. Acceptance and commitment therapy versus traditional cognitive behavioral therapy: a systematic review and meta-analysis of current empirical evidence. Int J Psychol Psychol Ther. 2012; 2: 333-357.

10 Craske MG. Cognitive-behavioral therapy. Washington, DC: American Psychological Association; 2010

11 Hayes SC. Climbing our hills: a beginning conversation on the comparison of acceptance and commitment therapy and traditional cognitive behavioral therapy. Clin Psychol. 2008; 5: 286-295.

12 Linehan M M. Cognitive behavioral treatment of borderline personality disorder. New York: Guilford Press; 1993.

13 Hayes SC, Strosahl KD, Wilson KG. Acceptance and commitment therapy: an experiential approach to behavior change. New York: Guilford Press; 1999.

14 Segal ZV, Williams JG, Teasdale JD. Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. New York: Guilford; 2002.

15 Young JE. Cognitive therapy for personality disorders: A schema-focused approach. Sarasota: Professional Resource Press; 1994.

16 Blagys MD, Hilsenroth MJ. Distinctive features of short-term psychodynamic-interpersonal psychotherapy: a review of the comparative psychotherapy process literature. Clin Psychol. 2000; 7: 167-188.

17 Lipsitz JD, Markowitz JC. Mechanisms of change in interpersonal therapy (IPT). Clin Psychol Rev. 2013;33: 1134–1147.

18 Kelly EL. Clinical psychology - 1960. Report of survey findings. Newsletter: Division of Clinical Psychology of the American Psychological Association. 1961; 14: 1–11.

19 Sackett DL, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine. New York: Churchill Livingstone; 1997.

20 Chambless DL, Ollendick TH. Empirically supported psychological interventions: controversies and evidence. Annu. Rev. Psychol. 2001; 52:685–716

21 Wright JH, Beck AT, Thase M. Cognitive therapy. In: Textbook of clinical psychiatry. 4th ed. Washington, DC: American Psychiatric Publishing; 2003. p. 1245-58.

22 Cordioli AV. As principais psicoterapias: fundamentos teóricos, técnicas, indicações e contra-indicações. In: Psicoterapias. Abordagens atuais. 3. ed. Porto Alegre: Artmed; 2008. p.19-41.

23 World Bank data [Internet]. 2015 [cited 2015 oct. 24]. http://data.worldbank.org.

24 Butler AC, Chapman JE, Forman EM, Beck AT. The empirical status of cognitive-behavioral therapy: A review of meta-analyses. Clin Psychol Rev. 2006;26: 17-31.

25 Hofmann SG, Asnaani A, Vonk IJJ, Sawyer AT, Fang A. The efficacy of cognitive behavioral therapy: A review of meta-analyses. Cognit Ther Res. 2012; 36(5): 427–440.

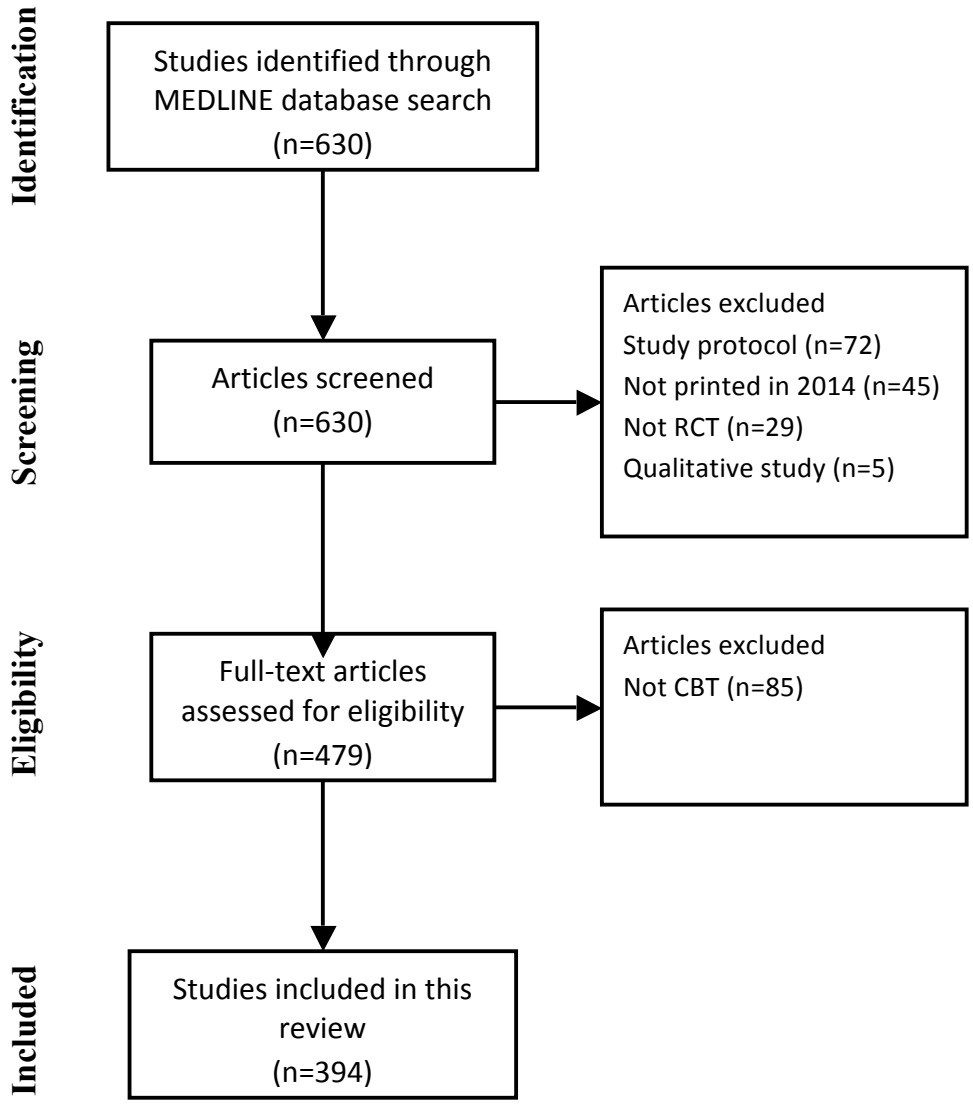


Figure 1. Flow diagram of study selection

9 CONSIDERAÇÕES FINAIS

Conforme demonstrado neste estudo, há um crescente interesse no modelo cognitivo-comportamental de psicoterapia por profissionais de saúde mental. Pode-se especular que a popularização da TCC deve-se, em grande parte, ao conjunto de resultados de pesquisas que consistentemente demonstram sua eficácia. Na atualidade, o foco das intervenções para as quais a TCC está sendo formalmente testada não se limita ao âmbito dos problemas psiquiátricos, mas expande-se na área da saúde geral, abrangendo uma variedade de quadros clínicos e evidenciando uma tendência de que o profissional de saúde geral também está experimentando intervenções psicossociais como adjuvantes aos tratamentos usuais em sua prática clínica.

Quando Beck (1976) lançou um olhar com lentes cognitivistas aos problemas emocionais, essa forma de abordar o funcionamento mental humano representou uma mudança no entendimento e tratamento de transtornos emocionais. Influenciado pela revolução cognitiva que estava em curso, desde seu início a formulação dos fundamentos conceituais embasados no modelo de processamento de informações precedeu o desenvolvimento de estratégias terapêuticas (Beck, 2005). Já na sua primeira investigação clínica com pacientes deprimidos, o então psicanalista buscava comprovar nas pesquisas os pressupostos teóricos; antes na psicanálise, depois em sua própria escola de psicoterapia. A publicação da obra seminal *Terapia Cognitiva da Depressão* (Beck et al, 1979), em que apresenta de forma manualizada uma proposição de tratamento do início ao fim, impulsionou a TCC para tornar-se a abordagem psicoterápica que mais publicou estudos de achados clínicos para validação científica de sua teoria. Este fluxo permanente de investigação empírica, com o objetivo de confirmar ou refutar suas hipóteses, mantém essa abordagem em constante evolução. Novas aplicações são desenvolvidas, mas os fundamentos teóricos do modelo cognitivo permanecem praticamente inalterados. Conforme afirmou em sua retrospectiva de quatro décadas da TC, o progresso contínuo na pesquisa e na clínica evidenciado na história das TCCs pode ser interpretado como um “indicativo de que o futuro do campo indubitavelmente presenciará avanços contínuos” (Beck, 2005).

A TCC recebeu atenção destacada com o movimento iniciado em 1992 da prática baseada em evidências, em que uma psicoterapia é considerada eficaz e específica se há evidências demonstradas em pelo menos dois estudos nos quais é superior a medicamentos, ou a intervenções psicológicas placebo, ou a outro tratamento padrão. O Instituto Nacional de Excelência Clínica (NICE), do Serviço de Saúde Britânico recomendou TCC como tratamento de escolha para depressão leve, como opção para depressões moderadas, e em tratamento combinado com antidepressivos para depressão grave, além da recomendação para tratamento dos transtornos de ansiedade generalizada, pânico, estresse pós-traumático, e como tratamento adjunto na esquizofrenia. Suécia, França e Austrália possuem recomendações semelhantes. O governo britânico também colocou em prática um plano de prover às pessoas necessitadas de ajuda psiquiátrica um melhor acesso às intervenções empiricamente embasadas, treinando 8.000 novos terapeutas em intervenções psicossociais, especialmente a TCC (Rachman e Wilson, 2008). Uma abordagem que viabiliza o ensino e o aprendizado com relativa facilidade, poderia ser mais disseminada para terapeutas em nosso meio também.

De acordo com documento da Organização Mundial da Saúde (WHO, 2000), na Europa, as doenças mentais, especialmente depressão e ansiedade, somam tanto sofrimento quanto todas doenças físicas juntas. Layard (2006) demonstra que os gastos do governo britânico com benefícios sociais com doença mental (em torno de 1,5% do PIB) já supera os gastos sociais com desemprego. Na relação custo-benefício, ficam evidentes os benefícios econômicos e sociais obtidos com tratamentos psicossociais, mesmo quando comparados com psicofármacos, por isso a recomendação do NICE. Se, no Reino Unido, apesar de todas evidências, apenas 4% dos pacientes tem acesso a tratamento psicoterápico, em países como o Brasil pode-se estimar que a taxa de utilização destes serviços deva ser ainda menor.

Diversos dos ensaios clínicos relatados no segundo artigo apontam para o fato de que a TCC já está sendo bastante oferecida por intermédio dos meios eletrônicos. Especialmente em países de média renda como o nosso, esta pode ser uma ferramenta de relativo baixo custo para alcançar indivíduos com transtornos

mentais que, de outra forma, têm pouco acesso a tratamentos psicoterápicos. Iniciativas deste tipo devem ser testadas em nosso meio, pois a constante demanda de nossos serviços aponta para a necessidade de desenvolvimento de novos instrumentos terapêuticos inovadores.

10 ANEXOS

Anexo #1.

Quadro 1. Estratégias de busca para as bases de dados eletrônicas

1. Survey$ adj theoretical adj orientation$/

2. Survey$ Psychotherap* Activit*

3. Theoretical adj orientation/or theor$.mp. or psychotherap$ theoretical orientation/or therapist theoretical orientation/or counseling theoretical orientation$/ or counsel$ theoret$ orientation.mp./ or practitioner$ adj theoret* adj orientation$/ or professional orientation$

4. Theoretical adj orientation$.ti,ab/or theor* adj orientation$/ or

5. Psychotherap* adj orientation$/ or therapeut* adj orientation

6. Therapeut* system$/ or psychotherap* system$

7. 1 or 2 or 3 or 4 or 5 or 6

8. Psychotherapy/or Brief psychotherapy or Individual Psychotherapy/or Psychotherapeutic Techniques/ or Supportive Psychotherapy or Group Psychotherapy/or Psychotherapeutic Processes/

9. psychosocial support.mp. or psychosocial treatment$.mp. or psychosocial therap$.mp. or psychological therap$.mp. or psychological treatment$.mp.

10. Psychodynamic Psychotherapy/or psychotherap$.mp. or psychodynamic therap$.mp. or PDT.mp. or psychoanalytic therap$.mp. or analytic therap$.mp.

11. Interpersonal Psychotherapy/or Interpersonal therap$.mp or IPT.mp.

12. Behavior Therapy/or Behavior Modification/ or behavio?r therap$.mp. or behavio?r modification or reinforce$ or conditioning

13. Cognitive Therapy/or Cognitive Behavior Therapy/or Rational Emotive Behavior Therapy/ or cognitive behavio?r therap$.mp. or cognitive therap$.mp. or CBT.mp.

14. Mindfulness-based cognitive therapy or acceptance adj commitment therapy or dialectic behavior therapy

15. integrative/eclectic therapy/or integrative therapy/or eclectic therapy. integrative thera$.mp. or integrative treatment$.mp. or eclectic thera$.mp. or eclectic treatment$.mp. or integrative/eclectic thera$.mp. or integrative/eclectic treatment$.mp.

16. Family Therapy/or or Marital Therapy or Group therapy/ or family therap$.mp. or marital therap$.mp. or group therap$.mp. or support group$.mp.

17. Group counseling/or psychotherapeutic counseling/or educational counseling/or counseling/or marriage counseling/or counseling psychology/or parent counseling/or family counseling/or patient counseling/or pastoral counseling/or alcohol and drug counseling/or depend* counseling.

18. counsel?ing.mp.

19. Self Help/or Self Management/or exp Self Help Techniques/

20. Relaxation Therapy/or relaxation therap$.mp./ or relaxation training.mp. or relaxation techniques.mp.

21. exposure therapy.mp.

22. 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21

23. 7 AND 22

24. remove duplicates from 23

Anexo #2. Lista dos artigos incluídos no artigo 2

1. Lechner SC, Whitehead NE, Vargas S, Annane DW, Robertson BR, Carver CS, Kobetz E, Antoni MH. Does a community-based stress management intervention affect psychological adaptation among underserved black breast cancer survivors? J Natl Cancer Inst Monogr. 2014 Nov;2014(50):315-22.

2. Irwin MR, Olmstead R, Breen EC, Witarama T, Carrillo C, Sadeghi N, Arevalo JM, Ma J, Nicassio P, Ganz PA, Bower JE, Cole S(2).Tai chi, cellular inflammation, and transcriptome dynamics in breast cancer survivors with insomnia: a randomized controlled trial. J Natl Cancer Inst Monogr. 2014 Nov;2014(50):295-301.

7. Surilena, Ismail RI, Irwanto, Djoerban Z, Utomo B, Sabarinah, Iwan, Akip AA. The effect of rational emotive behavior therapy (REBT) on antiretroviral therapeutic adherence and mental health in women infected with HIV/AIDS. Acta Med Indones. 2014 Oct;46(4):283-91.

21. Ruzek JI, Rosen RC, Garvert DW, Smith LD, Sears KC, Marceau L, Harty B, Stoddard AM. Online self-administered training of PTSD treatment providers in cognitive-behavioral intervention skills: results of a randomized controlled trial. J Trauma Stress. 2014 Dec;27(6):703-11.

24. Freeman D, Pugh K, Dunn G, Evans N, Sheaves B, Waite F, Cernis E, Lister R, Fowler D.An early Phase II randomised controlled trial testing the effect on persecutory delusions of using CBT to reduce negative cognitions about the self: the potential benefits of enhancing self confidence. Schizophr Res. 2014 Dec;160(1-3):186-92.

28. Corsica J, Hood MM, Katterman S, Kleinman B, Ivan I. Development of a novel mindfulness and cognitive behavioral intervention for stress-eating: a comparative pilot study. Eat Behav. 2014 Dec;15(4):694-9.

29. Conelea CA, Walther MR, Freeman JB, Garcia AM, Sapyta J, Khanna M, Franklin M. Tic-related obsessive-compulsive disorder (OCD): phenomenology and treatment outcome in the Pediatric OCD Treatment Study II. J Am Acad Child Adolesc Psychiatry. 2014 Dec;53(12):1308-16.. Comment in: Evid Based Ment Health. 2015 Aug;18(3):85.

30. Turner CM, Mataix-Cols D, Lovell K, Krebs G, Lang K, Byford S, Heyman I. Telephone cognitive-behavioral therapy for adolescents with obsessive-compulsive disorder: a randomized controlled non-inferiority trial. J Am Acad Child Adolesc Psychiatry. 2014 Dec;53(12):1298-1307.

31. Betancourt TS, McBain R, Newnham EA, Akinsulure-Smith AM, Brennan RT, Weisz JR, Hansen NB(7). A behavioral intervention for war-affected youth in Sierra Leone: a randomized controlled trial. J Am Acad Child Adolesc Psychiatry. 2014 Dec;53(12):1288-97. Comment in: J Am Acad Child Adolesc Psychiatry. 2014 Dec;53(12):1245-6.

32. Petitjean SA, Dürsteler-MacFarland KM, Krokar MC, Strasser J, Mueller SE, Degen B, Trombini MV, Vogel M, Walter M, Wiesbeck GA, Farronato NS. A randomized, controlled trial of combined cognitive-behavioral therapy plus prize-based contingency management for cocaine dependence. Drug Alcohol Depend. 2014 Dec 1;145:94-100.

37. McLean CP, Su YJ, Foa EB. Posttraumatic stress disorder and alcohol dependence: does order of onset make a difference? J Anxiety Disord. 2014 Dec;28(8):894-901. doi: 10.1016/j.janxdis.2014.09.023.Epub 2014 Oct 16. PMID: 25445079.

38. Reuland MM, Teachman BA. Interpretation bias modification for youth and their parents: a novel treatment for early adolescent social anxiety. J Anxiety Disord. 2014 Dec;28(8):851-64.

40. Kjeldgaard D, Forchhammer HB, Teasdale TW, Jensen RH. Cognitive behavioural treatment for the chronic post-traumatic headache patient: a randomized controlled trial. J Headache Pain. 2014 Dec 2;15:81.

41. West AE, Weinstein SM, Peters AT, Katz AC, Henry DB, Cruz RA, Pavuluri MN(2).Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: a randomized clinical trial. J Am Acad Child Adolesc Psychiatry. 2014 Nov;53(11):1168-78, 1178.e1. Comment in: Evid Based Ment Health. 2015 Aug;18(3):65-6.

43. Hedman E, Andersson G, Lindefors N, Gustavsson P, Lekander M, Rück C, Andersson E, Ljótsson B. Personality change following internet-based cognitive behavior therapy for severe health anxiety. PLoS One. 2014 Dec 1;9(12):e113871.

48. Meng H, Friedberg F, Castora-Binkley M. Cost-effectiveness of chronic fatigue self-management versus usual care: a pilot randomized controlled trial. BMC Fam Pract. 2014 Nov 25;15:184.

61. Dalgaard L, Eskildsen A, Carstensen O, Willert MV, Andersen JH, Glasscock DJ. Changes in self-reported sleep and cognitive failures: a randomized controlled trial of a stress management intervention. Scand J Work Environ Health. 2014 Nov;40(6):569-81.

62. Otto MW, Hearon BA, McHugh RK, Calkins AW, Pratt E, Murray HW, Safren SA, Pollack MH. A randomized, controlled trial of the efficacy of an interoceptive exposure-based CBT for treatment-refractory outpatients with opioid dependence. J Psychoactive Drugs. 2014 Nov-Dec;46(5):402-11.

63. Karimyar Jahromi M, Mosallanejad L. The impact of reality therapy on metacognition, stress and hope in addicts. Glob J Health Sci. 2014 Sep 23;6(6):281-7.

67. Voet N, Bleijenberg G, Hendriks J, de Groot I, Padberg G, van Engelen B, Geurts A. Both aerobic exercise and cognitive-behavioral therapy reduce chronic fatigue in FSHD: an RCT. Neurology. 2014 Nov 18;83(21):1914-22.

68. Bryant RA, Kenny L, Joscelyne A, Rawson N, Maccallum F, Cahill C, Hopwood S, Aderka I, Nickerson A. Treating prolonged grief disorder: a randomized clinical trial. JAMA Psychiatry. 2014 Dec 1;71(12):1332-9.

70. Pots WT, Meulenbeek PA, Veehof MM, Klungers J, Bohlmeijer ET. The efficacy of mindfulness-based cognitive therapy as a public mental health intervention for adults with mild to moderate depressive symptomatology: a randomized controlled trial. PLoS One. 2014 Oct 15;9(10).

72. Veale D, Anson M, Miles S, Pieta M, Costa A, Ellison N. Efficacy of cognitive behaviour therapy versus anxiety management for body dysmorphic disorder: a randomised controlled trial. Psychother Psychosom. 2014;83(6):341-53

73. Resick PA, Suvak MK, Wells SY. The impact of childhood abuse among women with assault-related PTSD receiving short-term cognitive-behavioral therapy. J Trauma Stress. 2014 Oct;27(5):558-67.

74. Howard C, Dupont S. 'The COPD breathlessness manual': a randomised controlled trial to test a cognitive-behavioural manual versus information booklets on health service use, mood and health status, in patients with chronic obstructive pulmonary disease. NPJ Prim Care Respir Med. 2014 Oct 16;24:14076.

75. Alegría M, Ludman E, Kafali EN, Lapatin S, Vila D, Shrout PE, Keefe K, Cook B, Ault A, Li X, Bauer AM, Epelbaum C, Alcantara C, Pineda TI, Tejera GG, Suau G, Leon K, Lessios AS, Ramirez RR, Canino G. Effectiveness of the Engagement and Counseling for Latinos (ECLA) intervention in low-income Latinos.Med Care. 2014 Nov;52(11):989-97.

