

BOLETÍN BIBLIOGRÁFICO



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REHABILITACIÓN PSICOSOCIAL

Psychiatric Rehabilitation Journal



2020, Volume 44, Issue 4 (Dec)

Applying the concept of metacognition in the field of psychiatric rehabilitation: An introduction to the special issue.

Hasson-Ohayon, Ilanit; Roe, David; Lysaker, Paul H.

Meaning, integration, and the self in serious mental illness: Implications of research in metacognition for psychiatric rehabilitation.

Lysaker, Paul H.; Kukla, Marina; Leonhardt, Bethany L.; Hamm, Jay A.; Schnakenberg Martin, Ashley; Zalzal, Aieyat B.; Gagen, Emily C.; Hasson-Ohayon,

Metacognition and the clubhouse model in treating severe mental illness.

Rice, Kevin; Pernice, Francesca; Michon, Amber.

The interactive effect of metacognition and self-compassion on predicting meaning in life among individuals with schizophrenia.

Bercovich, Asaf; Goldzweig, Gil; Igra, Libby; Lavi-Rotenberg, Adi; Gumley, Andrew; Hasson-Ohayon, Ilanit.

Preliminary examination of a measure of metacognitive perspective-taking: The Interpersonal Block Assembly Task.

Bonfils, Kelsey A.; Painter, Janelle M.; Luther, James F.; Congedo, Benjamin A.; Haas, Gretchen L.

Profiles of self-evaluation as a metacognitive skill: An indicator of rehabilitation potential among people with schizophrenia.

Harris, Molly T.; Rempfer, Melisa V.

Elements that enhance therapeutic alliance and short-term outcomes in metacognitive reflection and insight therapy: A session-by-session assessment.

Lavi-Rotenberg, Adi; Bar-Kalifa, Eran; de Jong, Steven; Igra, Libby; Lysaker, Paul H.; Hasson-Ohayon, Ilanit.

Emergence of insight in psychotherapy for early psychosis: A qualitative analysis of a single case study.

Pattison, Michelle L.; Leonhardt, Bethany L.; Abate, Jacqueline F.; Huling, Kelsey S.; Belanger, Elizabeth A.; O'Connor, Hannah M.; Lysaker, Paul H.

Assessment and treatment planning for schizotypal personality disorder: A metacognitively oriented point of view.

Cheli, Simone.

Informaciones psiquiátricas



Monográfico “La intervención temprana en psicosis. Un reto que no puede esperar”.
Octubre 2020

[Pincha aquí para acceder a la publicación completa.](#)

Dos años de implementación del EIPP (Equipo de intervención precoz en psicosis) del Hospital Universitario Mutua de Terrassa.

Lorena Marín Alcaraz, Miriam Morales Aubeso, Montserrat García González

Desarrollo del programa de atención específica al trastorno psicótico incipiente en Benito Menni CASM.

Lidia Ugas, Eva García, Meritxell Centeno, Miguel Martínez

El papel de la atención primaria en la atención a primeros episodios psicóticos: experiencia en el PAE-TPI de Hospital Sagrat Cor.

Fernando Boatas, Águeda Solivellas, Montse Guitart, Pilar Muley, Rosa Almiñana

Equipo de intervención precoz en la prevención de psicosis del Parc Taulí (TEIP 3): una visión personal de las dificultades, estado actual y retos futuros sobre la implementación de un programa dirigido a la atención de trastornos psicóticos incipientes.

Javier Labad

Psicoterapia multifamiliar en la psicosis incipiente: un enfoque interdisciplinar y comunitario.

Anna Sala Estrada

Implementación del programa de atención específica al trastorno psicótico incipiente (PAE-TPI) en el CSMIA de Gracia, Barcelona.

Carmen Corte, Esther Chacón, Tania Aguilar, Salvador Montalbán, Daniel Riesgo

Correlatos cerebrales del trastorno formal del pensamiento en la esquizofrenia: examinando la hipótesis frontal/disejcutiva.

FIDMAG



2020. Vol. 32, nº 3

Characteristics and risk factors in juvenile sexual offenders.

Sandra Siria, Enrique Echeburúa, and Pedro J. Amor.

Resumen.