76. Lever Taylor B, Strauss C, Cavanagh K, Jones F(4). The effectiveness of self-help mindfulness-based cognitive therapy in a student sample: a randomised controlled trial. Behav Res Ther. 2014 Dec;63:63-9.

77. Renner F, Bamelis LL, Huibers MJ, Speckens A, Arntz A(5). The impact of comorbid depression on recovery from personality disorders and improvements in psychosocial functioning: results from a randomized controlled trial. Behav Res Ther. 2014 Dec;63:55-62.

78. Sinadinovic K, Wennberg P, Johansson M, Berman AH. Targeting individuals with problematic alcohol use via Web-based cognitive-behavioral self-help modules, personalized screening feedback or assessment only: a randomized controlled trial. Eur Addict Res. 2014;20(6):305-18.

80. Mackenzie A, Harvey S, Mewton L, Andrews G. Occupational impact of internet-delivered cognitive behaviour therapy for depression and anxiety: reanalysis of data from five Australian randomized controlled trials. Med J Aust. 2014 Oct 6;201(7):417-9.

81. Wardenaar KJ, Conradi HJ, Bos EH, de Jonge P. Personality modulates the efficacy of treatment in patients with major depressive disorder. J Clin Psychiatry. 2014 Sep;75(9):e916-23.

85. Lauder S, Chester A, Castle D, Dodd S, Gliddon E, Berk L, Chamberlain J, Klein B, Gilbert M, Austin DW, Berk M. A randomized head to head trial of MoodSwings.net.au: an Internet based self-help program for bipolar disorder. J Affect Disord. 2015 Jan 15;171:13-21.

86. Kuckertz JM, Amir N, Boffa JW, Warren CK, Rindt SE, Norman S, Ram V, Ziajko L, Webb-Murphy J, McLay R. The effectiveness of an attention bias modification program as an adjunctive treatment for Post-Traumatic Stress Disorder. Behav Res Ther. 2014 Dec;63:25-35.

90. Christensen H, Batterham P, Mackinnon A, Griffiths KM, Kalia Hehir K, Kenardy J, Gosling J, Bennett K. Prevention of generalized anxiety disorder using a web intervention, iChill: randomized controlled trial. J Med Internet Res. 2014 Sep 2;16(9).

91. Luciano JV, D'Amico F, Cerdà-Lafont M, Peñarrubia-María MT, Knapp M, Cuesta-Vargas AI, Serrano-Blanco A, García-Campayo J. Cost-utility of cognitive behavioral therapy versus U.S. Food and Drug Administration recommended drugs and usual care in the treatment of patients with fibromyalgia: an economic evaluation alongside a 6-month randomized controlled trial. Arthritis Res Ther. 2014 Oct 1;16(5):451.

93. Flink IK, Boersma K, Linton SJ. Changes in catastrophizing and depressed mood during and after early cognitive behaviorally oriented interventions for pain. Cogn Behav Ther. 2014;43(4):332-41.

95. Garcia-Lopez LJ, Díaz-Castela Mdel M, Muela-Martinez JA, Espinosa-Fernandez L. Can parent training for parents with high levels of expressed emotion have a positive effect on their child's social anxiety improvement? J Anxiety Disord. 2014 Dec;28(8):812-22.

96. Habibović M, Denollet J, Cuijpers P, Spek VR, van den Broek KC, Warmerdam L, van der Voort PH, Herrman JP, Bouwels L, Valk SS, Alings M, Theuns DA, Pedersen SS. E-health to manage distress in patients with an implantable cardioverter-defibrillator: primary results of the WEBCARE trial. Psychosom Med. 2014 Oct;76(8):593-602.

97. Crane C, Crane RS, Eames C, Fennell MJ, Silverton S, Williams JM, Barnhofer T. The effects of amount of home meditation practice in Mindfulness Based Cognitive Therapy on hazard of relapse to depression in the Staying Well after Depression Trial. Behav Res Ther. 2014 Dec;63:17-24.

98. Mullen K, Holliday R, Morris E, Raja A, Surís A. Cognitive processing therapy for male veterans with military sexual trauma-related posttraumatic stress disorder. J Anxiety Disord. 2014 Dec;28(8):761-4.

99. Creswell KG, Cheng Y, Levine MD. A test of the stress-buffering model of social support in smoking cessation: is the relationship between social support and time to relapse mediated by reduced withdrawal symptoms? Nicotine Tob Res. May;17(5):566-71.

101. Clarke J, Proudfoot J, Birch MR, Whitton AE, Parker G, Manicavasagar V, Harrison V, Christensen H, Hadzi-Pavlovic D. Effects of mental health self-efficacy on outcomes of a mobile phone and web intervention for mild-to-moderate depression, anxiety and stress: secondary analysis of a randomised controlled trial. BMC Psychiatry. 2014 Sep 26;14:272.

109. Lueken U, Straube B, Wittchen HU, Konrad C, Ströhle A, Wittmann A, Pfleiderer B, Arolt V, Kircher T, Deckert J, Reif A. Therapygenetics: anterior cingulate cortex-amygdala coupling is associated with 5-HTTLPR and treatment response in panic disorder with agoraphobia. J Neural Transm (Vienna). Jan;122(1):135-44.

111. Forkmann T, Wichers M, Geschwind N, Peeters F, van Os J, Mainz V, Collip D. Effects of mindfulness-based cognitive therapy on self-reported suicidal ideation: results from a randomised controlled trial in patients with residual depressive symptoms. Compr Psychiatry. 2014 Nov;55(8):1883-90.

113. Smith AM, Flannery-Schroeder EC, Gorman KS, Cook N. Parent cognitive-behavioral intervention for the treatment of childhood anxiety disorders: a pilot study. Behav Res Ther. 2014 Oct;61:156-61.

114. Fergus TA, Wheless NE, Wright LC. The attention training technique, self-focused attention, and anxiety: a laboratory-based component study. Behav Res Ther. 2014 Oct;61:150-5.

118. Yalcin BM, Unal M, Pirdal H, Karahan TF(2). Effects of an anger management and stress control program on smoking cessation: a randomized controlled trial. J Am Board Fam Med. 2014 Sep-Oct;27(5):645-60.

119. Johnson S, Price M, Mehta N, Anderson PL. Stereotype confirmation concerns predict dropout from cognitive behavioral therapy for social anxiety disorder. BMC Psychiatry. 2014 Aug 19;14:233.

120. Holmes MC, Donovan CL, Farrell LJ, March S. The efficacy of a group-based, disorder-specific treatment program for childhood GAD--a randomized controlled trial. Behav Res Ther. 2014 Oct;61:122-35.

121. Goldin PR, Ziv M, Jazaieri H, Weeks J, Heimberg RG, Gross JJ. Impact of cognitive-behavioral therapy for social anxiety disorder on the neural bases of emotional reactivity to and regulation of social evaluation. Behav Res Ther. 2014 Nov;62:97-106.

125. Waters AM, Farrell LJ, Zimmer-Gembeck MJ, Milliner E, Tiralongo E, Donovan CL, McConnell H, Bradley BP, Mogg K, Ollendick TH. Augmenting one-session treatment of children's specific phobias with attention training to positive stimuli. Behav Res Ther. 2014 Nov;62:107-19.

126. Vilardaga R, Heffner JL, Mercer LD, Bricker JB. Do counselor techniques predict quitting during smoking cessation treatment? A component analysis of telephone-delivered Acceptance and Commitment Therapy. Behav Res Ther. 2014 Oct;61:89-95.

128. Kafali N, Cook B, Canino G, Alegria M. Cost-effectiveness of a randomized trial to treat depression among Latinos. J Ment Health Policy Econ. 2014 Jun;17(2):41-50.

129. Prinsen H, van Dijk JP, Zwarts MJ, Leer JW, Bleijenberg G, van Laarhoven HW. The role of central and peripheral muscle fatigue in postcancer fatigue: a randomized controlled trial. J Pain Symptom Manage. **2015** Feb;49(2):173-82. doi: 10.1016/j.jpainsymman.2014.06.020.

131. Irwin MR, Olmstead R, Carrillo C, Sadeghi N, Breen EC, Witarama T, Yokomizo M, Lavretsky H, Carroll JE, Motivala SJ, Bootzin R, Nicassio P. Cognitive behavioral therapy vs. Tai Chi for late life insomnia and inflammatory risk: a randomized controlled comparative efficacy trial. Sleep. 2014 Sep 1;37(9):1543-52.

132. Hollon SD, DeRubeis RJ, Fawcett J, Amsterdam JD, Shelton RC, Zajecka J, Young PR, Gallop R. Effect of cognitive therapy with antidepressant medications vs antidepressants alone on the rate of recovery in major depressive disorder: a randomized clinical trial. JAMA Psychiatry. 2014 Oct;71(10):1157-64.

133. Jakobsen JC, Gluud C, Kongerslev M, Larsen KA, Sørensen P, Winkel P, Lange T, Søgaard U, Simonsen E. Third-wave cognitive therapy versus mentalisation-based treatment for major depressive disorder: a randomised clinical trial.BMJ Open. 2014 Aug 19;4(8):e004903. doi: 10.1136/bmjopen-2014-004903.

134. Moss J, Tew GA, Copeland RJ, Stout M, Billings CG, Saxton JM, Winter EM, Bianchi SM. Effects of a pragmatic lifestyle intervention for reducing body mass in obese adults with obstructive sleep apnoea: a randomised controlled trial. Biomed Res Int. 2014;2014:102164.

136. Todd NJ, Jones SH, Hart A, Lobban FA. A web-based self-management intervention for Bipolar Disorder 'living with bipolar': a feasibility randomised controlled trial. J Affect Disord. 2014 Dec;169:21-9.

138. Lappalainen P, Granlund A, Siltanen S, Ahonen S, Vitikainen M, Tolvanen A, Lappalainen R. ACT Internet-based vs face-to-face? A randomized controlled trial of two ways to deliver Acceptance and Commitment Therapy for depressive symptoms: an 18-month follow-up. Behav Res Ther. 2014 Oct;61:43-54.

141. Mackintosh MA, Morland LA, Frueh BC, Greene CJ, Rosen CS. Peeking into the black box: mechanisms of action for anger management treatment. J Anxiety Disord. 2014 Oct;28(7):687-95.

142. Esbjørn BH, Sømhovd MJ, Nielsen SK, Normann N, Leth I, Reinholdt-Dunne ML. Parental changes after involvement in their anxious child's cognitive behavior therapy. J Anxiety Disord. 2014 Oct;28(7):664-70.

145. Wiersma JE, Van Schaik DJ, Hoogendorn AW, Dekker JJ, Van HL, Schoevers RA, Blom MB, Maas K, Smit JH, McCullough JP Jr, Beekman AT, Van Oppen P. The effectiveness of the cognitive behavioral analysis system of psychotherapy for chronic depression: a randomized controlled trial. Psychother Psychosom. 2014;83(5):263-9.

147. Litz BT, Schorr Y, Delaney E, Au T, Papa A, Fox AB, Morris S, Nickerson A, Block S, Prigerson HG. A randomized controlled trial of an internet-based therapist-assisted indicated preventive intervention for prolonged grief disorder. Behav Res Ther. 2014 Oct;61:23-34.

148. Bullis JR, Fortune MR, Farchione TJ, Barlow DH. A preliminary investigation of the long-term outcome of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. Compr Psychiatry. 2014 Nov;55(8):1920-7.

150. Martin PR, Reece J, Callan M, MacLeod C, Kaur A, Gregg K, Goadsby PJ. Behavioral management of the triggers of recurrent headache: a randomized controlled trial. Behav Res Ther. 2014 Oct;61:1-11.

151. Hedman E, Axelsson E, Görling A, Ritzman C, Ronnheden M, El Alaoui S, Andersson E, Lekander M, Ljótsson B. Internet-delivered exposure-based cognitive-behavioural therapy and behavioural stress management for severe health anxiety: randomised controlled trial. Br J Psychiatry. 2014 Oct;205(4):307-14.

152. Moritz S, Veckenstedt R, Andreou C, Bohn F, Hottenrott B, Leighton L, Köther U, Woodward TS, Treszl A, Menon M, Schneider BC, Pfueller U, Roesch-Ely D(5). Sustained and "sleeper" effects of group metacognitive training for schizophrenia: a randomized clinical trial. JAMA Psychiatry. 2014 Oct;71(10):1103-11.

153. Linden M, Scherbe S, Cicholas B. Randomized controlled trial on the effectiveness of cognitive behavior group therapy in chronic back pain patients. J Back Musculoskelet Rehabil. 2014;27(4):563-8.

155. de Azevedo Cardoso T, Mondin TC, Spessato BC, de Avila Quevedo L, de Mattos Souza LD, da Silva RA, Jansen K. The impact of anxious symptoms in the remission of depressive symptoms in a clinical trial for depression: follow-up of six months. J Affect Disord. 2014 Oct;168:331-6.

156. Mörtberg E. Working alliance in individual and group cognitive therapy for social anxiety disorder.Psychiatry Res. 2014 Dec 15;220(1-2):716-8.

157. Bricker JB, Mull KE, Kientz JA, Vilardaga R, Mercer LD, Akioka KJ, Heffner JL. Randomized, controlled pilot trial of a smartphone app for smoking cessation using acceptance and commitment therapy.Drug Alcohol Depend. 2014 Oct 1;143:87-94.

158. Savard J, Ivers H, Savard MH, Morin CM. Is a video-based cognitive behavioral therapy for insomnia as efficacious as a professionally administered treatment in breast cancer? Results of a randomized controlled trial. Sleep. 2014 Aug 1;37(8):1305-14.

159. Rosner R, Pfoh G, Kotoučová M, Hagl M. Efficacy of an outpatient treatment for prolonged grief disorder: a randomized controlled clinical trial. J Affect Disord. 2014;167:56-63.

160. Castel A, Castro S, Fontova R, Poveda MJ, Cascón-Pereira R, Montull S, Padrol A, Qanneta R, Rull M. Body mass index and response to a multidisciplinary treatment of fibromyalgia. Rheumatol Int. 2015 Feb;35(2):303-14.

161. Koenig HG, Berk LS, Daher NS, Pearce MJ, Bellinger DL, Robins CJ, Nelson B, Shaw SF, Cohen HJ, King MB. Religious involvement is associated with greater purpose, optimism, generosity and gratitude in persons with major depression and chronic medical illness. J Psychosom Res. 2014 Aug;77(2):135-43.

162. Chen AC, Davis CM, Kahler CW, Kuerbis AN, Covault J, Kranzler HR, Morgenstern J. 5-HTTLPR moderates naltrexone and psychosocial treatment responses in heavy drinking men who have sex with men.Alcohol Clin Exp Res. 2014 Sep;38(9):2362-8.

163. Klaren RE, Hubbard EA, Motl RW. Efficacy of a behavioral intervention for reducing sedentary behavior in persons with multiple sclerosis: a pilot examination.Am J Prev Med. 2014 Nov;47(5):613-6.

166. Andersson E, Steneby S, Karlsson K, Ljótsson B, Hedman E, Enander J, Kaldo V, Andersson G, Lindefors N, Rück C. Long-term efficacy of Internet-based cognitive behavior therapy for obsessive-compulsive disorder with or without booster: a randomized controlled trial. Psychol Med. 2014 Oct;44(13):2877-87.

167. Barrowclough C, Marshall M, Gregg L, Fitzsimmons M, Tomenson B, Warburton J, Lobban F. A phase-specific psychological therapy for people with problematic cannabis use following a first episode of psychosis: a randomized controlled trial. Psychol Med. 2014 Oct;44(13):2749-61.

168. Howie AJ, Malouff JM. Effects of online cognitive treatment for problematic anger: a randomized controlled trial. Cogn Behav Ther. 2014;43(4):310-8.

169. Zhang Z, Zhai J, Wei Q, Qi J, Guo X, Zhao J. Cost-effectiveness analysis of psychosocial intervention for early stage schizophrenia in China: a randomized, one-year study. BMC Psychiatry. 2014 Jul 26;14:212.

170. Monticone M, Ambrosini E, Rocca B, Magni S, Brivio F, Ferrante S. A multidisciplinary rehabilitation programme improves disability, kinesiophobia and walking ability in subjects with chronic low back pain: results of a randomised controlled pilot study.Eur Spine J. 2014 Oct;23(10):2105-13.

171. Fleer J, Schroevers M, Panjer V, Geerts E, Meesters Y. Mindfulness-based cognitive therapy for seasonal affective disorder: a pilot study. J Affect Disord. 2014 Oct;168:205-9.

173. Puig O, Penadés R, Baeza I, De la Serna E, Sánchez-Gistau V, Bernardo M, Castro-Fornieles J(6). Cognitive remediation therapy in adolescents with early-onset schizophrenia: a randomized controlled trial. J Am Acad Child Adolesc Psychiatry. 2014 Aug;53(8):859-68.

175. Kalapatapu RK, Ho J, Cai X, Vinogradov S, Batki SL, Mohr DC. Cognitive-behavioral therapy in depressed primary care patients with co-occurring problematic alcohol use: effect of telephone-administered vs. face-to-face treatment-a secondary analysis. J Psychoactive Drugs. 2014 Apr-Jun;46(2):85-92.

176. Shaw RJ, St John N, Lilo E, Jo B, Benitz W, Stevenson DK, Horwitz SM. Prevention of traumatic stress in mothers of preterms: 6-month outcomes. Pediatrics. 2014 Aug;134(2):e481-8.

177. Seng EK, Holroyd KA. Behavioral migraine management modifies behavioral and cognitive coping in people with migraine. Headache. 2014 Oct;54(9):1470-83.

180. König J, Karl R, Rosner R, Butollo W. Sudden gains in two psychotherapies for posttraumatic stress disorder. Behav Res Ther. 2014 Sep;60:15-22.

181. Hall BJ, Bolton PA, Annan J, Kaysen D, Robinette K, Cetinoglu T, Wachter K, Bass JK. The effect of cognitive therapy on structural social capital: results from a randomized controlled trial among sexual violence survivors in the Democratic Republic of the Congo. Am J Public Health. 2014 Sep;104(9):1680-6.

185. Niles AN, Burklund LJ, Arch JJ, Lieberman MD, Saxbe D, Craske MG. Cognitive mediators of treatment for social anxiety disorder: comparing acceptance and commitment therapy and cognitive-behavioral therapy. Behav Ther. 2014 Sep;45(5):664-77.

186. Morrison KL, Madden GJ, Odum AL, Friedel JE, Twohig MP. Altering impulsive decision making with an acceptance-based procedure. Behav Ther. 2014 Sep;45(5):630-9.

187. Leichsenring F, Salzer S, Beutel ME, Herpertz S, Hiller W, Hoyer J, Huesing J, Joraschky P, Nolting B, Poehlmann K, Ritter V, Stangier U, Strauss B, Tefikow S, Teismann T, Willutzki U, Wiltink J, Leibing E. Long-term outcome of psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder. Am J Psychiatry. 2014 Oct;171(10):1074-82.

188. Khan M, Akhter S, Soomro RR, Ali SS. The effectiveness of Cognitive Behavioral Therapy (CBT) with general exercises versus general exercises alone in the management of chronic low back pain. Pak J Pharm Sci. 2014 Jul;27(4 Suppl):1113-6.

192. Nash K, Stevens S, Greenbaum R, Weiner J, Koren G, Rovet J. Improving executive functioning in children with fetal alcohol spectrum disorders. Child Neuropsychol. 2015;21(2):191-209.

193. Geraedts AS, Kleiboer AM, Twisk J, Wiezer NM, van Mechelen W, Cuijpers P. Long-term results of a web-based guided self-help intervention for employees with depressive symptoms: randomized controlled trial. J Med Internet Res. 2014 Jul 9;16(7).

195. Gaggioli A, Pallavicini F, Morganti L, Serino S, Scaratti C, Briguglio M, Crifaci G, Vetrano N, Giulintano A, Bernava G, Tartarisco G, Pioggia G, Raspelli S, Cipresso P, Vigna C, Grassi A, Baruffi M, Wiederhold B, Riva G. Experiential virtual scenarios with real-time monitoring (interreality) for the management of psychological stress: a block randomized controlled trial. J Med Internet Res. 2014 Jul 8;16(7).

196. Jang AL, Hwang SK, Kim DU. The effects of cognitive behavioral therapy in female nursing students with irritable bowel syndrome: a randomized trial. Eur J Gastroenterol Hepatol. 2014 Aug;26(8):918-26.

197. Newby JM, Williams AD, Andrews G. Reductions in negative repetitive thinking and metacognitive beliefs during transdiagnostic internet cognitive behavioural therapy (iCBT) for mixed anxiety and depression. Behav Res Ther. 2014 Aug;59:52-60.

198. LaFrance WC Jr, Baird GL, Barry JJ, Blum AS, Frank Webb A, Keitner GI, Machan JT, Miller I, Szaflarski JP; NES Treatment Trial (NEST-T) Consortium. Multicenter pilot treatment trial for psychogenic nonepileptic seizures: a randomized clinical trial. JAMA Psychiatry. 2014 Sep;71(9):997-1005.

199. Shikatani B, Antony MM, Kuo JR, Cassin SE. The impact of cognitive restructuring and mindfulness strategies on postevent processing and affect in social anxiety disorder. J Anxiety Disord. 2014 Aug;28(6):570-9.

202. Briki M, Monnin J, Haffen E, Sechter D, Favrod J, Netillard C, Cheraitia E, Marin K, Govyadovskaya S, Tio G, Bonin B, Chauvet-Gelinier JC, Leclerc S, Hodé Y, Vidailhet P, Berna F, Bertschy AZ, Vandel P. Metacognitive training for schizophrenia: a multicentre randomised controlled trial. Schizophr Res. 2014 Aug;157(1-3):99-106.

203. Jasper K, Weise C, Conrad I, Andersson G, Hiller W, Kleinstäuber M. Internet-based guided self-help versus group cognitive behavioral therapy for chronic tinnitus: a randomized controlled trial. Psychother Psychosom. 2014;83(4):234-46.

204. Straube B, Lueken U, Jansen A, Konrad C, Gloster AT, Gerlach AL, Ströhle A, Wittmann A, Pfleiderer B, Gauggel S, Wittchen U, Arolt V, Kircher T. Neural correlates of procedural variants in cognitive-behavioral therapy: a randomized, controlled multicenter FMRI study. Psychother Psychosom. 2014;83(4):222-33.

205. Chambers SK, Girgis A, Occhipinti S, Hutchison S, Turner J, McDowell M, Mihalopoulos C, Carter R, Dunn JC. A randomized trial comparing two low-intensity psychological interventions for distressed patients with cancer and their caregivers. Oncol Nurs Forum. 2014 Jul 1;41(4):E256-66.

210. Davis JM, Manley AR, Goldberg SB, Smith SS, Jorenby DE. Randomized trial comparing mindfulness training for smokers to a matched control. J Subst Abuse Treat. 2014 Sep;47(3):213-21.

211. Szigethy E, Bujoreanu SI, Youk AO, Weisz J, Benhayon D, Fairclough D, Ducharme P, Gonzalez-Heydrich J, Keljo D, Srinath A, Bousvaros A, Kirshner M, Newara M, Kupfer D, DeMaso DR. Randomized efficacy trial of two psychotherapies for depression in youth with inflammatory bowel disease. J Am Acad Child Adolesc Psychiatry. 2014 Jul;53(7):726-35.

213. Liu YW, Tsui CM. A randomized trial comparing Tai Chi with and without cognitive-behavioral intervention (CBI) to reduce fear of falling in community-dwelling elderly people. Arch Gerontol Geriatr. 2014 Sep-Oct;59(2):317-25.

214. Weitz E, Hollon SD, Kerkhof A, Cuijpers P. Do depression treatments reduce suicidal ideation? The effects of CBT, IPT, pharmacotherapy, and placebo on suicidality. J Affect Disord. 2014;167:98-103.

215. Hedman E, El Alaoui S, Lindefors N, Andersson E, Rück C, Ghaderi A, Kaldo V, Lekander M, Andersson G, Ljótsson B. Clinical effectiveness and cost-effectiveness of Internet- vs. group-based cognitive behavior therapy for social anxiety disorder: 4-year follow-up of a randomized trial. Behav Res Ther. 2014 Aug;59:20-9.

218. Bricker JB, Bush T, Zbikowski SM, Mercer LD, Heffner JL. Randomized trial of telephone-delivered acceptance and commitment therapy versus cognitive behavioral therapy for smoking cessation: a pilot study. Nicotine Tob Res. 2014 Nov;16(11):1446-54.

219. Kennard BD, Emslie GJ, Mayes TL, Nakonezny PA, Jones JM, Foxwell AA, King J. Sequential treatment with fluoxetine and relapse--prevention CBT to improve outcomes in pediatric depression. Am J Psychiatry. 2014 Oct;171(10):1083-90.

220. Nordgren LB, Hedman E, Etienne J, Bodin J, Kadowaki A, Eriksson S, Lindkvist E, Andersson G, Carlbring P. Effectiveness and cost-effectiveness of individually tailored Internet-delivered cognitive behavior therapy for anxiety disorders in a primary care population: a randomized controlled trial. Behav Res Ther. 2014 Aug;59:1-11.

222. Porzig-Drummond R, Stevenson RJ, Stevenson C. The 1-2-3 Magic parenting program and its effect on child problem behaviors and dysfunctional parenting: a randomized controlled trial. Behav Res Ther. 2014 Jul;58:52-64.

223. Fischer S, Meyer AH, Dremmel D, Schlup B, Munsch S. Short-term cognitive-behavioral therapy for binge eating disorder: long-term efficacy and predictors of long-term treatment success. Behav Res Ther. 2014 Jul;58:36-42.

224. Donovan CL, March S. Online CBT for preschool anxiety disorders: a randomised control trial. Behav Res Ther. 2014 Jul;58:24-35.

225. Dieler AC, Dresler T, Joachim K, Deckert J, Herrmann MJ, Fallgatter AJ. Can intermittent theta burst stimulation as add-on to psychotherapy improve nicotine abstinence? Results from a pilot study. Eur Addict Res. 2014;20(5):248-53.

227. Morland LA, Mackintosh MA, Greene CJ, Rosen CS, Chard KM, Resick P, Frueh BC. Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: a randomized noninferiority clinical trial. J Clin Psychiatry. 2014 May;75(5):470-6.

229. van Son J, Nyklíček I, Pop VJ, Blonk MC, Erdtsieck RJ, Pouwer F. Mindfulness-based cognitive therapy for people with diabetes and emotional problems: long-term follow-up findings from the DiaMind randomized controlled trial. J Psychosom Res. 2014 Jul;77(1):81-4.

231. Dougall D, Johnson A, Goldsmith K, Sharpe M, Angus B, Chalder T, White P. Adverse events and deterioration reported by participants in the PACE trial of therapies for chronic fatigue syndrome. J Psychosom Res. 2014 Jul;77(1):20-6.

233. Lancee J, Sorbi MJ, Eisma MC, van Straten A, van den Bout J. The effect of support on internet-delivered treatment for insomnia: does baseline depression severity matter? Behav Ther. 2014 Jul;45(4):507-16.

234. Markell HM, Newman MG, Gallop R, Gibbons MB, Rickels K, Crits-Christoph P. Combined medication and CBT for generalized anxiety disorder with African American participants: reliability and validity of assessments and preliminary outcomes. Behav Ther. 2014 Jul;45(4):495-506.

236. Kivi M, Eriksson MC, Hange D, Petersson EL, Vernmark K, Johansson B, Björkelund C. Internet-based therapy for mild to moderate depression in Swedish primary care: short term results from the PRIM-NET randomized controlled trial. Cogn Behav Ther. 2014;43(4):289-98.

241. Manicavasagar V, Horswood D, Burckhardt R, Lum A, Hadzi-Pavlovic D, Parker G. Feasibility and effectiveness of a web-based positive psychology program for youth mental health: randomized controlled trial. J Med Internet Res. 2014 Jun 4;16(6).

242. Tovote KA, Fleer J, Snippe E, Peeters AC, Emmelkamp PM, Sanderman R, Links TP, Schroevers MJ. Individual mindfulness-based cognitive therapy and cognitive behavior therapy for treating depressive symptoms in patients with diabetes: results of a randomized controlled trial. Diabetes Care. 2014 Sep;37(9):2427-34.

243. Kidd SA, Kaur J, Virdee G, George TP, McKenzie K, Herman Y. Cognitive remediation for individuals with psychosis in a supported education setting: a randomized controlled trial. Schizophr Res. 2014 Aug;157(1-3):90-8.

246. Thomas PW, Thomas S, Kersten P, Jones R, Slingsby V, Nock A, Davies Smith A, Baker R, Galvin KT, Hillier C. One year follow-up of a pragmatic multi-centre randomised controlled trial of a group-based fatigue management programme (FACETS) for people with multiple sclerosis. BMC Neurol. 2014 May 19;14:109.

257. Jaser SS, Patel N, Rothman RL, Choi L, Whittemore R. Check it! A randomized pilot of a positive psychology intervention to improve adherence in adolescents with type 1 diabetes. Diabetes Educ. 2014 Sep-Oct;40(5):659-67.

258. Subramaniam K, Luks TL, Garrett C, Chung C, Fisher M, Nagarajan S, Vinogradov S. Intensive cognitive training in schizophrenia enhances working memory and associated prefrontal cortical efficiency in a manner that drives long-term functional gains. Neuroimage. 2014 Oct 1;99:281-92.

259. Rodríguez-Morán M, Mendoza-Ávila E, Cumplido-Fuentes A, Simental-Mendía LE, Rodríguez-Ramírez G, Sánchez-Lazcano GJ, Ramírez-Bonilla P, Cumplido-González G, Ortiz-Martínez G, Pinedo-Rodríguez GA, Meza-Villa Á, Ortiz-Ramos AF, Puerta-Mota G, Guerrero-Romero F. [Cognitive behavioral treatment in the integral management of obesity in adolescents]. Rev Med Inst Mex Seguro Soc. 2014;52 Suppl 1:S68-73.

260. Broderick JE, Keefe FJ, Bruckenthal P, Junghaenel DU, Schneider S, Schwartz JE, Kaell AT, Caldwell DS, McKee D, Reed S, Gould E. Nurse practitioners can effectively deliver pain coping skills training to osteoarthritis patients with chronic pain: A randomized, controlled trial.Pain. 2014 Sep;155(9):1743-54.

261. Grilo CM, Masheb RM, White MA, Gueorguieva R, Barnes RD, Walsh BT, McKenzie KC, Genao I, Garcia R. Treatment of binge eating disorder in racially and ethnically diverse obese patients in primary care: randomized placebo-controlled clinical trial of self-help and medication. Behav Res Ther. 2014 Jul;58:1-9.

262. Tarrier N, Kelly J, Maqsood S, Snelson N, Maxwell J, Law H, Dunn G, Gooding P. The cognitive behavioural prevention of suicide in psychosis: a clinical trial. Schizophr Res. 2014 Jul;156(2-3):204-10.

264. Imamura K, Kawakami N, Furukawa TA, Matsuyama Y, Shimazu A, Umanodan R, Kawakami S, Kasai K. Effects of an Internet-based cognitive behavioral therapy (iCBT) program in Manga format on improving subthreshold depressive symptoms among healthy workers: a randomized controlled trial. PLoS One. 2014 May 20;9(5):e97167.

266. Østergaard Christensen T, Vesterager L, Krarup G, Olsen BB, Melau M, Gluud C, Nordentoft M. Cognitive remediation combined with an early intervention service in first episode psychosis. Acta Psychiatr Scand. 2014 Oct;130(4):300-10.

267. Leahey TM, Thomas G, Fava JL, Subak LL, Schembri M, Krupel K, Kumar R, Weinberg B, Wing RR. Adding evidence-based behavioral weight loss strategies to a statewide wellness campaign: a randomized clinical trial. Am J Public Health. 2014 Jul;104(7):1300-6.

268. Morin CM, Beaulieu-Bonneau S, Ivers H, Vallières A, Guay B, Savard J, Mérette C. Speed and trajectory of changes of insomnia symptoms during acute treatment with cognitive-behavioral therapy, singly and combined with medication. Sleep Med. 2014 Jun;15(6):701-7.

269. Twomey C, O'Reilly G, Byrne M, Bury M, White A, Kissane S, McMahon A, Clancy N. A randomized controlled trial of the computerized CBT programme, MoodGYM, for public mental health service users waiting for interventions. Br J Clin Psychol. 2014 Nov;53(4):433-50.

270. Maes IH, Cima RF, Anteunis LJ, Scheijen DJ, Baguley DM, El Refaie A, Vlaeyen JW, Joore MA. Cost-effectiveness of specialized treatment based on cognitive behavioral therapy versus usual care for tinnitus. Otol Neurotol. 2014 Jun;35(5):787-95.

271. Johnco C, Wuthrich VM, Rapee RM. The influence of cognitive flexibility on treatment outcome and cognitive restructuring skill acquisition during cognitive behavioural treatment for anxiety and depression in older adults: Results of a pilot study. Behav Res Ther. 2014 Jun;57:55-64.

272. Wiles N, Thomas L, Abel A, Barnes M, Carroll F, Ridgway N, Sherlock S, Turner N, Button K, Odondi L, Metcalfe C, Owen-Smith A, Campbell J, Garland A, Hollinghurst S, Jerrom B, Kessler D, Kuyken W, Morrison J, Turner K, Williams C, Peters T, Lewis G. Clinical effectiveness and cost-effectiveness of cognitive behavioural therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care: the CoBalT randomised controlled trial. Health Technol Assess. 2014 May;18(31):1-167, vii-viii.

274. Heutink M, Post MW, Luthart P, Schuitemaker M, Slangen S, Sweers J, Vlemmix L, Lindeman E. Long-term outcomes of a multidisciplinary cognitive behavioural programme for coping with chronic neuropathic spinal cord injury pain. J Rehabil Med. 2014 Jun;46(6):540-5.

275. Kerst WF, Waters AJ. Attentional retraining administered in the field reduces smokers' attentional bias and craving. Health Psychol. 2014 Oct;33(10):1232-40.

276. Brotto LA, Basson R. Group mindfulness-based therapy significantly improves sexual desire in women. Behav Res Ther. 2014 Jun;57:43-54. 2

277. Jordan J, Carter JD, McIntosh VV, Fernando K, Frampton CM, Porter RJ, Mulder RT, Lacey C, Joyce PR. Metacognitive therapy versus cognitive behavioural therapy for depression: a randomized pilot study. Aust N Z J Psychiatry. 2014 Oct;48(10):932-43.

278. Geraedts AS, Kleiboer AM, Wiezer NM, van Mechelen W, Cuijpers P. Short-term effects of a web-based guided self-help intervention for employees with depressive symptoms: randomized controlled trial. J Med Internet Res. 2014 May 6;16(5).

279. Kidd SA, Herman Y, Barbic S, Ganguli R, George TP, Hassan S, McKenzie K, Maples N, Velligan D. Testing a modification of cognitive adaptation training: streamlining the model for broader implementation. Schizophr Res. 2014 Jun;156(1):46-50.

280. Vitiello MV, McCurry SM, Shortreed SM, Baker LD, Rybarczyk BD, Keefe FJ, Von Korff M. Short-term improvement in insomnia symptoms predicts long-term improvements in sleep, pain, and fatigue in older adults with comorbid osteoarthritis and insomnia. Pain. 2014 Aug;155(8):1547-54.

281. Yip SW, DeVito EE, Kober H, Worhunsky PD, Carroll KM, Potenza MN. Pretreatment measures of brain structure and reward-processing brain function in cannabis dependence: an exploratory study of relationships with abstinence during behavioral treatment. Drug Alcohol Depend. 2014 Jul 1;140:33-41.

282. Espie CA, Kyle SD, Miller CB, Ong J, Hames P, Fleming L. Attribution, cognition and psychopathology in persistent insomnia disorder: outcome and mediation analysis from a randomized placebo-controlled trial of online cognitive behavioural therapy. Sleep Med. 2014 Aug;15(8):913-7.

283. Dorsey S, Pullmann MD, Berliner L, Koschmann E, McKay M, Deblinger E. Engaging foster parents in treatment: a randomized trial of supplementing trauma-focused cognitive behavioral therapy with evidence-based engagement strategies. Child Abuse Negl. 2014 Sep;38(9):1508-20.

286. de Boer MJ, Versteegen GJ, Vermeulen KM, Sanderman R, Struys MM. A randomized controlled trial of an Internet-based cognitive-behavioural intervention for non-specific chronic pain: an effectiveness and cost-effectiveness study. Eur J Pain. 2014 Nov;18(10):1440-51.

287. Secades-Villa R, García-Rodríguez O, López-Núñez C, Alonso-Pérez F, Fernández-Hermida JR. Contingency management for smoking cessation among treatment-seeking patients in a community setting. Drug Alcohol Depend. 2014 Jul 1;140:63-8.

288. Cella M, Reeder C, Wykes T. It is all in the factors: effects of cognitive remediation on symptom dimensions. Schizophr Res. 2014 Jun;156(1):60-2.

289. Abelson JL, Erickson TM, Mayer SE, Crocker J, Briggs H, Lopez-Duran NL, Liberzon I. Brief cognitive intervention can modulate neuroendocrine stress responses to the Trier Social Stress Test: buffering effects of a compassionate goal orientation. Psychoneuroendocrinology. 2014 Jun;44:60-70.

292. Spence J, Titov N, Johnston L, Jones MP, Dear BF, Solley K. Internet-based trauma-focused cognitive behavioural therapy for PTSD with and without exposure components: a randomised controlled trial. J Affect Disord. 2014 Jun;162:73-80.

293. Brunoni AR, Boggio PS, De Raedt R, Benseñor IM, Lotufo PA, Namur V, Valiengo LC, Vanderhasselt MA. Cognitive control therapy and transcranial direct current stimulation for depression: a randomized, double-blinded, controlled trial. J Affect Disord. 2014 Jun;162:43-9.

295. Freeman J, Sapyta J, Garcia A, Compton S, Khanna M, Flessner C, FitzGerald D, Mauro C, Dingfelder R, Benito K, Harrison J, Curry J, Foa E, March J, Moore P, Franklin M. Family-based treatment of early childhood obsessive-compulsive disorder: the Pediatric Obsessive-Compulsive Disorder Treatment Study for Young Children (POTS Jr)--a randomized clinical trial. JAMA Psychiatry. 2014 Jun;71(6):689-98.

296. Bakker JM, Lieverse R, Menne-Lothmann C, Viechtbauer W, Pishva E, Kenis G, Geschwind N, Peeters F, van Os J, Wichers M. Therapygenetics in mindfulness-based cognitive therapy: do genes have an impact on therapy-induced change in real-life positive affective experiences? Transl Psychiatry. 2014 Apr 22;4.

297. Iacoviello BM, Wu G, Alvarez E, Huryk K, Collins KA, Murrough JW, Iosifescu DV, Charney DS. Cognitive-emotional training as an intervention for major depressive disorder. Depress Anxiety. 2014 Aug;31(8):699-706.

298. Aldao A, Jazaieri H, Goldin PR, Gross JJ. Adaptive and maladaptive emotion regulation strategies: interactive effects during CBT for social anxiety disorder. J Anxiety Disord. 2014 May;28(4):382-9.

300. Ejeby K, Savitskij R, Ost LG, Ekbom A, Brandt L, Ramnerö J, Asberg M, Backlund LG. Symptom reduction due to psychosocial interventions is not accompanied by a reduction in sick leave: results from a randomized controlled trial in primary care. Scand J Prim Health Care. 2014 Jun;32(2):67-72.

301. Sikorskii A, Given CW, Siddiqi AE, Champion V, McCorkle R, Spoelstra SL, Given BA. Testing the differential effects of symptom management interventions in cancer. Psychooncology. Jan;24(1):25-32.

304. Shimodera S, Watanabe N, Furukawa TA, Katsuki F, Fujita H, Sasaki M, Perlis ML. Change in quality of life after brief behavioral therapy for insomnia in concurrent depression: analysis of the effects of a randomized controlled trial. J Clin Sleep Med. 2014 Apr 15;10(4):433-9.

305. Zatzick D, Russo J, Lord SP, Varley C, Wang J, Berliner L, Jurkovich G, Whiteside LK, O'Connor S, Rivara FP. Collaborative care intervention targeting violence risk behaviors, substance use, and posttraumatic stress and depressive symptoms in injured adolescents: a randomized clinical trial. JAMA Pediatr. 2014 Jun;168(6):532-9.

306. Herbst N, Voderholzer U, Thiel N, Schaub R, Knaevelsrud C, Stracke S, Hertenstein E, Nissen C, Külz AK. No talking, just writing! Efficacy of an Internet-based cognitive behavioral therapy with exposure and response prevention in obsessive compulsive disorder. Psychother Psychosom. 2014;83(3):165-75.

308. Dagöö J, Asplund RP, Bsenko HA, Hjerling S, Holmberg A, Westh S, Öberg L, Ljótsson B, Carlbring P, Furmark T, Andersson G. Cognitive behavior therapy versus interpersonal psychotherapy for social anxiety disorder delivered via smartphone and computer: a randomized controlled trial.J Anxiety Disord. 2014 May;28(4):410-7.

309. Le Grange D, Fitzsimmons-Craft EE, Crosby RD, Hay P, Lacey H, Bamford B, Stiles-Shields C, Touyz S. Predictors and moderators of outcome for severe and enduring anorexia nervosa.Behav Res Ther. 2014 May;56:91-8.

310. Wergeland GJ, Fjermestad KW, Marin CE, Haugland BS, Bjaastad JF, Oeding K, Bjelland I, Silverman WK, Ost LG, Havik OE, Heiervang ER. An effectiveness study of individual vs. group cognitive behavioral therapy for anxiety disorders in youth. Behav Res Ther. 2014 Jun;57:1-12.

311. Morgan-Lopez AA, Saavedra LM, Hien DA, Campbell AN, Wu E, Ruglass L, Patock-Peckham JA, Bainter SC. Indirect effects of 12-session seeking safety on substance use outcomes: overall and attendance class-specific effects. Am J Addict. 2014 May-Jun;23(3):218-25.

313. Hawkes AL, Pakenham KI, Chambers SK, Patrao TA, Courneya KS. Effects of a multiple health behavior change intervention for colorectal cancer survivors on psychosocial outcomes and quality of life: a randomized controlled trial. Ann Behav Med. 2014 Dec;48(3):359-70.

317. Blanco V, Rohde P, Vázquez FL, Otero P. Predictors of prevention failure in college students participating in two indicated depression prevention programs. Int J Environ Res Public Health. 2014 Apr 4;11(4):3803-21.

318. Whittingham K, Sanders M, McKinlay L, Boyd RN. Interventions to reduce behavioral problems in children with cerebral palsy: an RCT. Pediatrics. 2014 May;133(5):e1249-57.

321. Shnaider P, Pukay-Martin ND, Fredman SJ, Macdonald A, Monson CM. Effects of cognitive-behavioral conjoint therapy for PTSD on partners' psychological functioning. J Trauma Stress. 2014 Apr;27(2):129-36.

327. McConachie DA, McKenzie K, Morris PG, Walley RM. Acceptance and mindfulness-based stress management for support staff caring for individuals with intellectual disabilities. Res Dev Disabil. 2014 Jun;35(6):1216-27.

328. Banes KE, Stephens RS, Blevins CE, Walker DD, Roffman RA. Changing motives for use: outcomes from a cognitive-behavioral intervention for marijuana-dependent adults. Drug Alcohol Depend. 2014 Jun 1;139:41-6.

329. Newby JM, Lang T, Werner-Seidler A, Holmes E, Moulds ML. Alleviating distressing intrusive memories in depression: a comparison between computerised cognitive bias modification and cognitive behavioural education. Behav Res Ther. 2014 May;56:60-7.

330. Fordham B, Griffiths CE, Bundy C. A pilot study examining mindfulness-based cognitive therapy in psoriasis. Psychol Health Med. 2015;20(1):121-7.

332. Carré JM, Iselin AM, Welker KM, Hariri AR, Dodge KA. Testosterone reactivity to provocation mediates the effect of early intervention on aggressive behavior. Psychol Sci. 2014 May 1;25(5):1140-6.

333. Taylor DJ, Zimmerman MR, Gardner CE, Williams JM, Grieser EA, Tatum JI, Bramoweth AD, Francetich JM, Ruggero C. A pilot randomized controlled trial of the effects of cognitive-behavioral therapy for insomnia on sleep and daytime functioning in college students. Behav Ther. 2014 May;45(3):376-89.

335. Wilhelm S, Phillips KA, Didie E, Buhlmann U, Greenberg JL, Fama JM, Keshaviah A, Steketee G. Modular cognitive-behavioral therapy for body dysmorphic disorder: a randomized controlled trial. Behav Ther. 2014 May;45(3):314-27.

336. Koenig AM, Jarrett RB, Gallop R, Barrett MS, Thase ME. Extreme nonresponse to acute phase cognitive therapy for depression: an attempt to replicate and extend. Behav Ther. 2014 May;45(3):300-13.

337. Husain N, Afsar S, Ara J, Fayyaz H, Rahman RU, Tomenson B, Hamirani M, Chaudhry N, Fatima B, Husain M, Naeem F, Chaudhry IB. Brief psychological intervention after self-harm: randomised controlled trial from Pakistan. Br J Psychiatry. 2014 Jun;204(6):462-70.

339. Wood JJ, Fujii C, Renno P, Van Dyke M. Impact of cognitive behavioral therapy on observed autism symptom severity during school recess: a preliminary randomized, controlled trial. J Autism Dev Disord. 2014 Sep;44(9):2264-76.

340. Gustafson DH, McTavish FM, Chih MY, Atwood AK, Johnson RA, Boyle MG, Levy MS, Driscoll H, Chisholm SM, Dillenburg L, Isham A, Shah D. A smartphone application to support recovery from alcoholism: a randomized clinical trial. JAMA Psychiatry. 2014 May;71(5):566-72.

341. Lopes FM, Pires AV, Bizarro L. Attentional bias modification in smokers trying to quit: a longitudinal study about the effects of number of sessions. J Subst Abuse Treat. 2014 Jul;47(1):50-7.

343. Shah R, Hunt J, Webb TL, Thompson AR. Starting to develop self-help for social anxiety associated with vitiligo: using clinical significance to measure the potential effectiveness of enhanced psychological self-help. Br J Dermatol. 2014 Aug;171(2):332-7.

344. Lewin AB, Park JM, Jones AM, Crawford EA, De Nadai AS, Menzel J, Arnold EB, Murphy TK, Storch EA. Family-based exposure and response prevention therapy for preschool-aged children with obsessive-compulsive disorder: a pilot randomized controlled trial. Behav Res Ther. 2014 May;56:30-8.

345. Paddock SM, Hunter SB, Leininger TJ. Does group cognitive-behavioral therapy module type moderate depression symptom changes in substance abuse treatment clients? J Subst Abuse Treat. 2014 Jul;47(1):78-85.

346. Chilcot J, Norton S, Hunter MS. Cognitive behaviour therapy for menopausal symptoms following breast cancer treatment: Who benefits and how does it work? Maturitas. 2014 May;78(1):56-61.

348. Rohde P, Stice E, Shaw H, Gau JM. Cognitive-behavioral group depression prevention compared to bibliotherapy and brochure control: nonsignificant effects in pilot effectiveness trial with college students. Behav Res Ther. 2014 Apr;55:48-53.

350. Sil S, Arnold LM, Lynch-Jordan A, Ting TV, Peugh J, Cunningham N, Powers SW, Lovell DJ, Hashkes PJ, Passo M, Schikler KN, Kashikar-Zuck S. Identifying treatment responders and predictors of improvement after cognitive-behavioral therapy for juvenile fibromyalgia. Pain. 2014 Jul;155(7):1206-12.

351. Matthews EE, Berger AM, Schmiege SJ, Cook PF, McCarthy MS, Moore CM, Aloia MS. Cognitive behavioral therapy for insomnia outcomes in women after primary breast cancer treatment: a randomized, controlled trial. Oncol Nurs Forum. 2014 May;41(3):241-53.

352. Svaldi J, Tuschen-Caffier B, Trentowska M, Caffier D, Naumann E. Differential caloric intake in overweight females with and without binge eating: effects of a laboratory-based emotion-regulation training. Behav Res Ther. 2014 May;56:39-46.

353. Bowen S, Witkiewitz K, Clifasefi SL, Grow J, Chawla N, Hsu SH, Carroll HA, Harrop E, Collins SE, Lustyk MK, Larimer ME. Relative efficacy of mindfulness-based relapse prevention, standard relapse prevention, and treatment as usual for substance use disorders: a randomized clinical trial. JAMA Psychiatry. 2014 May;71(5):547-56.

354. Alegría M, Carson N, Flores M, Li X, Shi P, Lessios AS, Polo A, Allen M, Fierro M, Interian A, Jimenez A, La Roche M, Lee C, Lewis-Fernández R, Livas-Stein G, Safar L, Schuman C, Storey J, Shrout PE. Activation, self-management, engagement, and retention in behavioral health care: a randomized clinical trial of the DECIDE intervention. JAMA Psychiatry. 2014 May;71(5):557-65.

355. Ejeby K, Savitskij R, Ost LG, Ekbom A, Brandt L, Ramnerö J, Asberg M, Backlund LG. Randomized controlled trial of transdiagnostic group treatments for primary care patients with common mental disorders. Fam Pract. 2014 Jun;31(3):273-80.

356. Santos GM, Coffin PO, Vittinghoff E, DeMicco E, Das M, Matheson T, Raiford JL, Carry M, Colfax G, Herbst JH, Dilley JW. Substance use and drinking outcomes in Personalized Cognitive Counseling randomized trial for episodic substance-using men who have sex with men. Drug Alcohol Depend. 2014 May 1;138:234-9.

359. Brown FL, Whittingham K, Boyd RN, McKinlay L, Sofronoff K. Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. J Child Psychol Psychiatry. 2014 Oct;55(10):1172-83.

360. Gandy M, Sharpe L, Nicholson Perry K, Thayer Z, Miller L, Boserio J, Mohamed A. Cognitive behaviour therapy to improve mood in people with epilepsy: a randomized controlled trial. Cogn Behav Ther. 2014;43(2):153-66.

362. Goldin PR, Lee I, Ziv M, Jazaieri H, Heimberg RG, Gross JJ. Trajectories of change in emotion regulation and social anxiety during cognitive-behavioral therapy for social anxiety disorder. Behav Res Ther. 2014 May;56:7-15.

364. Nuijten M, Blanken P, van den Brink W, Hendriks V. Treatment of crack-cocaine dependence with topiramate: a randomized controlled feasibility trial in The Netherlands. Drug Alcohol Depend. 2014 May 1;138:177-84.

367. Kuokkanen R, Lappalainen R, Repo-Tiihonen E, Tiihonen J. Metacognitive group training for forensic and dangerous non-forensic patients with schizophrenia: a randomised controlled feasibility trial. Crim Behav Ment Health. 2014 Dec;24(5):345-57.

368. Brown LA, Wiley JF, Wolitzky-Taylor K, Roy-Byrne P, Sherbourne C, Stein MB, Sullivan G, Rose RD, Bystritsky A, Craske MG. Changes in self-efficacy and outcome expectancy as predictors of anxiety outcomes from the CALM study. Depress Anxiety. 2014 Aug;31(8):678-89.

370. Ziemba SJ, Bradley NS, Landry LA, Roth CH, Porter LS, Cuyler RN. Posttraumatic stress disorder treatment for Operation Enduring Freedom/Operation Iraqi Freedom combat veterans through a civilian community-based telemedicine network.Telemed J E Health. 2014 May;20(5):446-50.

372. Bonin EM, Beecham J, Swift N, Raikundalia S, Brown JS. Psycho-educational CBT-Insomnia workshops in the community. A cost-effectiveness analysis alongside a randomised controlled trial. Behav Res Ther. 2014 Apr;55:40-7.

373. Abd Elbaky GB, Hay PJ, le Grange D, Lacey H, Crosby RD, Touyz S. Pre-treatment predictors of attrition in a randomised controlled trial of psychological therapy for severe and enduring anorexia nervosa. BMC Psychiatry. 2014 Mar 7;14:69.

374. Hou Y, Hu P, Zhang Y, Lu Q, Wang D, Yin L, Chen Y, Zou X. Cognitive behavioral therapy in combination with systemic family therapy improves mild to moderate postpartum depression. Rev Bras Psiquiatr. 2014 Jan-Mar;36(1):47-52.

375. Lincoln TM, Rief W, Westermann S, Ziegler M, Kesting ML, Heibach E, Mehl S. Who stays, who benefits? Predicting dropout and change in cognitive behavior therapy for psychosis. Psychiatry Res. 2014 May 15;216(2):198-205.

378. Lárusdóttir H, Saevarsdóttir H, Steingrimsdóttir L, Guðmundsson L, Árnarson EÖ. [The effectiveness of the treatment program "Enjoy eating" on health and mood in obese women]. Laeknabladid. 2014 Jan;100(1):27-33. PMID: 24596968

381. van Spijker BA, van Straten A, Kerkhof AJ. Effectiveness of online self-help for suicidal thoughts: results of a randomised controlled trial. PLoS One. 2014 Feb 27;9(2):e90118.

382. Sytema S, Jörg F, Nieboer R, Wunderink L. Adding evidence-based interventions to assertive community treatment: a feasibility study. Psychiatr Serv. 2014 May 1;65(5):689-92.

383. Ljótsson B, Hesser H, Andersson E, Lackner JM, El Alaoui S, Falk L, Aspvall K, Fransson J, Hammarlund K, Löfström A, Nowinski S, Lindfors P, Hedman E. Provoking symptoms to relieve symptoms: a randomized controlled dismantling study of exposure therapy in irritable bowel syndrome. Behav Res Ther. 2014 Apr;55:27-39.

385. Rapoff MA, Connelly M, Bickel JL, Powers SW, Hershey AD, Allen JR, Karlson CW, Litzenburg CC, Belmont JM. Headstrong intervention for pediatric migraine headache: a randomized clinical trial. J Headache Pain. 2014 Feb 28;15:12.

387. Bögels SM, Wijts P, Oort FJ, Sallaerts SJ. Psychodynamic psychotherapy versus cognitive behavior therapy for social anxiety disorder: an efficacy and partial effectiveness trial. Depress Anxiety. 2014 May;31(5):363-73.

388. Stanley MA, Wilson NL, Amspoker AB, Kraus-Schuman C, Wagener PD, Calleo JS, Cully JA, Teng E, Rhoades HM, Williams S, Masozera N, Horsfield M, Kunik ME. Lay providers can deliver effective cognitive behavior therapy for older adults with generalized anxiety disorder: a randomized trial. Depress Anxiety. 2014 May;31(5):391-401. doi: 10.1002/da.22239. Epub 2014 Feb 27.

389. Carroll KM, Kiluk BD, Nich C, Gordon MA, Portnoy GA, Marino DR, Ball SA. Computer-assisted delivery of cognitive-behavioral therapy: efficacy and durability of CBT4CBT among cocaine-dependent individuals maintained on methadone. Am J Psychiatry. 2014 Apr;171(4):436-44.

390. Martín J, Torre F, Aguirre U, González N, Padierna A, Matellanes B, Quintana JM. Evaluation of the interdisciplinary PSYMEPHY treatment on patients with fibromyalgia: a randomized control trial. Pain Med. 2014 Apr;15(4):682-91.

392. O'Neil A, Taylor B, Sanderson K, Cyril S, Chan B, Hawkes AL, Hare DL, Jelinek M, Venugopal K, Atherton JJ, Amerena J, Grigg L, Walters DL, Oldenburg B; MoodCare Investigator Team. Efficacy and feasibility of a tele-health intervention for acute coronary syndrome patients with depression: results of the "MoodCare" randomized controlled trial. Ann Behav Med. 2014 Oct;48(2):163-74.

393. Piacentini J, Bennett S, Compton SN, Kendall PC, Birmaher B, Albano AM, March J, Sherrill J, Sakolsky D, Ginsburg G, Rynn M, Bergman RL, Gosch E, Waslick B, Iyengar S, McCracken J, Walkup J. 24- and 36-week outcomes for the Child/Adolescent Anxiety Multimodal Study (CAMS). J Am Acad Child Adolesc Psychiatry. 2014 Mar;53(3):297-310.

394. Bernstein A, Zvielli A.Attention Feedback Awareness and Control Training (A-FACT): experimental test of a novel intervention paradigm targeting attentional bias. Behav Res Ther. 2014 Apr;55:18-26.

395. Mejía A, Richardson G, Pattenden J, Cockayne S, Lewin R. Cost-effectiveness of a nurse facilitated, cognitive behavioural self-management programme compared with usual care using a CBT manual alone for patients with heart failure: secondary analysis of data from the SEMAPHFOR trial. Int J Nurs Stud. 2014 Sep;51(9):1214-20.

403. Jüris L, Andersson G, Larsen HC, Ekselius L. Cognitive behaviour therapy for hyperacusis: a randomized controlled trial. Behav Res Ther. 2014 Mar;54:30-7.

404. Morrison AP, Turkington D, Pyle M, Spencer H, Brabban A, Dunn G, Christodoulides T, Dudley R, Chapman N, Callcott P, Grace T, Lumley V, Drage L, Tully S, Irving K, Cummings A, Byrne R, Davies LM, Hutton P. Cognitive therapy for people with schizophrenia spectrum disorders not taking antipsychotic drugs: a single-blind randomised controlled trial. Lancet. 2014 Apr 19;383(9926):1395-403.

405. Lloyd D, Nixon RD, Varker T, Elliott P, Perry D, Bryant RA, Creamer M, Forbes D. Comorbidity in the prediction of Cognitive Processing Therapy treatment outcomes for combat-related posttraumatic stress disorder. J Anxiety Disord. 2014 Mar;28(2):237-40.

406. Vianin P, Urben S, Magistretti P, Marquet P, Fornari E, Jaugey L. Increased activation in Broca's area after cognitive remediation in schizophrenia. Psychiatry Res. 2014 Mar 30;221(3):204-9.

409. Aboulafia-Brakha T, Suchecki D, Gouveia-Paulino F, Nitrini R, Ptak R. Cognitive-behavioural group therapy improves a psychophysiological marker of stress in caregivers of patients with Alzheimer's disease. Aging Ment Health. 2014;18(6):801-8.

410. Talbot LS, Maguen S, Metzler TJ, Schmitz M, McCaslin SE, Richards A, Perlis ML, Posner DA, Weiss B, Ruoff L, Varbel J, Neylan TC. Cognitive behavioral therapy for insomnia in posttraumatic stress disorder: a randomized controlled trial. Sleep. 2014 Feb 1;37(2):327-41.

411. McCurry SM, Shortreed SM, Von Korff M, Balderson BH, Baker LD, Rybarczyk BD, Vitiello MV. Who benefits from CBT for insomnia in primary care? Important patient selection and trial design lessons from longitudinal results of the Lifestyles trial. Sleep. 2014 Feb 1;37(2):299-308.

413. Chen Y, Shen WW, Gao K, Lam CS, Chang WC, Deng H. Effectiveness RCT of a CBT intervention for youths who lost parents in the Sichuan, China, earthquake. Psychiatr Serv. 2014 Feb 1;65(2):259-62.

414. Rogers K, Banis M, Falkenstein MJ, Malloy EJ, McDonough L, Nelson SO, Rusch N, Haaga DA. Stepped care in the treatment of trichotillomania. J Consult Clin Psychol. 2014 Apr;82(2):361-7.

415. Dietz LJ, Marshal MP, Burton CM, Bridge JA, Birmaher B, Kolko D, Duffy JN, Brent DA. Social problem solving among depressed adolescents is enhanced by structured psychotherapies. J Consult Clin Psychol. 2014 Apr;82(2):202-11.

416. Rohde P, Waldron HB, Turner CW, Brody J, Jorgensen J. Sequenced versus coordinated treatment for adolescents with comorbid depressive and substance use disorders. J Consult Clin Psychol. 2014 Apr;82(2):342-8.

418. Steinglass JE, Albano AM, Simpson HB, Wang Y, Zou J, Attia E, Walsh BT. Confronting fear using exposure and response prevention for anorexia nervosa: A randomized controlled pilot study. Int J Eat Disord. 2014 Mar;47(2):174-80.

419. Segrave RA, Arnold S, Hoy K, Fitzgerald PB. Concurrent cognitive control training augments the antidepressant efficacy of tDCS: a pilot study. Brain Stimul. 2014 Mar-Apr;7(2):325-31.

421. Fales J, Palermo TM, Law EF, Wilson AC. Sleep outcomes in youth with chronic pain participating in a randomized controlled trial of online cognitive-behavioral therapy for pain management. Behav Sleep Med. 2015;13(2):107-23.

422. Annesi JJ, Mareno N. Temporal aspects of psychosocial predictors of increased fruit and vegetable intake in adults with severe obesity: mediation by physical activity. J Community Health. 2014 Jun;39(3):454-63.

423. Ehlers A, Hackmann A, Grey N, Wild J, Liness S, Albert I, Deale A, Stott R, Clark DM. A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. Am J Psychiatry. 2014 Mar;171(3):294-304.

424. Deechakawan W, Heitkemper MM, Cain KC, Burr RL, Jarrett ME. Anxiety, depression, and catecholamine levels after self-management intervention in irritable bowel syndrome. Gastroenterol Nurs. 2014 Jan-Feb;37(1):24-32.

425. McHugh RK, Hu MC, Campbell AN, Hilario EY, Weiss RD, Hien DA. Changes in sleep disruption in the treatment of co-occurring posttraumatic stress disorder and substance use disorders. J Trauma Stress. 2014 Feb;27(1):82-9.

427. Lovato N, Lack L, Wright H, Kennaway DJ. Evaluation of a brief treatment program of cognitive behavior therapy for insomnia in older adults. Sleep. 2014 Jan 1;37(1):117-26.

428. Levy RL, Langer SL, Romano JM, Labus J, Walker LS, Murphy TB, Tilburg MA, Feld LD, Christie DL, Whitehead WE. Cognitive mediators of treatment outcomes in pediatric functional abdominal pain. Clin J Pain. 2014 Dec;30(12):1033-43.

430. Hedman E, Lekander M, Ljótsson B, Lindefors N, Rück C, Hofmann SG, Andersson E, Andersson G, Schulz SM. Sudden gains in internet-based cognitive behaviour therapy for severe health anxiety. Behav Res Ther. 2014 Mar;54:22-9.

432. Troeung L, Egan SJ, Gasson N. A waitlist-controlled trial of group cognitive behavioural therapy for depression and anxiety in Parkinson's disease. BMC Psychiatry. 2014 Jan 27;14:19.

433. McGrath CL, Kelley ME, Dunlop BW, Holtzheimer PE 3rd, Craighead WE, Mayberg HS. Pretreatment brain states identify likely nonresponse to standard treatments for depression. Biol Psychiatry. 2014 Oct 1;76(7):527-35.

434. Brakemeier EL, Merkl A, Wilbertz G, Quante A, Regen F, Bührsch N, van Hall F, Kischkel E, Danker-Hopfe H, Anghelescu I, Heuser I, Kathmann N, Bajbouj M. Cognitive-behavioral therapy as continuation treatment to sustain response after electroconvulsive therapy in depression: a randomized controlled trial. Biol Psychiatry. 2014 Aug 1;76(3):194-202.

435. Holmqvist M, Vincent N, Walsh K. Web- vs. telehealth-based delivery of cognitive behavioral therapy for insomnia: a randomized controlled trial. Sleep Med. 2014 Feb;15(2):187-95.

437. Fleming L, Randell K, Harvey CJ, Espie CA. Does cognitive behaviour therapy for insomnia reduce clinical levels of fatigue, anxiety and depression in cancer patients? Psychooncology. 2014 Jun;23(6):679-84.

438. Lanza PV, García PF, Lamelas FR, González-Menéndez A. Acceptance and commitment therapy versus cognitive behavioral therapy in the treatment of substance use disorder with incarcerated women. J Clin Psychol. 2014 Jul;70(7):644-57.

439. Forray A, Gotman N, Kershaw T, Yonkers KA. Perinatal smoking and depression in women with concurrent substance use. Addict Behav. 2014 Apr;39(4):749-56.

441. Stiles-Shields C, Kwasny MJ, Cai X, Mohr DC. Therapeutic alliance in face-to-face and telephone-administered cognitive behavioral therapy. J Consult Clin Psychol. 2014 Apr;82(2):349-54.

442. Fisher M, Loewy R, Carter C, Lee A, Ragland JD, Niendam T, Schlosser D, Pham L, Miskovich T, Vinogradov S. Neuroplasticity-based auditory training via laptop computer improves cognition in young individuals with recent onset schizophrenia. Schizophr Bull. 2015 Jan;41(1):250-8.

444. Lillevoll KR, Vangberg HC, Griffiths KM, Waterloo K, Eisemann MR. Uptake and adherence of a self-directed internet-based mental health intervention with tailored e-mail reminders in senior high schools in Norway. BMC Psychiatry. 2014 Jan 21;14:14.

445. Gili M, Magallón R, López-Navarro E, Roca M, Moreno S, Bauzá N, García-Cammpayo J. Health related quality of life changes in somatising patients after individual versus group cognitive behavioural therapy: a randomized clinical trial. J Psychosom Res. 2014 Feb;76(2):89-93.

446. McKee LG, Parent J, Forehand R, Rakow A, Watson KH, Dunbar JP, Reising MM, Hardcastle E, Compas BE. Reducing youth internalizing symptoms: effects of a family-based preventive intervention on parental guilt induction and youth cognitive style. Dev Psychopathol. 2014 May;26(2):319-32.

447. McAuliffe C, McLeavey BC, Fitzgerald T, Corcoran P, Carroll B, Ryan L, O'Keeffe B, Fitzgerald E, Hickey P, O'Regan M, Mulqueen J, Arensman E. Group problem-solving skills training for self-harm: randomised controlled trial. Br J Psychiatry. 2014;204:383-90.

452. Knox CR, Lall R, Hansen Z, Lamb SE. Treatment compliance and effectiveness of a cognitive behavioural intervention for low back pain: a complier average causal effect approach to the BeST data set. BMC Musculoskelet Disord. 2014 Jan 14;15:17. doi: 10.1186/1471-2474-15-17.

453. Farnam A, Somi MH, Farhang S, Mahdavi N, Ali Besharat M. The therapeutic effect of adding emotional awareness training to standard medical treatment for irritable bowel syndrome: a randomized clinical trial. J Psychiatr Pract. 2014 Jan;20(1):3-11.

454. Montgomery GH, David D, Kangas M, Green S, Sucala M, Bovbjerg DH, Hallquist MN, Schnur JB. Randomized controlled trial of a cognitive-behavioral therapy plus hypnosis intervention to control fatigue in patients undergoing radiotherapy for breast cancer. J Clin Oncol. 2014 Feb 20;32(6):557-63.

455. Brière FN, Rohde P, Shaw H, Stice E. Moderators of two indicated cognitive-behavioral depression prevention approaches for adolescents in a school-based effectiveness trial. Behav Res Ther. 2014 Feb;53:55-62.

456. Neacsiu AD, Lungu A, Harned MS, Rizvi SL, Linehan MM. Impact of dialectical behavior therapy versus community treatment by experts on emotional experience, expression, and acceptance in borderline personality disorder. Behav Res Ther. 2014 Feb;53:47-54.

457. Roberts DL, Combs DR, Willoughby M, Mintz J, Gibson C, Rupp B, Penn DL. A randomized, controlled trial of Social Cognition and Interaction Training (SCIT) for outpatients with schizophrenia spectrum disorders. Br J Clin Psychol. 2014 Sep;53(3):281-98.

463. Steiner NJ, Frenette EC, Rene KM, Brennan RT, Perrin EC. Neurofeedback and cognitive attention training for children with attention-deficit hyperactivity disorder in schools. J Dev Behav Pediatr. 2014 Jan;35(1):18-27.

464. Garland SN, Carlson LE, Stephens AJ, Antle MC, Samuels C, Campbell TS. Mindfulness-based stress reduction compared with cognitive behavioral therapy for the treatment of insomnia comorbid with cancer: a randomized, partially blinded, noninferiority trial. J Clin Oncol. 2014 Feb 10;32(5):449-57.

467. Bell MD, Choi KH, Dyer C, Wexler BE. Benefits of cognitive remediation and supported employment for schizophrenia patients with poor community functioning. Psychiatr Serv. 2014 Apr 1;65(4):469-75.

469. Luciano JV, Guallar JA, Aguado J, López-Del-Hoyo Y, Olivan B, Magallón R, Alda M, Serrano-Blanco A, Gili M, Garcia-Campayo J. Effectiveness of group acceptance and commitment therapy for fibromyalgia: a 6-month randomized controlled trial (EFFIGACT study). Pain. 2014 Apr;155(4):693-702.

470. Shirk SR, Deprince AP, Crisostomo PS, Labus J. Cognitive behavioral therapy for depressed adolescents exposed to interpersonal trauma: an initial effectiveness trial. Psychotherapy (Chic). 2014 Mar;51(1):167-79.

472. Chen C, Li C, Wang H, Ou JJ, Zhou JS, Wang XP. Cognitive behavioral therapy to reduce overt aggression behavior in Chinese young male violent offenders. Aggress Behav. 2014 Jul-Aug;40(4):329-36.

473. Schoenberg PL, Hepark S, Kan CC, Barendregt HP, Buitelaar JK, Speckens AE. Effects of mindfulness-based cognitive therapy on neurophysiological correlates of performance monitoring in adult attention-deficit/hyperactivity disorder. Clin Neurophysiol. 2014 Jul;125(7):1407-16.

474. Kuckertz JM, Gildebrant E, Liliequist B, Karlström P, Väppling C, Bodlund O, Stenlund T, Hofmann SG, Andersson G, Amir N, Carlbring P. Moderation and mediation of the effect of attention training in social anxiety disorder. Behav Res Ther. 2014 Feb;53:30-40.

476. Denny BT, Ochsner KN. Behavioral effects of longitudinal training in cognitive reappraisal. Emotion. 2014 Apr;14(2):425-33.

477. Morley KC, Sitharthan G, Haber PS, Tucker P, Sitharthan T. The efficacy of an opportunistic cognitive behavioral intervention package (OCB) on substance use and comorbid suicide risk: a multisite randomized controlled trial. J Consult Clin Psychol. 2014 Feb;82(1):130-40.

478. De Voogd EL, Wiers RW, Prins PJ, Salemink E. Visual search attentional bias modification reduced social phobia in adolescents. J Behav Ther Exp Psychiatry. 2014 Jun;45(2):252-9.

480. Horrell L, Goldsmith KA, Tylee AT, Schmidt UH, Murphy CL, Bonin EM, Beecham J, Kelly J, Raikundalia S, Brown JS; CLASSIC trial group. One-day cognitive-behavioural therapy self-confidence workshops for people with depression: randomised controlled trial. Br J Psychiatry. 2014 Mar;204(3):222-33.

482. Shechner T, Rimon-Chakir A, Britton JC, Lotan D, Apter A, Bliese PD, Pine DS, Bar-Haim Y. Attention bias modification treatment augmenting effects on cognitive behavioral therapy in children with anxiety: randomized controlled trial. J Am Acad Child Adolesc Psychiatry. 2014 Jan;53(1):61-71.

483. Dour HJ, Wiley JF, Roy-Byrne P, Stein MB, Sullivan G, Sherbourne CD, Bystritsky A, Rose RD, Craske MG. Perceived social support mediates anxiety and depressive symptom changes following primary care intervention. Depress Anxiety. 2014 May;31(5):436-42.

484. Hooten WM, Townsend CO, Hays JT, Ebnet KL, Gauvin TR, Gehin JM, Laures HJ, Patten CA, Warner DO. A cognitive behavioral smoking abstinence intervention for adults with chronic pain: a randomized controlled pilot trial. Addict Behav. 2014 Mar;39(3):593-9.

485. Barnett PG, Wong W, Jeffers A, Munoz R, Humfleet G, Hall S. Cost-effectiveness of extended cessation treatment for older smokers. Addiction. 2014 Feb;109(2):314-22.

486. Bamelis LL, Evers SM, Spinhoven P, Arntz A. Results of a multicenter randomized controlled trial of the clinical effectiveness of schema therapy for personality disorders. Am J Psychiatry. 2014 Mar;171(3):305-22.

487. Blevins CE, Stephens RS, Walker DD, Roffman RA. Situational determinants of use and treatment outcomes in marijuana dependent adults. Addict Behav. 2014 Mar;39(3):546-52.

488. Vargas S, Antoni MH, Carver CS, Lechner SC, Wohlgemuth W, Llabre M, Blomberg BB, Glück S, DerHagopian RP. Sleep quality and fatigue after a stress management intervention for women with early-stage breast cancer in southern Florida. Int J Behav Med. 2014 Dec;21(6):971-81.

490. Levin ME, Pistorello J, Seeley JR, Hayes SC. Feasibility of a prototype web-based acceptance and commitment therapy prevention program for college students. J Am Coll Health. 2014;62(1):20-30.

491. Ruglass LM, Hien DA, Hu MC, Campbell AN. Associations between post-traumatic stress symptoms, stimulant use, and treatment outcomes: a secondary analysis of NIDA's Women and Trauma study. Am J Addict. 2014 Jan-Feb;23(1):90-5.

493. Kirby JN, Sanders MR. A randomized controlled trial evaluating a parenting program designed specifically for grandparents. Behav Res Ther. 2014 Jan;52:35-44.

494. Hare J, Clark-Carter D, Forshaw M. A randomized controlled trial to evaluate the effectiveness of a cognitive behavioural group approach to improve patient adherence to peritoneal dialysis fluid restrictions: a pilot study. Nephrol Dial Transplant. 2014 Mar;29(3):555-64.

495. Williams JM, Crane C, Barnhofer T, Brennan K, Duggan DS, Fennell MJ, Hackmann A, Krusche A, Muse K, Von Rohr IR, Shah D, Crane RS, Eames C, Jones M, Radford S, Silverton S, Sun Y, Weatherley-Jones E, Whitaker CJ, Russell D, Russell IT. Mindfulness-based cognitive therapy for preventing relapse in recurrent depression: a randomized dismantling trial. J Consult Clin Psychol. 2014 Apr;82(2):275-86.

496. Zaunmüller L, Lutz W, Strauman TJ. Affective impact and electrocortical correlates of a psychotherapeutic microintervention: an ERP study of cognitive restructuring. Psychother Res. 2014;24(5):550-64.

498. Ingul JM, Aune T, Nordahl HM. A randomized controlled trial of individual cognitive therapy, group cognitive behaviour therapy and attentional placebo for adolescent social phobia. Psychother Psychosom. 2014;83(1):54-61.

499. Muntingh A, van der Feltz-Cornelis C, van Marwijk H, Spinhoven P, Assendelft W, de Waal M, Adèr H, van Balkom A. Effectiveness of collaborative stepped care for anxiety disorders in primary care: a pragmatic cluster randomised controlled trial. Psychother Psychosom. 2014;83(1):37-44.

500. Dingemans AE, Danner UN, Donker JM, Aardoom JJ, van Meer F, Tobias K, van Elburg AA, van Furth EF. The effectiveness of cognitive remediation therapy in patients with a severe or enduring eating disorder: a randomized controlled trial. Psychother Psychosom. 2014;83(1):29-36.

501. Poulsen S, Lunn S, Daniel SI, Folke S, Mathiesen BB, Katznelson H, Fairburn CG. A randomized controlled trial of psychoanalytic psychotherapy or cognitive-behavioral therapy for bulimia nervosa. Am J Psychiatry. 2014 Jan;171(1):109-16.

502. Dobkin RD, Tröster AI, Rubino JT, Allen LA, Gara MA, Mark MH, Menza M. Neuropsychological outcomes after psychosocial intervention for depression in Parkinson's disease. J Neuropsychiatry Clin Neurosci. 2014 Winter;26(1):57-63.

503. Naeem F, Sarhandi I, Gul M, Khalid M, Aslam M, Anbrin A, Saeed S, Noor M, Fatima G, Minhas F, Husain N, Ayub M. A multicentre randomised controlled trial of a carer supervised culturally adapted CBT (CaCBT) based self-help for depression in Pakistan. J Affect Disord. 2014 Mar;156:224-7.

504. Mondin TC, de Azevedo Cardoso T, Jansen K, Coiro Spessato B, de Mattos Souza LD, da Silva RA. Effects of cognitive psychotherapy on the biological rhythm of patients with depression. J Affect Disord. 2014 Feb;155:142-8.

505. Hollinghurst S, Carroll FE, Abel A, Campbell J, Garland A, Jerrom B, Kessler D, Kuyken W, Morrison J, Ridgway N, Thomas L, Turner K, Williams C, Peters TJ, Lewis G, Wiles N. Cost-effectiveness of cognitive-behavioural therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care: economic evaluation of the CoBalT Trial. Br J Psychiatry. 2014 Jan;204(1):69-76.

507. Kenworthy L, Anthony LG, Naiman DQ, Cannon L, Wills MC, Luong-Tran C, Werner MA, Alexander KC, Strang J, Bal E, Sokoloff JL, Wallace GL. Randomized controlled effectiveness trial of executive function intervention for children on the autism spectrum. J Child Psychol Psychiatry. 2014 Apr;55(4):374-83.

508. Berner MM, Wahl S, Brueck R, Frick K, Smolka R, Haug M, Hoffmann S, Reinhard I, Leménager T, Gann H, Batra A, Mann K; PREDICT study group. The place of additional individual psychotherapy in the treatment of alcoholism: a randomized controlled study in nonresponders to anticraving medication-results of the PREDICT study. Alcohol Clin Exp Res. 2014 Apr;38(4):1118-25.

512. Jung E, Wiesjahn M, Lincoln TM. Negative, not positive symptoms predict the early therapeutic alliance in cognitive behavioral therapy for psychosis. Psychother Res. 2014;24(2):171-83.

513. Feinberg E, Augustyn M, Fitzgerald E, Sandler J, Ferreira-Cesar Suarez Z, Chen N, Cabral H, Beardslee W, Silverstein M. Improving maternal mental health after a child's diagnosis of autism spectrum disorder: results from a randomized clinical trial. JAMA Pediatr. 2014 Jan;168(1):40-6.

514. Sunnhed R, Jansson-Fröjmark M. Are changes in worry associated with treatment response in cognitive behavioral therapy for insomnia? Cogn Behav Ther. 2014;43(1):1-11.

515. Baker AL, Kavanagh DJ, Kay-Lambkin FJ, Hunt SA, Lewin TJ, Carr VJ, McElduff P. Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: outcomes to 36-months. J Subst Abuse Treat. 2014 Mar;46(3):281-90.

517. Salemink E, Kindt M, Rienties H, van den Hout M. Internet-based cognitive bias modification of interpretations in patients with anxiety disorders: a randomised controlled trial. J Behav Ther Exp Psychiatry. 2014 Mar;45(1):186-95.

518. Favrod J, Rexhaj S, Bardy S, Ferrari P, Hayoz C, Moritz S, Conus P, Bonsack C. Sustained antipsychotic effect of metacognitive training in psychosis: a randomized-controlled study. Eur Psychiatry. 2014 Jun;29(5):275-81.

519. Hoch E, Bühringer G, Pixa A, Dittmer K, Henker J, Seifert A, Wittchen HU. CANDIS treatment program for cannabis use disorders: findings from a randomized multi-site translational trial. Drug Alcohol Depend. 2014 Jan 1;134:185-93.

520. Drake RJ, Day CJ, Picucci R, Warburton J, Larkin W, Husain N, Reeder C, Wykes T, Marshall M. A naturalistic, randomized, controlled trial combining cognitive remediation with cognitive-behavioural therapy after first-episode non-affective psychosis. Psychol Med. 2014 Jul;44(9):1889-99.

521. Safren SA, Gonzalez JS, Wexler DJ, Psaros C, Delahanty LM, Blashill AJ, Margolina AI, Cagliero E. A randomized controlled trial of cognitive behavioral therapy for adherence and depression (CBT-AD) in patients with uncontrolled type 2 diabetes. Diabetes Care. 2014;37(3):625-33.

522. Stubberud J, Langenbahn D, Levine B, Stanghelle J, Schanke AK. Goal Management Training improves everyday executive functioning for persons with spina bifida: self-and informant reports six months post-training. Neuropsychol Rehabil. 2014;24(1):26-60.

523. Brockmeyer T, Ingenerf K, Walther S, Wild B, Hartmann M, Herzog W, Bents H, Friederich HC. Training cognitive flexibility in patients with anorexia nervosa: a pilot randomized controlled trial of cognitive remediation therapy. Int J Eat Disord. 2014 Jan;47(1):24-31.

524. Norton S, Chilcot J, Hunter MS. Cognitive-behavior therapy for menopausal symptoms (hot flushes and night sweats): moderators and mediators of treatment effects. Menopause. 2014 Jun;21(6):574-8.

525. Morgan JR, Price M, Schmertz SK, Johnson SB, Masuda A, Calamaras M, Anderson PL. Cognitive processes as mediators of the relation between mindfulness and change in social anxiety symptoms following cognitive behavioral treatment. Anxiety Stress Coping. 2014 May;27(3):288-302.

526. Zu S, Xiang YT, Liu J, Zhang L, Wang G, Ma X, Kilbourne AM, Ungvari GS, Chiu HF, Lai KY, Wong SY, Yu DS, Li ZJ. A comparison of cognitive-behavioral therapy, antidepressants, their combination and standard treatment for Chinese patients with moderate-severe major depressive disorders. J Affect Disord. 2014 Jan;152-154:262-7.

527. Tyrer P, Cooper S, Salkovskis P, Tyrer H, Crawford M, Byford S, Dupont S, Finnis S, Green J, McLaren E, Murphy D, Reid S, Smith G, Wang D, Warwick H, Petkova H, Barrett B. Clinical and cost-effectiveness of cognitive behaviour therapy for health anxiety in medical patients: a multicentre randomised controlled trial. Lancet. 2014 Jan 18;383(9913):219-25.

529. Zipfel S, Wild B, Groß G, Friederich HC, Teufel M, Schellberg D, Giel KE, de Zwaan M, Dinkel A, Herpertz S, Burgmer M, Löwe B, Tagay S, von Wietersheim J, Zeeck A, Schade-Brittinger C, Schauenburg H, Herzog W; ANTOP study group. Focal psychodynamic therapy, cognitive

behaviour therapy, and optimised treatment as usual in outpatients with anorexia nervosa (ANTOP study): randomized controlled trial. Lancet. 2014 Jan 11;383(9912):127-37.

530. Crawley SA, Caporino NE, Birmaher B, Ginsburg G, Piacentini J, Albano AM, Sherrill J, Sakolsky D, Compton SN, Rynn M, McCracken J, Gosch E, Keeton C, March J, Walkup JT, Kendall PC. Somatic complaints in anxious youth. Child Psychiatry Hum Dev. 2014 Aug;45(4):398-407.

532. Chacko A, Bedard AC, Marks DJ, Feirsen N, Uderman JZ, Chimiklis A, Rajwan E, Cornwell M, Anderson L, Zwilling A, Ramon M. A randomized clinical trial of Cogmed Working Memory Training in school-age children with ADHD: a replication in a diverse sample using a control condition. J Child Psychol Psychiatry. 2014 Mar;55(3):247-55.

533. Cukor D, Ver Halen N, Asher DR, Coplan JD, Weedon J, Wyka KE, Saggi SJ, Kimmel PL. Psychosocial intervention improves depression, quality of life, and fluid adherence in hemodialysis. J Am Soc Nephrol. 2014 Jan;25(1):196-206.

534. Nassif Y, Wells A. Attention training reduces intrusive thoughts cued by a narrative of stressful life events: a controlled study. J Clin Psychol. 2014 Jun;70(6):510-7.

536. Rohrbacher H, Blackwell SE, Holmes EA, Reinecke A. Optimizing the ingredients for imagery-based interpretation bias modification for depressed mood: is self-generation more effective than imagination alone? J Affect Disord. 2014 Jan;152-154:212-8.

538. King M, Marston L, Bower P. Comparison of non-directive counselling and cognitive behaviour therapy for patients presenting in general practice with an ICD-10 depressive episode: a randomized control trial. Psychol Med. 2014 Jul;44(9):1835-44.

539. Rohde P, Stice E, Shaw H, Brière FN. Indicated cognitive behavioral group depression prevention compared to bibliotherapy and brochure control: acute effects of an effectiveness trial with adolescents. J Consult Clin Psychol. 2014 Feb;82(1):65-74.

539a. Hesselmark E, Plenty S, Bejerot S. Group cognitive behavioural therapy and group recreational activity for adults with autism spectrum disorders: a preliminary randomized controlled trial.Autism. 2014 Aug;18(6):672-83.

540. Hinderliter AL, Sherwood A, Craighead LW, Lin PH, Watkins L, Babyak MA, Blumenthal JA. The long-term effects of lifestyle change on blood pressure: One-year follow-up of the ENCORE study. Am J Hypertens. 2014 May;27(5):734-41.

541. Bergbom S, Flink IK, Boersma K, Linton SJ. Early psychologically informed interventions for workers at risk for pain-related disability: does matching treatment to profile improve outcome? J Occup Rehabil. 2014 Sep;24(3):446-57.

542. Deckersbach T, Peters AT, Sylvia L, Urdahl A, Magalhães PV, Otto MW, Frank E, Miklowitz DJ, Berk M, Kinrys G, Nierenberg A. Do comorbid anxiety disorders moderate the effects of psychotherapy for bipolar disorder? Results from STEP-BD. Am J Psychiatry. 2014 Feb;171(2):178-86.

543. Barbosa V, Sá M, Carlos Rocha J. Randomised controlled trial of a cognitive narrative intervention for complicated grief in widowhood. Aging Ment Health. 2014;18(3):354-62.

545. Newman MG, Przeworski A, Consoli AJ, Taylor CB. A randomized controlled trial of ecological momentary intervention plus brief group therapy for generalized anxiety disorder. Psychotherapy (Chic). 2014 Jun;51(2):198-206.

546. Bédard M, Felteau M, Marshall S, Cullen N, Gibbons C, Dubois S, Maxwell H, Mazmanian D, Weaver B, Rees L, Gainer R, Klein R, Moustgaard A. Mindfulness-based cognitive therapy reduces symptoms of depression in people with a traumatic brain injury: results from a randomized controlled trial. J Head Trauma Rehabil. 2014 Jul-Aug;29(4).

547. Berger T, Boettcher J, Caspar F. Internet-based guided self-help for several anxiety disorders: a randomized controlled trial comparing a tailored with a standardized disorder-specific approach. Psychotherapy (Chic). 2014 Jun;51(2):207-19.

548. Harkness KL, Theriault JE, Stewart JG, Bagby RM. Acute and chronic stress exposure predicts 1-year recurrence in adult outpatients with residual depression symptoms following response to treatment. Depress Anxiety. 2014 Jan;31(1):1-8.

551. Graziano F, Calandri E, Borghi M, Bonino S. The effects of a group-based cognitive behavioral therapy on people with multiple sclerosis: a randomized controlled trial. Clin Rehabil. 2014 Mar;28(3):264-74.

552. van Straten A, Emmelkamp J, de Wit J, Lancee J, Andersson G, van Someren EJ, Cuijpers P. Guided Internet-delivered cognitive behavioural treatment for insomnia: a randomized trial. Psychol Med. 2014 May;44(7):1521-32.

553. Cantor J, Ashman T, Dams-O'Connor K, Dijkers MP, Gordon W, Spielman L, Tsaousides T, Allen H, Nguyen M, Oswald J. Evaluation of the short-term executive plus intervention for executive dysfunction after traumatic brain injury: a randomized controlled trial with minimization. Arch Phys Med Rehabil. 2014 Jan;95(1).

555. Bourke JH, Johnson AL, Sharpe M, Chalder T, White PD. Pain in chronic fatigue syndrome: response to rehabilitative treatments in the PACE trial. Psychol Med. 2014 May;44(7):1545-52.

557. Teismann T, von Brachel R, Hanning S, Grillenberger M, Hebermehl L, Hornstein I, Willutzki U. A randomized controlled trial on the effectiveness of a rumination-focused group treatment for residual depression. Psychother Res. 2014;24(1):80-90.

558. Szanton SL, Thorpe RJ Jr, Gitlin LN. Beat the Blues decreases depression in financially strained older African-American adults. Am J Geriatr Psychiatry. 2014 Jul;22(7):692-7.

559. Nicholas MK, Asghari A, Sharpe L, Brnabic A, Wood BM, Overton S, Tonkin L, de Sousa M, Finniss D, Beeston L, Sutherland A, Corbett M, Brooker C. Cognitive exposure versus avoidance in patients with chronic pain: adherence matters.Eur J Pain. 2014 Mar;18(3):424-37.

560. Jensen TK, Holt T, Ormhaug SM, Egeland K, Granly L, Hoaas LC, Hukkelberg SS, Indregard T, Stormyren SD, Wentzel-Larsen T. A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. J Clin Child Adolesc Psychol. 2014;43(3):356-69.

564. Manjula M, Prasadarao PS, Kumaraiah V, Raguram R. Temporal patterns of change in panic disorder during cognitive behaviour therapy: an Indian study. Behav Cogn Psychother. 2014 Sep;42(5):513-25.

566. Gaffney H, Mansell W, Edwards R, Wright J. Manage Your Life Online (MYLO): a pilot trial of a conversational computer-based intervention for problem solving in a student sample. Behav Cogn Psychother. 2014 Nov;42(6):731-46.

567. Boettcher J, Hasselrot J, Sund E, Andersson G, Carlbring P. Combining attention training with internet-based cognitive-behavioural self-help for social anxiety: a randomised controlled trial. Cogn Behav Ther. 2014;43(1):34-48.

569. Scogin FR, Moss K, Harris GM, Presnell AH. Treatment of depressive symptoms in diverse, rural, and vulnerable older adults. Int J Geriatr Psychiatry. 2014 Mar;29(3):310-6.

570. Wijnhoven LA, Creemers DH, Vermulst AA, Scholte RH, Engels RC. Randomized controlled trial testing the effectiveness of a depression prevention program ('Op Volle Kracht') among adolescent girls with elevated depressive symptoms. J Abnorm Child Psychol. 2014 Feb;42(2):217-28.

571. Wagner B, Horn AB, Maercker A. Internet-based versus face-to-face cognitive-behavioral intervention for depression: a randomized controlled non-inferiority trial. J Affect Disord. 2014 Jan;152-154:113-21.

572. Apil SR, Spinhoven P, Haffmans PM, Hoencamp E. Two-year follow-up of a randomized controlled trial of stepped care cognitive behavioral therapy to prevent recurrence of depression in an older population. Int J Geriatr Psychiatry. 2014 Mar;29(3):317-25.

573. Hesser H, Westin VZ, Andersson G.Acceptance as a mediator in internet-delivered acceptance and commitment therapy and cognitive behavior therapy for tinnitus. J Behav Med. 2014 Aug;37(4):756-67.

575. Husain N, Chaudhry N, Fatima B, Husain M, Amin R, Chaudhry IB, Ur Rahman R, Tomenson B, Jafri F, Naeem F, Creed F. Antidepressant and group psychosocial treatment for depression: a rater blind exploratory RCT from a low income country. Behav Cogn Psychother. 2014 Nov;42(6):693-705.

576. McCracken LM, Sato A, Wainwright D, House W, Taylor GJ. A feasibility study of brief group-based acceptance and commitment therapy for chronic pain in general practice: recruitment, attendance, and patient views. Prim Health Care Res Dev. 2014 Jul;15(3):312-23.

577. van der Zanden R, Galindo-Garre F, Curie K, Kramer J, Cuijpers P. Online cognitive-based intervention for depression: exploring possible circularity in mechanisms of change. Psychol Med. 2014 Apr;44(6):1159-70.

578. Dawson D, Richardson J, Troyer A, Binns M, Clark A, Polatajko H, Winocur G, Hunt A, Bar Y. An occupation-based strategy training approach to managing age-related executive changes: a pilot randomized controlled trial. Clin Rehabil. 2014 Feb;28(2):118-27.

580. Zhuang SM, An SH, Zhao Y. Effect of cognitive behavioural interventions on the quality of life in Chinese heroin-dependent individuals in detoxification: a randomised controlled trial. J Clin Nurs. 2014 May;23(9-10):1239-48.

581. Hudson JL, Newall C, Rapee RM, Lyneham HJ, Schniering CC, Wuthrich VM, Schneider S, Seeley-Wait E, Edwards S, Gar NS. The impact of brief parental anxiety management on child anxiety treatment outcomes: a controlled trial. J Clin Child Adolesc Psychol. 2014;43(3):370-80.

582. Monticone M, Ferrante S, Teli M, Rocca B, Foti C, Lovi A, Brayda Bruno M. Management of catastrophising and kinesiophobia improves rehabilitation after fusion for lumbar spondylolisthesis and stenosis. A randomised controlled trial. Eur Spine J. 2014 Jan;23(1):87-95.

583. Pardini J, Scogin F, Schriver J, Domino M, Wilson D, LaRocca M. Efficacy and process of cognitive bibliotherapy for the treatment of depression in jail and prison inmates. Psychol Serv. 2014 May;11(2):141-52.

584. van Apeldoorn FJ, Stant AD, van Hout WJ, Mersch PP, den Boer JA. Cost-effectiveness of CBT, SSRI, and CBT+SSRI in the treatment for panic disorder. Acta Psychiatr Scand. 2014 Apr;129(4):286-95.

585. Donati MA, Primi C, Chiesi F. Prevention of problematic gambling behavior among adolescents: testing the efficacy of an integrative intervention. J Gambl Stud. 2014 Dec;30(4):803-18.

586. Spiropoulos GV, Salisbury EJ, Van Voorhis P. Moderators of correctional treatment success: an exploratory study of racial differences. Int J Offender Ther Comp Criminol. 2014 Jul;58(7):835-60.

587. Maguire N, Hughes VC, Bell L, Bogosian A, Hepworth C. An evaluation of the choices for well-being project. Psychol Health Med. 2014;19(3):303-15.

588. Phillips R, Schneider J, Molosankwe I, Leese M, Foroushani PS, Grime P, McCrone P, Morriss R, Thornicroft G. Randomized controlled trial of computerized cognitive behavioural therapy for depressive symptoms: effectiveness and costs of a workplace intervention. Psychol Med. 2014 Mar;44(4):741-52.

589. Tandon SD, Leis JA, Mendelson T, Perry DF, Kemp K. Six-month outcomes from a randomized controlled trial to prevent perinatal depression in low-income home visiting clients. Matern Child Health J. 2014 May;18(4):873-81.

590. Kukla M, Davis LW, Lysaker PH. Cognitive behavioral therapy and work outcomes: correlates of treatment engagement and full and partial success in schizophrenia. Behav Cogn Psychother. 2014 Sep;42(5):577-92.

591. van Gool JD, de Jong TP, Winkler-Seinstra P, Tamminen-Möbius T, Lax H, Hirche H, Nijman RJ, Hjälmås K, Jodal U, Bachmann H, Hoebeke P, Walle JV, Misselwitz J, John U, Bael A; European Bladder Dysfunction Study (EU BMH1-CT94-1006). Multi-center randomized controlled trial of cognitive treatment, placebo, oxybutynin, bladder training, and pelvic floor training in children with functional urinary incontinence. Neurourol Urodyn. 2014 Jun;33(5):482-7.

592. Kircanski K, Wu M, Piacentini J. Reduction of subjective distress in CBT for childhood OCD: nature of change, predictors, and relation to treatment outcome. J Anxiety Disord. 2014 Mar;28(2):125-32.

593. Capron DW, Norr AM, Zvolensky MJ, Schmidt NB. Prospective evaluation of the effect of an anxiety sensitivity intervention on suicidality among smokers. Cogn Behav Ther. 2014;43(1):72-82.

594. Meyer JM, McNamara JP, Reid AM, Storch EA, Geffken GR, Mason DM, Murphy TK, Bussing R. Prospective relationship between obsessive-compulsive and depressive symptoms during multimodal treatment in pediatric obsessive-compulsive disorder. Child Psychiatry Hum Dev. 2014;45(2):163-72.

595. Martínez MP, Miró E, Sánchez AI, Díaz-Piedra C, Cáliz R, Vlaeyen JW, Buela-Casal G. Cognitive-behavioral therapy for insomnia and sleep hygiene in fibromyalgia: a randomized controlled trial. J Behav Med. 2014 Aug;37(4):683-97.

596. Jones D, Owens M, Kumar M, Cook R, Weiss SM. The effect of relaxation interventions on cortisol levels in HIV-seropositive women. J Int Assoc Provid AIDS Care. 2014 Jul-Aug;13(4):318-23.

597. Wonderlich SA, Peterson CB, Crosby RD, Smith TL, Klein MH, Mitchell JE, Crow SJ(2). A randomized controlled comparison of integrative cognitive-affective therapy (ICAT) and enhanced cognitive-behavioral therapy (CBT-E) for bulimia nervosa. Psychol Med. 2014 Feb;44(3):543-53. doi: 10.1017/S0033291713001098. PMID: 23701891 Erratum in: Psychol Med. 2014 Aug;44(11):2462-3.

598. Sánchez P, Peña J, Bengoetxea E, Ojeda N, Elizagárate E, Ezcurra J, Gutiérrez M. Improvements in negative symptoms and functional outcome after a new generation cognitive remediation program: a randomized controlled trial. Schizophr Bull. 2014 May;40(3):707-15.

599. Gallo KP, Cooper-Vince CE, Hardway CL, Pincus DB, Comer JS. Trajectories of change across outcomes in intensive treatment for adolescent panic disorder and agoraphobia. J Clin Child Adolesc Psychol. 2014;43(5):742-50.

600. Schlögelhofer M, Willinger U, Wiesegger G, Eder H, Priesch M, Itzlinger U, Bailer U, Schosser A, Leisch F, Aschauer H. Clinical study results from a randomized controlled trial of cognitive behavioural guided self-help in patients with partially remitted depressive disorder. Psychol Psychother. 2014 Jun;87(2):178-90.

601. Caselli G, Decsei-Radu A, Fiore F, Manfredi C, Querci S, Sgambati S, Rebecchi D, Ruggiero GM, Sassaroli S. Self-discrepancy monitoring and its impact on negative mood: an experimental investigation. Behav Cogn Psychother. 2014 Jul;42(4):464-78.

602. Vassilopoulos SP, Blackwell SE, Misailidi P, Kyritsi A, Ayfanti M. The differential effects of written and spoken presentation for the modification of interpretation and judgmental bias in children. Behav Cogn Psychother. 2014 Sep;42(5):535-54.

604. Holzer L, Urben S, Passini CM, Jaugey L, Herzog MH, Halfon O, Pihet S. A randomized controlled trial of the effectiveness of computer-assisted cognitive remediation (CACR) in adolescents with psychosis or at high risk of psychosis. Behav Cogn Psychother. 2014 Jul;42(4):421-34.

605. Santucci LC, McHugh RK, Elkins RM, Schechter B, Ross MS, Landa CE, Eisen S, Barlow DH. Pilot implementation of computerized cognitive behavioral therapy in a university health setting. Adm Policy Ment Health. 2014 Jul;41(4):514-21.

606. Choi NG, Hegel MT, Marti N, Marinucci ML, Sirrianni L, Bruce ML. Telehealth problem-solving therapy for depressed low-income homebound older adults. Am J Geriatr Psychiatry. 2014 Mar;22(3):263-71.

608. Cathcart S, Galatis N, Immink M, Proeve M, Petkov J. Brief mindfulness-based therapy for chronic tension-type headache: a randomized controlled pilot study. Behav Cogn Psychother. 2014 Jan;42(1):1-15.

609. Jones S, Calam R, Sanders M, Diggle PJ, Dempsey R, Sadhnani V(2). A pilot Web based positive parenting intervention to help bipolar parents to improve perceived parenting skills and child outcomes. Behav Cogn Psychother. 2014 May;42(3):283-96.

611. Shipherd JC, Clum G, Suvak M, Resick PA. Treatment-related reductions in PTSD and changes in physical health symptoms in women. J Behav Med. 2014 Jun;37(3):423-33.

612. Nadorff MR, Porter B, Rhoades HM, Greisinger AJ, Kunik ME, Stanley MA. Bad dream frequency in older adults with generalized anxiety disorder: prevalence, correlates, and effect of cognitive behavioral treatment for anxiety. Behav Sleep Med. 2014;12(1):28-40.

613. Day MA, Thorn BE, Ward LC, Rubin N, Hickman SD, Scogin F, Kilgo GR. Mindfulness-based cognitive therapy for the treatment of headache pain: a pilot study. Clin J Pain. 2014 Feb;30(2):152-61.

614. Lochman JE, Baden RE, Boxmeyer CL, Powell NP, Qu L, Salekin KL, Windle M. Does a booster intervention augment the preventive effects of an abbreviated version of the coping power program for aggressive children? J Abnorm Child Psychol. 2014;42(3):367-81.

616. Law FM, Guo GJ. Who is in charge of your recovery? The effectiveness of reality therapy for female drug offenders in Taiwan. Int J Offender Ther Comp Criminol. 2014 Jun;58(6):672-96.

617. Mörtberg E, Andersson G. Predictors of response to individual and group cognitive behaviour therapy of social phobia. Psychol Psychother. 2014 Mar;87(1):32-43.

618. Reif A, Richter J, Straube B, Höfler M, Lueken U, Gloster AT, Weber H, Domschke K, Fehm L, Ströhle A, Jansen A, Gerlach A, Pyka M, Reinhardt I, Konrad C, Wittmann A, Pfleiderer B, Alpers GW, Pauli P, Lang T, Arolt V, Wittchen HU, Hamm A, Kircher T, Deckert J. MAOA and mechanisms of panic disorder revisited: from bench to molecular psychotherapy. Mol Psychiatry. 2014 Jan;19(1):122-8.

619. Orr EM, Moscovitch DA. Physical appearance anxiety impedes the therapeutic effects of video feedback in high socially anxious individuals.Behav Cogn Psychother. 2014 Jan;42(1):92-104.

621. González Isasi A, Echeburúa E, Limiñana JM, González-Pinto A(4). Psychoeducation and cognitive-behavioral therapy for patients with refractory bipolar disorder: a 5-year controlled clinical trial. Eur Psychiatry. 2014 Mar;29(3):134-41.

622. Stasiak K, Hatcher S, Frampton C, Merry SN. A pilot double blind randomized placebo controlled trial of a prototype computer-based cognitive behavioural therapy program for adolescents with symptoms of depression. Behav Cogn Psychother. 2014 Jul;42(4):385-401.

623. Donald J, Abbott MJ, Smith E. Comparison of attention training and cognitive therapy in the treatment of social phobia: a preliminary investigation. Behav Cogn Psychother. 2014 Jan;42(1):74-91.

624. Evans-Hudnall GL, Stanley MA, Clark AN, Bush AL, Resnicow K, Liu Y, Kass JS, Sander AM.Improving secondary stroke self-care among underserved ethnic minority individuals: a randomized clinical trial of a pilot intervention. J Behav Med. 2014 Apr;37(2):196-204.

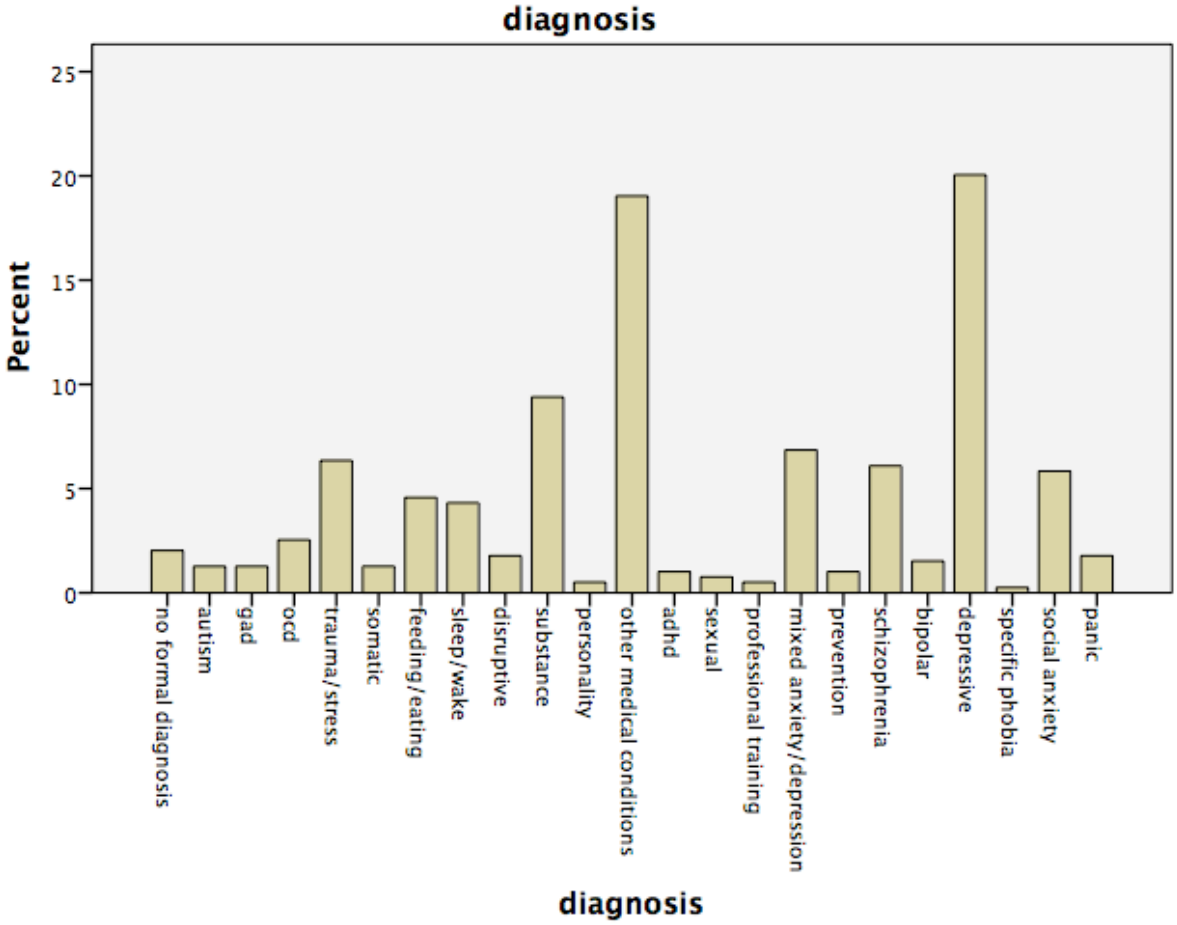
625. Carpenter KM, Stoner SA, Schmitz K, McGregor BA, Doorenbos AZ. An online stress management workbook for breast cancer. J Behav Med. 2014 Jun;37(3):458-68.

626. Turner A, Murphy BM, Higgins RO, Elliott PC, Le Grande MR, Goble AJ, Worcester MU. An integrated secondary prevention group programme reduces depression in cardiac patients. Eur J Prev Cardiol. 2014 Feb;21(2):153-62.

628. Wu KK, Li FW, Cho VW. A randomized controlled trial of the effectiveness of brief-CBT for patients with symptoms of posttraumatic stress following a motor vehicle crash. Behav Cogn Psychother. 2014 Jan;42(1):31-47.

629. van der Oord S, Ponsioen AJ, Geurts HM, Ten Brink EL, Prins PJ. A pilot study of the efficacy of a computerized executive functioning remediation training with game elements for children with ADHD in an outpatient setting: outcome on parent- and teacher-rated executive functioning and ADHD behavior. J Atten Disord. 2014 Nov;18(8):699-712.

Anexo #3. Gráficos do artigo 2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disruptive
substance
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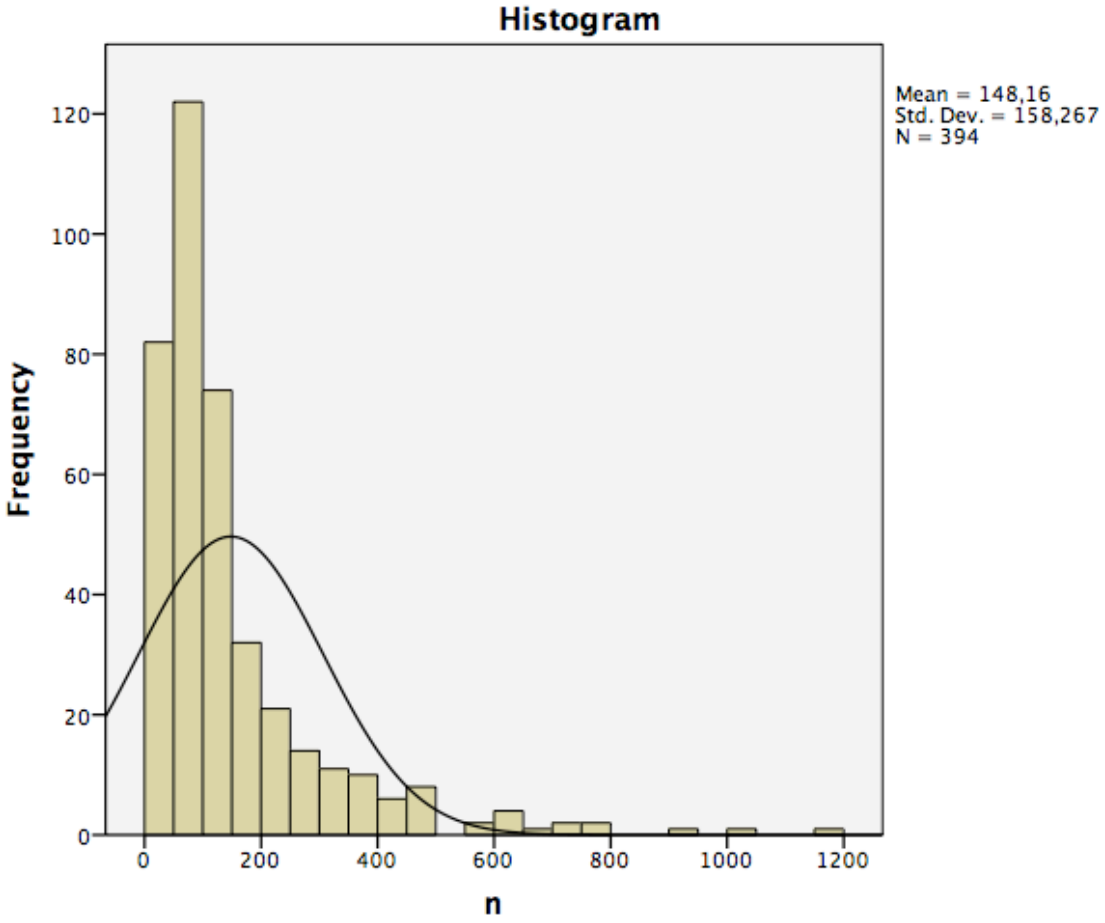
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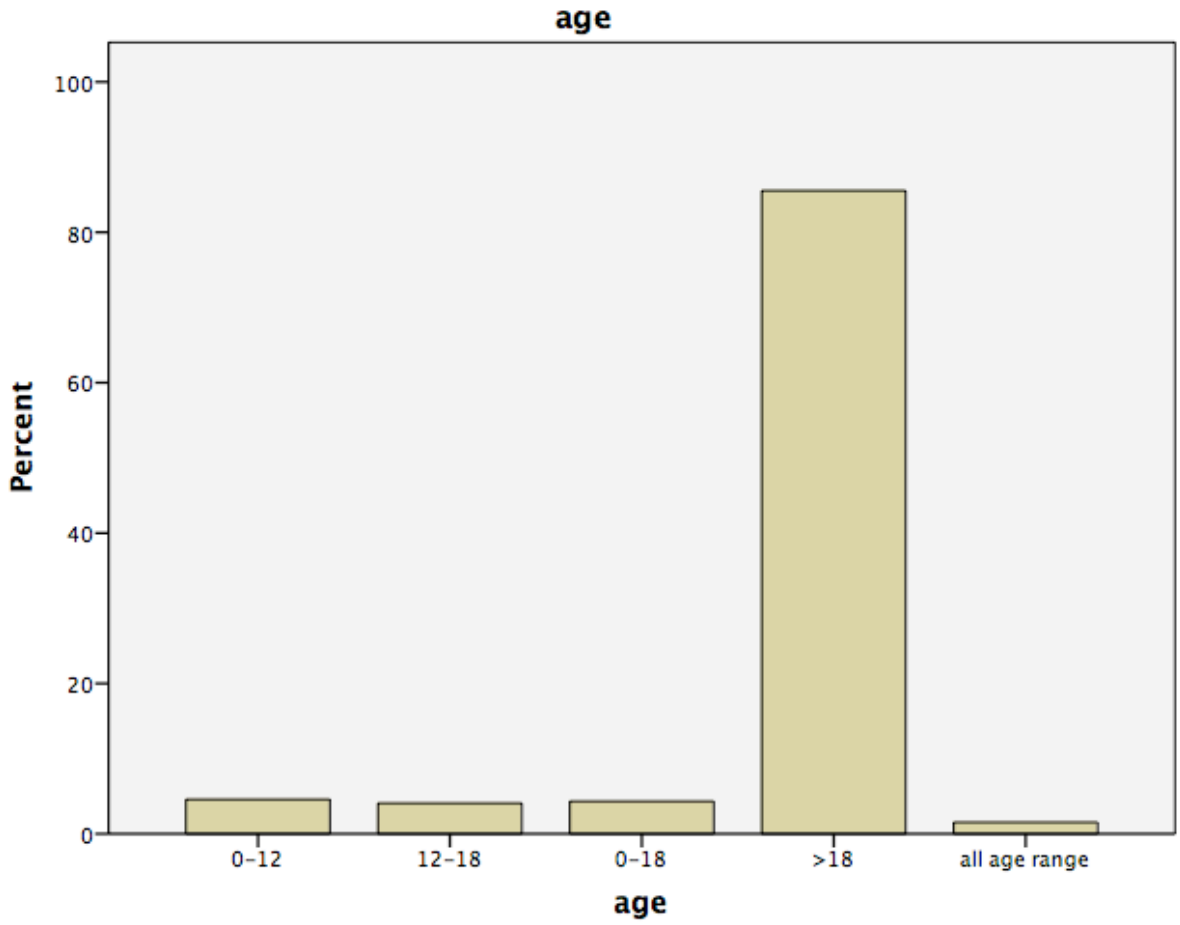
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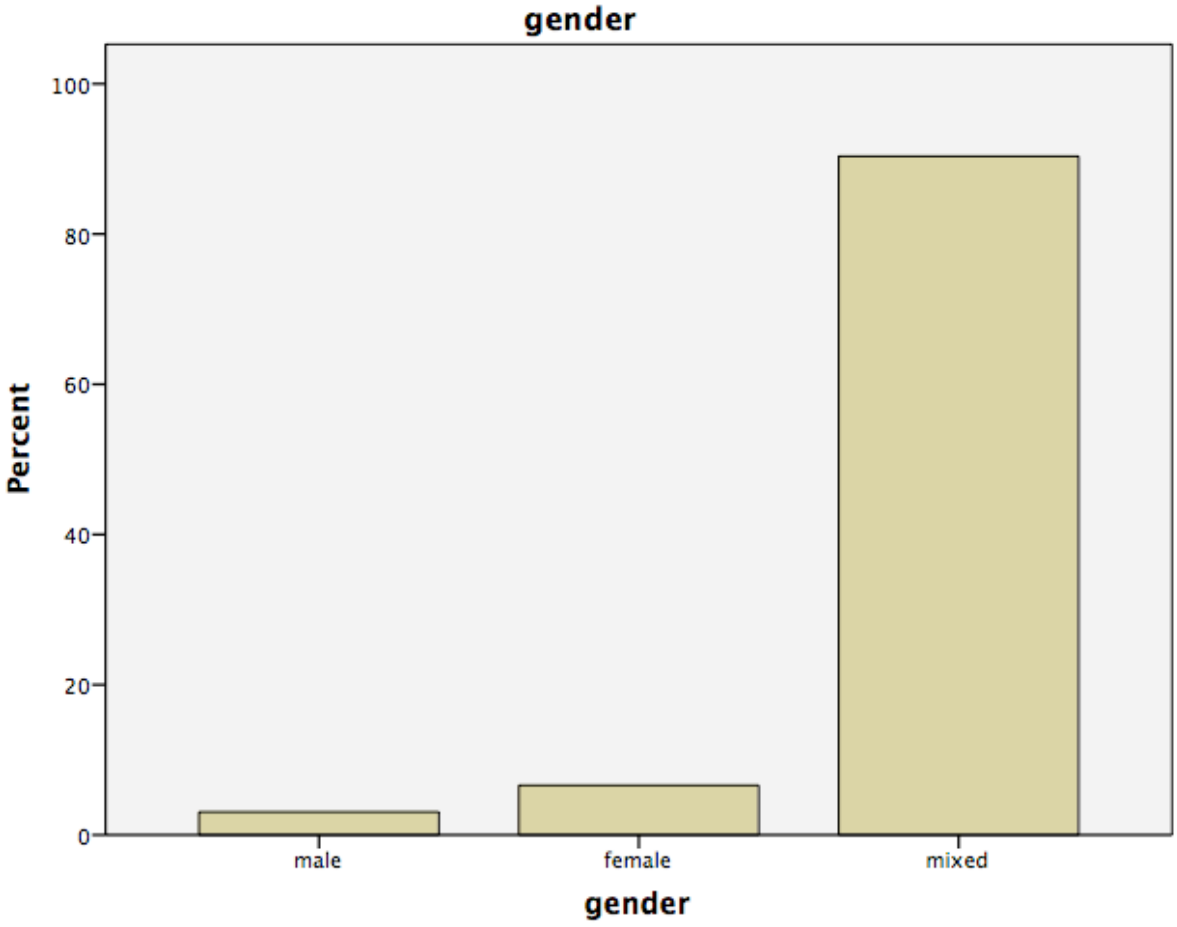
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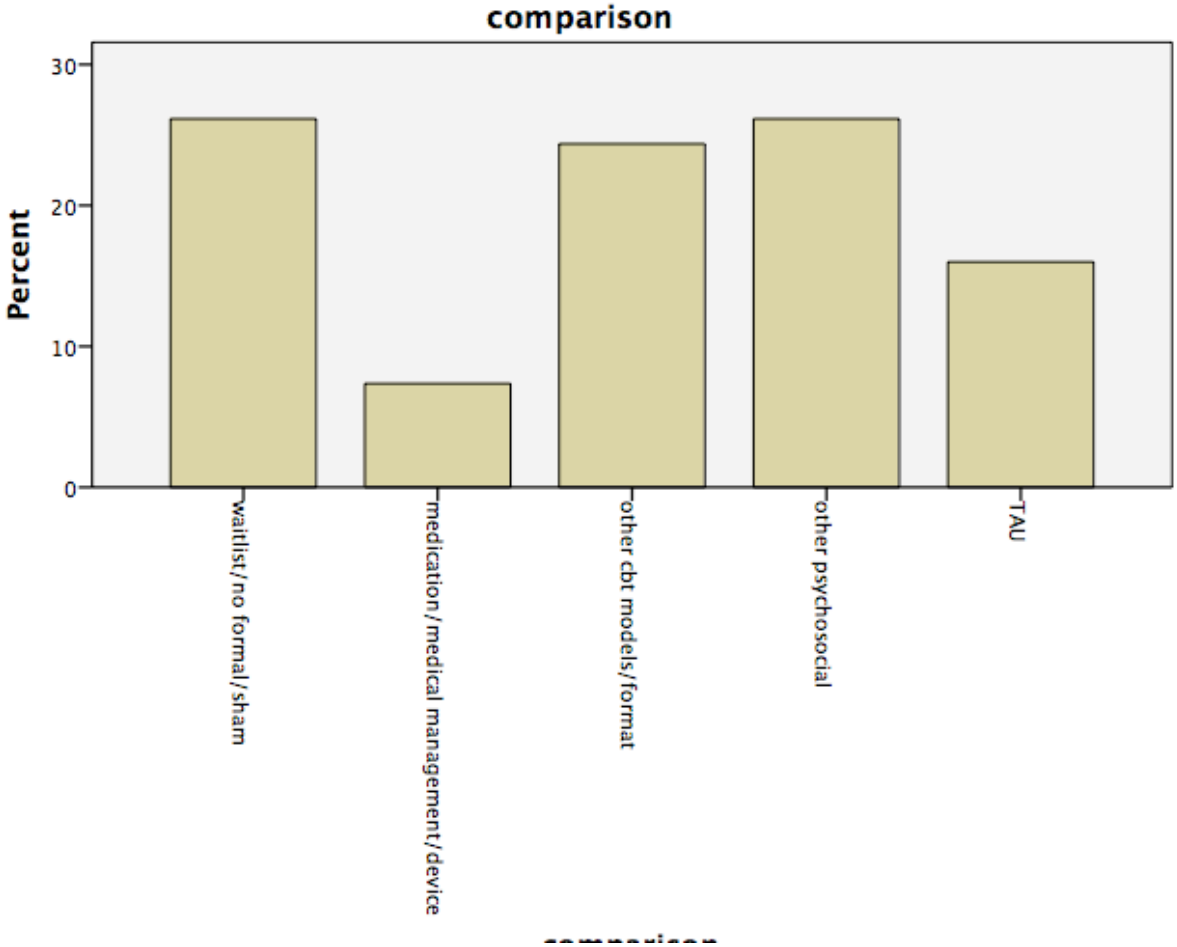
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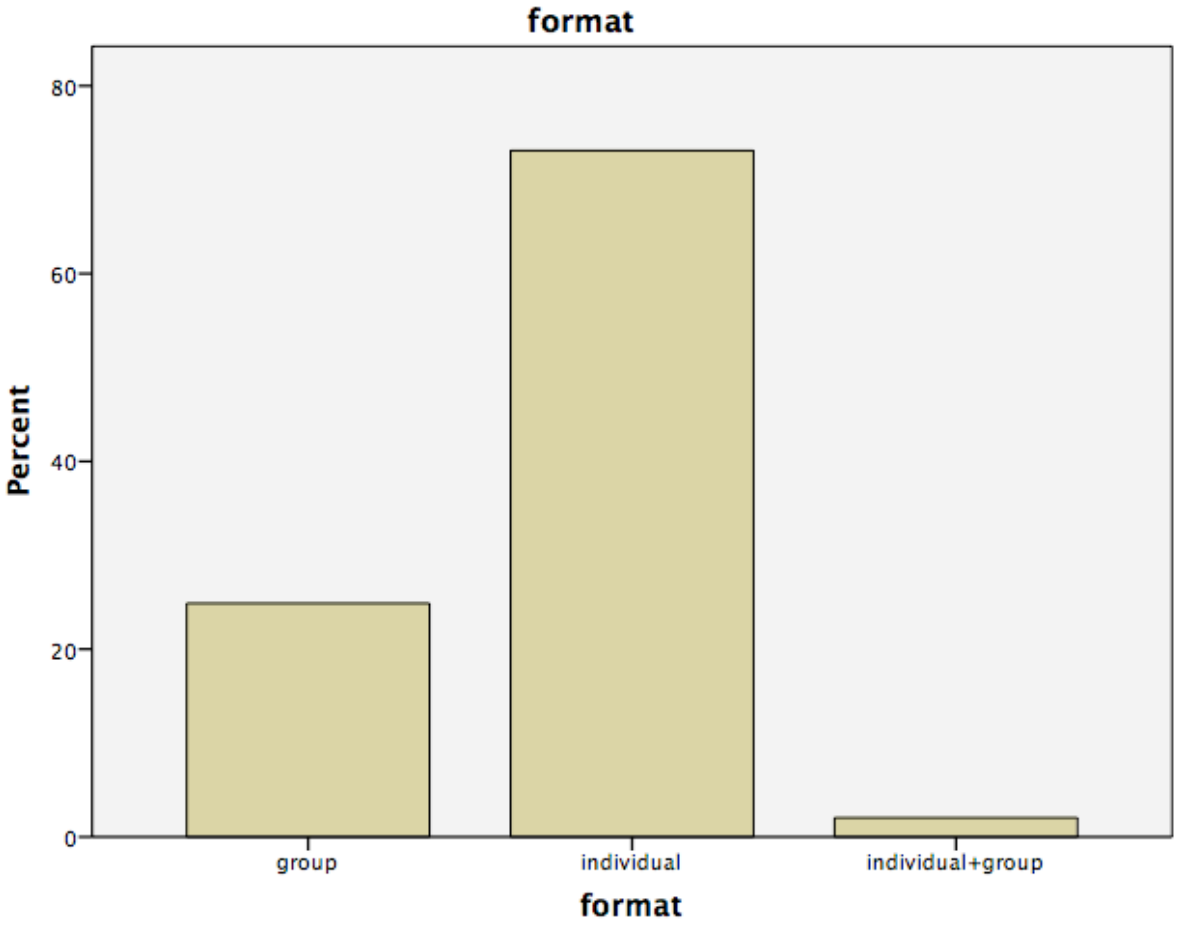
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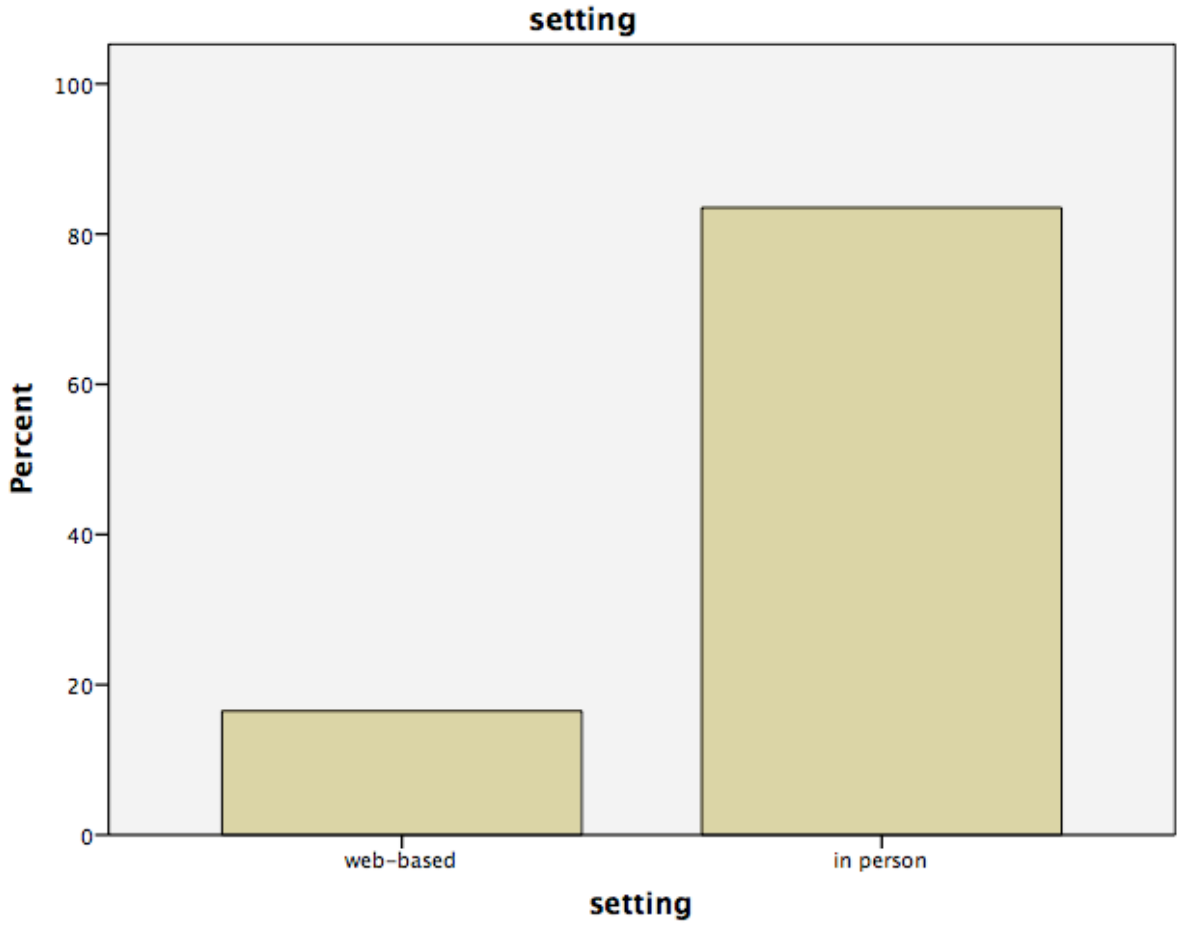
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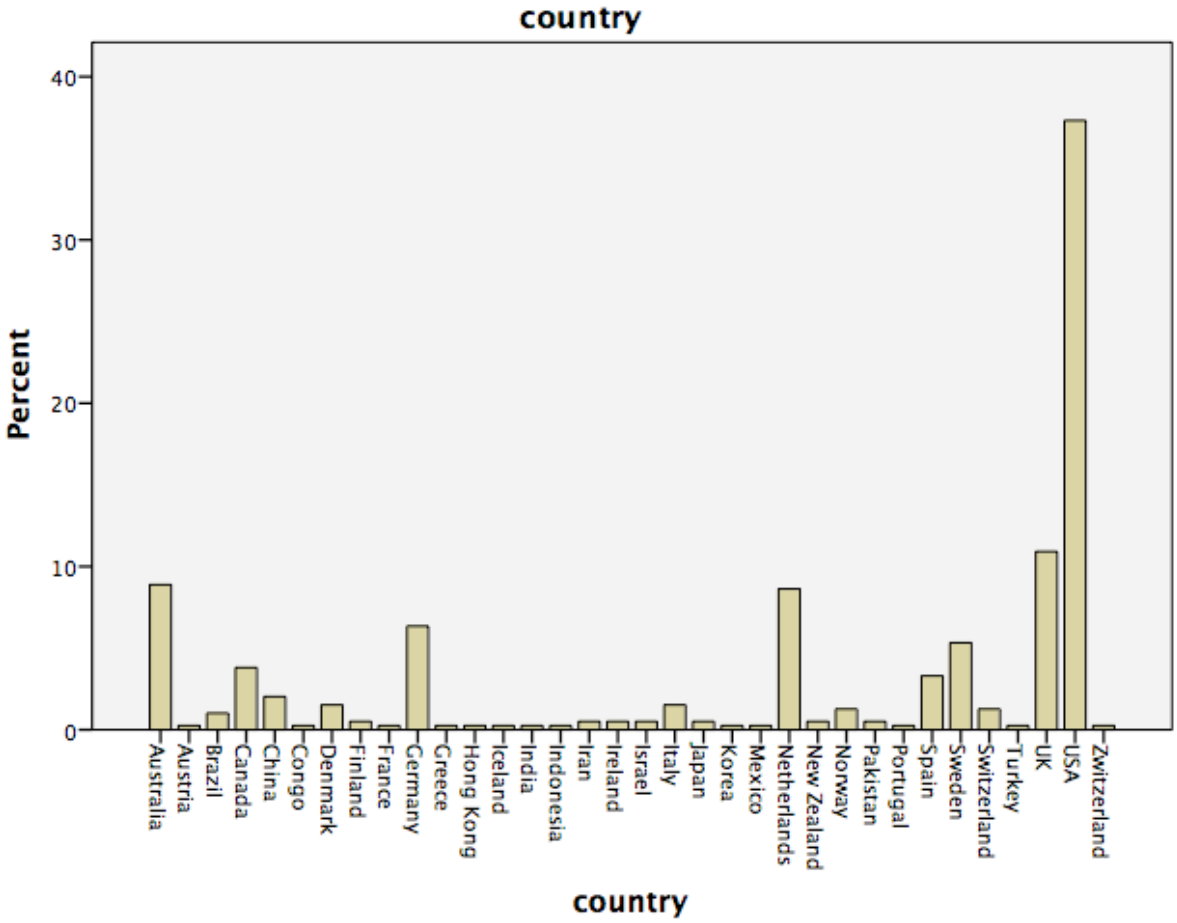
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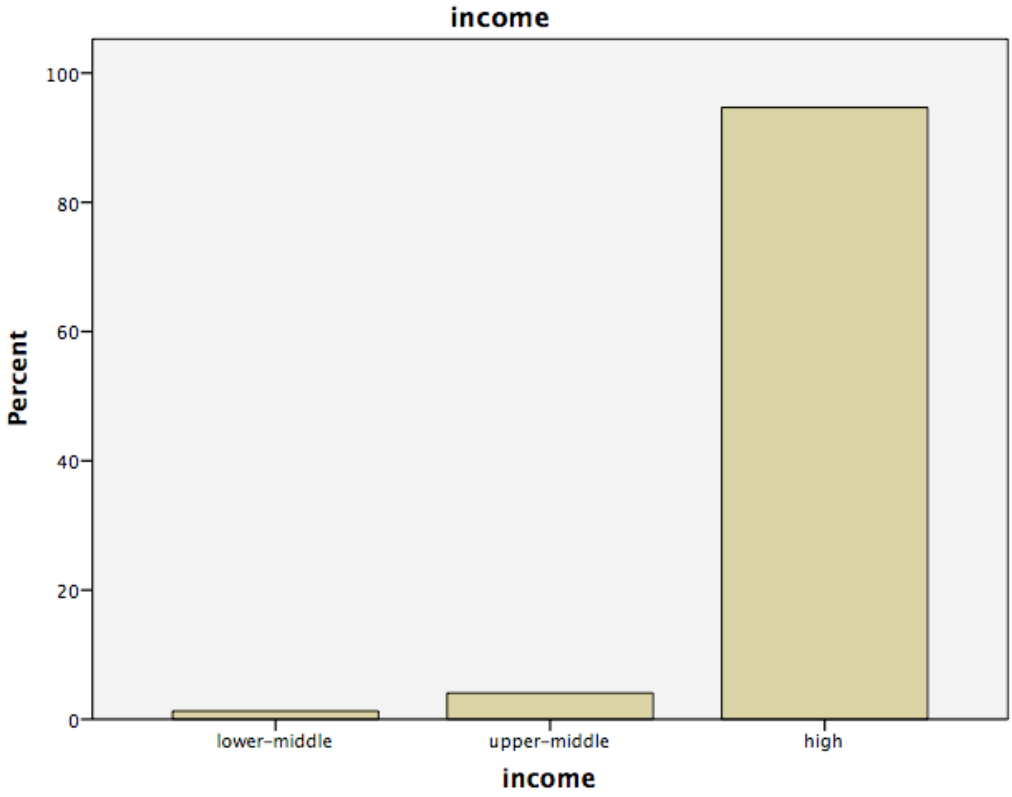
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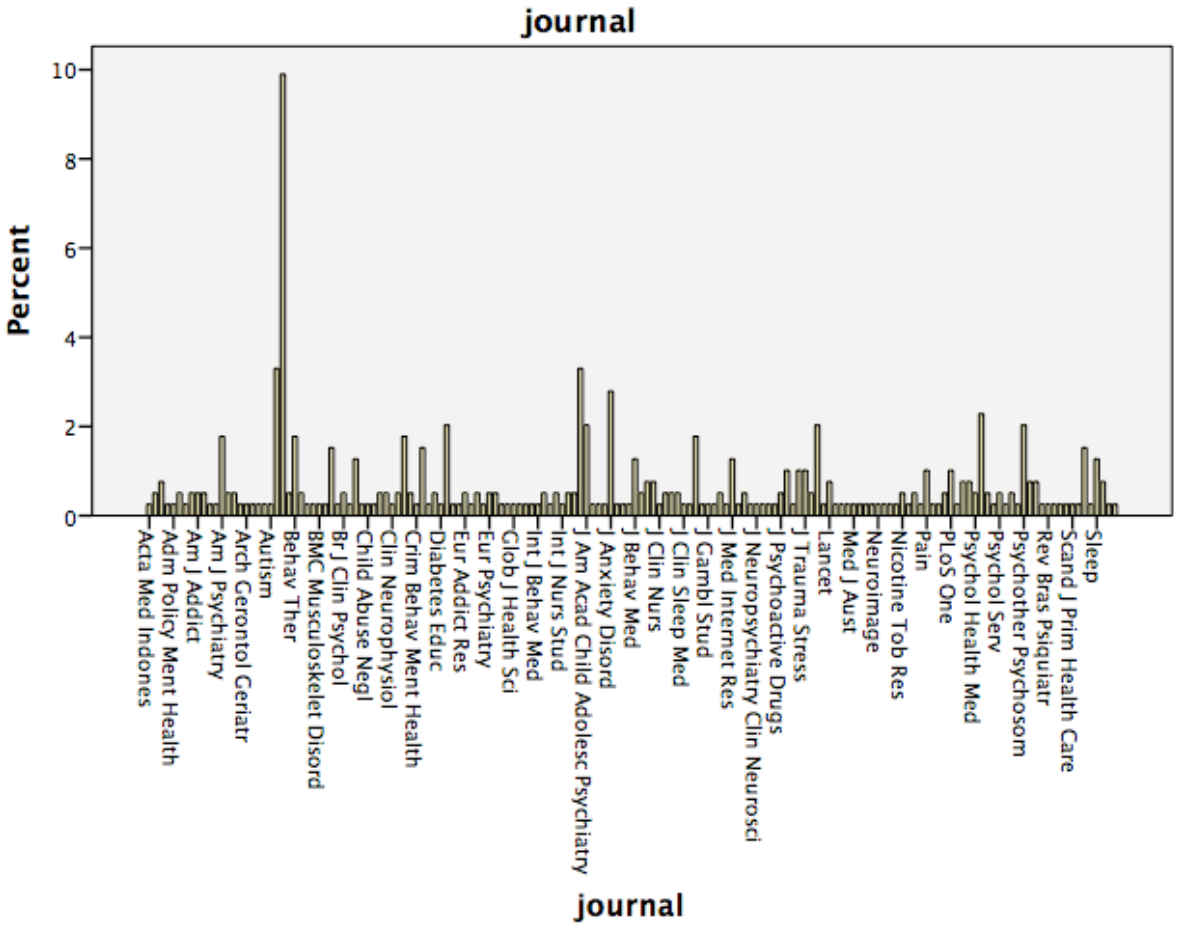
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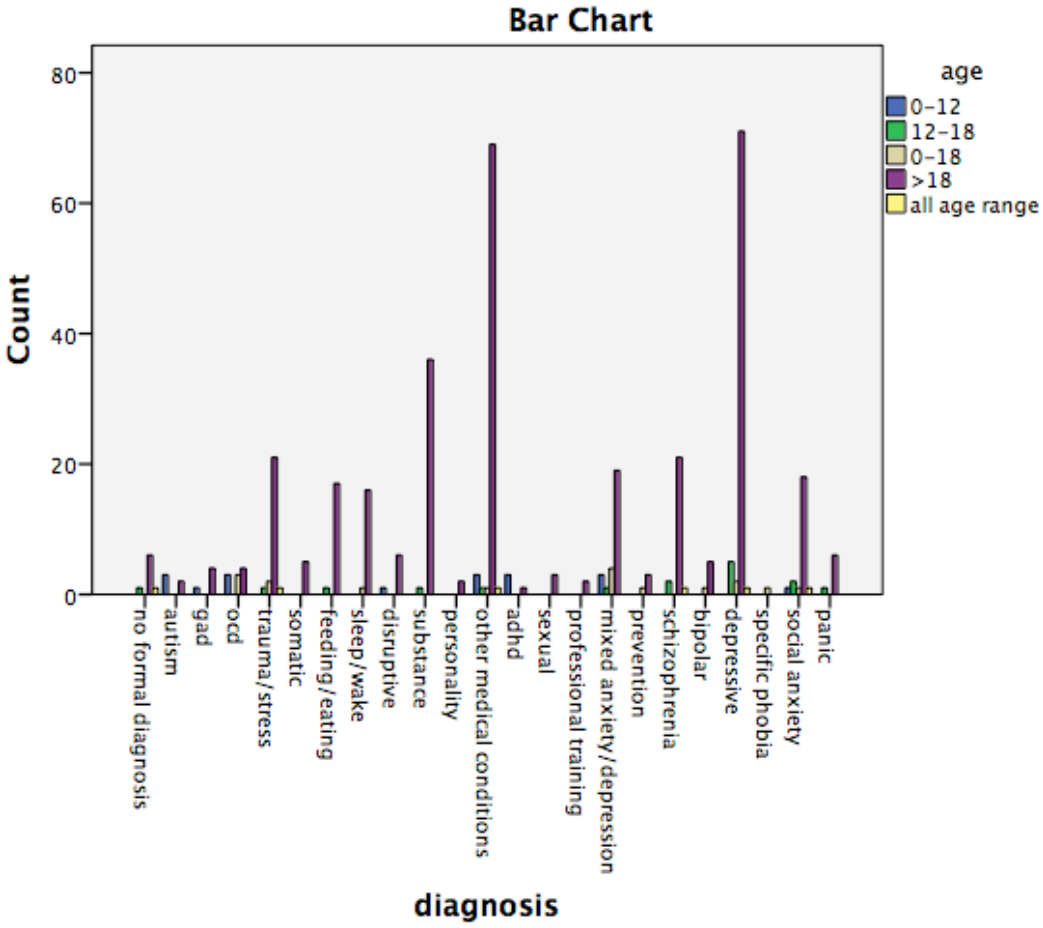
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other medical conditions
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sexual
professional training
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prevention
schizophrenia
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depressive
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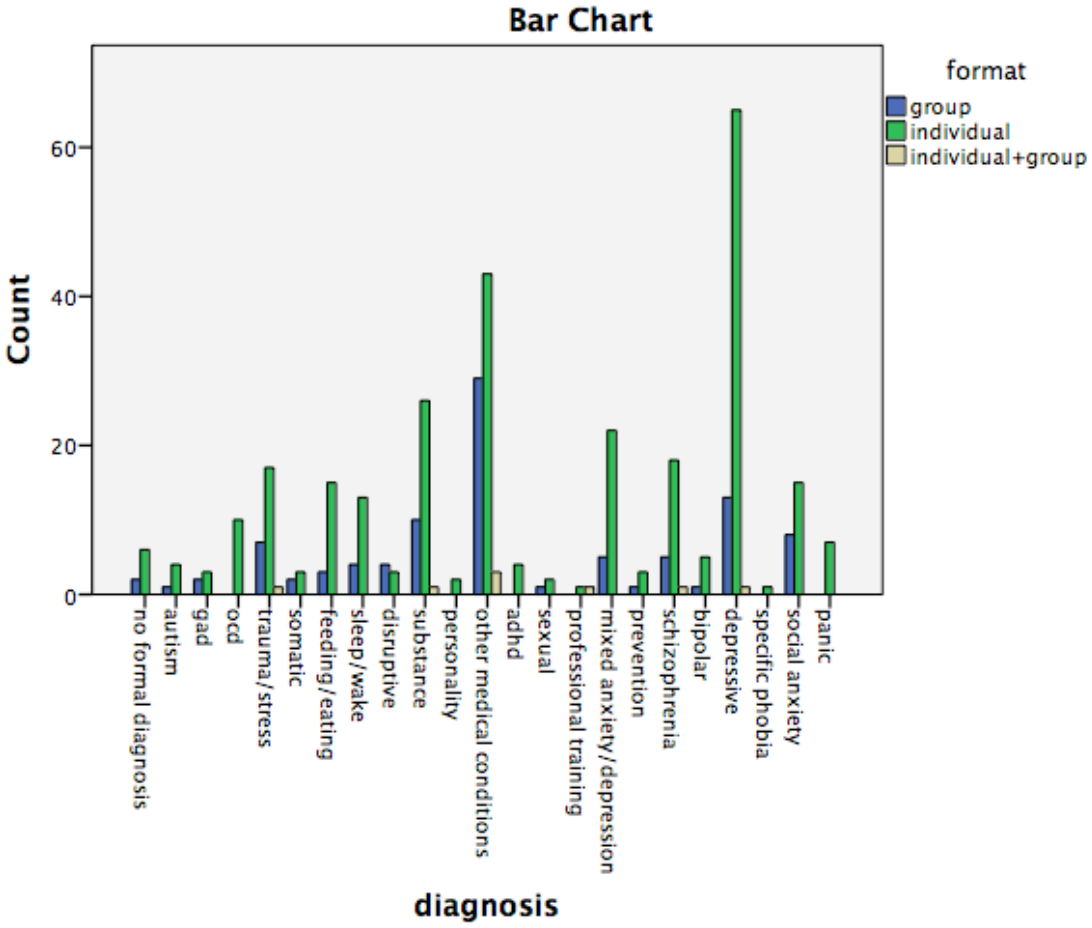
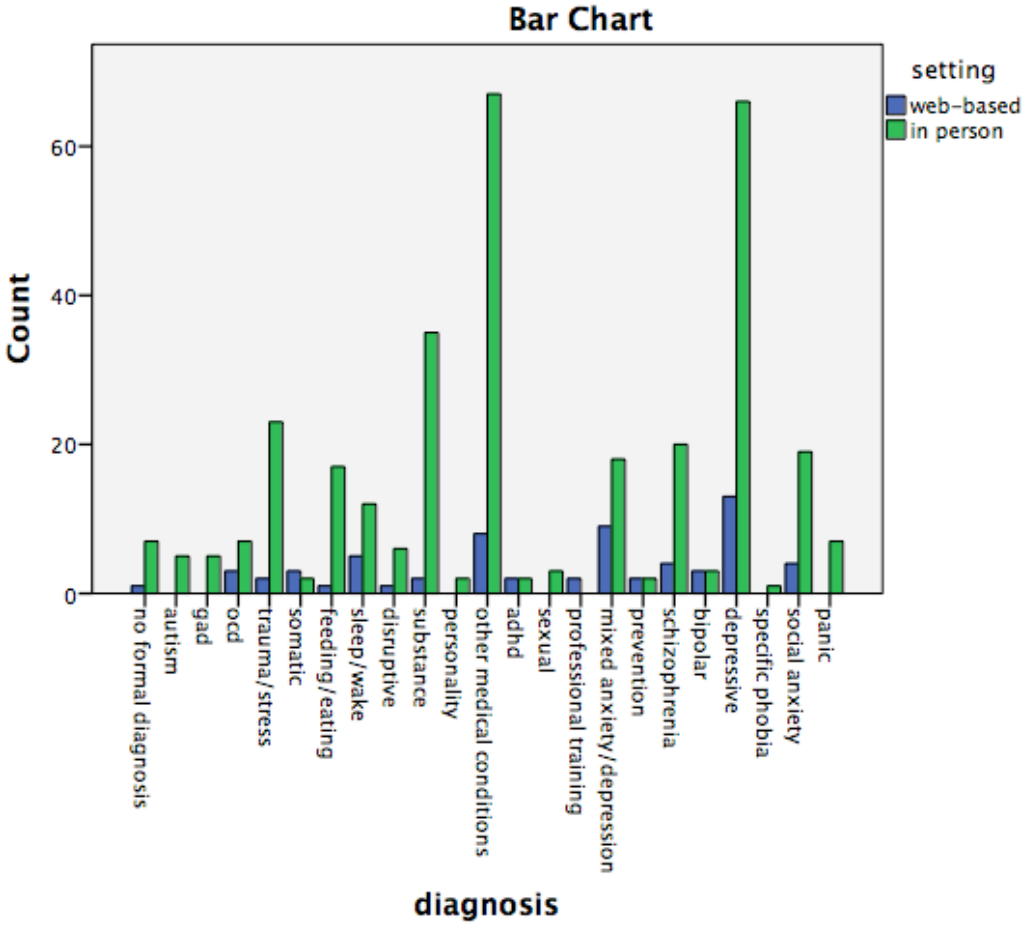
social anxiety
panic
diagnosis


Bar Chart
format
group
individual
individual+group
Count
0
20
40
60
no formal diagnosis
autism
gad
ocd
trauma/stress
somatic
feeding/eating
sleep/wake
disruptive
substance
personality
other medical conditions
adhd
sexual
professional training
mixed anxiety/depression
prevention
schizophrenia
bipolar
depressive
specific phobia
social anxiety
panic
diagnosis


Bar Chart
setting
web-based
in person
Count
0
20
40
60
no formal diagnosis
autism
gad
ocd
trauma/stress
somatic
feeding/eating
sleep/wake
disruptive
substance
personality
other medical conditions
adhd
sexual
professional training
mixed anxiety/depression
prevention
schizophrenia
bipolar
depressive
specific phobia
social anxiety
panic
diagnosis