Antecedentes: la violencia sexual cometida por adolescentes supone alrededor del 7% de los delitos sexuales denunciados anualmente en España. Sin embargo, la investigación con jóvenes ofensores sexuales (JOS) en población española es casi inexistente. En este trabajo se analizan los factores de riesgo relacionados con la violencia sexual cometida por adolescentes. **Método:** los participantes fueron 73 adolescentes (M = 15.68 años, DT = 1.12, rango entre 14 y 18) que estaban cumpliendo una medida judicial por delitos contra la libertad sexual en diferentes comunidades autónomas españolas. En este estudio descriptivo se emplearon diversos métodos para recoger los datos: revisión de expedientes, autoinformes y una entrevista aplicada a los JOS y a los profesionales implicados. **Resultados:** se analizaron los factores de riesgo vinculados a la historia familiar, a determinadas características de personalidad y al desarrollo de una “sexualización inadecuada” (96% de los casos) relacionada, fundamentalmente, con un inicio precoz en el consumo de pornografía (70%), un ambiente familiar sexualizado (26%) y la presencia de victimización sexual durante la infancia (22%). **Conclusiones:** los resultados son coherentes con investigaciones internacionales. El desarrollo de la sexualización desde la infancia debe ser examinado en mayor profundidad con respecto a la violencia sexual

2020. Vol. 32, nº 4

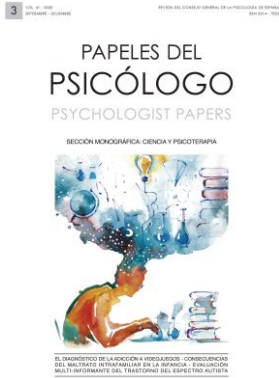
HOW DID DIFFERENT GENERATIONS COPE WITH THE COVID-19 PANDEMIC? EARLY STAGES OF THE PANDEMIC IN SPAIN.

Ania Justo-Alonso, Ana García-Dantas, Ana Isabel González-Vázquez, Milagrosa Sánchez-Martín y Lucía del Río-Casanova.

Resumen.

Antecedentes: la Organización Mundial de la Salud ha destacado la importancia de estudiar sus consecuencias sobre la salud mental de la COVID-19. Esta investigación estudia el papel de la edad sobre las respuestas psicológicas tempranas a la pandemia. **Método:** se realizó una encuesta online en la población adulta de España durante la cuarentena. Las variables sociodemográficas, de salud y conductuales fueron estudiadas en 5 grupos de edad. El estado mental se estudió a través del DASS-21 (Depression, Anxiety and Stress Scale) y el impacto psicológico a través del IES-R

(Impact of Event Scale-Revised). **Resultados:** 3.524 participantes fueron incluidos (Medad = 39.24, DTedad = 12.00). Los participantes entre 18 y 33 se mostraban más hiperactivados, evitativos, ansiosos, deprimidos y estresados. Aquellos entre 26 y 33 años presentaban más intrusión. Los participantes entre 18 y 25 años dormían peor, presentaban más claustrofobia y somatizaciones, mayores dificultades para mantener rutinas, mientras que los mayores presentaban mejores respuestas en general. **Conclusiones:** este estudio indica que la población española más joven se ha visto más afectada por las consecuencias psicológicas de la pandemia. Algunas de las diferencias en conductas y preocupaciones que dependieron de la edad deberían tenerse en cuenta para elaborar estrategias de intervención.



Vol 41. N 3. Septiembre 2020

EL EMBROLLO CIENTÍFICO DE LA PSICOTERAPIA: CÓMO SALIR

Marino Pérez Álvarez

Resumen. Se introduce la noción de embrollo como instrumento crítico. Si por un lado sirve para la identificación de un estado confuso de las cosas, por otro invita a su clarificación y salida. Dos embrollos se identifican en la psicoterapia. El primero es el enigma de cómo diferentes psicoterapias tienen, sin embargo, una eficacia similar. Se aclara de acuerdo con tres niveles de análisis: ontológico (distinguiendo entidades naturales versus interactivas), antropológico (factores comunes de las psicoterapias) y psicológico (ciertos efectos sanadores inherentes a toda práctica curativa). El segundo es el problema de la demarcación entre ciencia y pseudociencia. Siendo importante, el problema de la demarcación encubre otros problemas todavía más importantes que tienen que ver con la concepción de ciencia al uso. Porque la demarcación es subsidiaria de una concepción positivista de ciencia, ella misma problemática cuando se aplica en clínica. Estos otros problemas se han identificado como mala ciencia, cientificismo e integracionismo. Aun cuando estos embrollos se han clarificado, la salida pasa por plantear la cuestión ontológica de base acerca de qué es un trastorno psicológico, sin asumir la concepción estándar como «avería» en mecanismos internos. Se elabora una idea de trastorno que tiene su base en los problemas de la vida.

¿PSICOTERAPIAS PERJUDICIALES? COMENCEMOS POR LAS MALAS PRÁCTICAS

Guillermo Mattioli

Resumen.

Una vez resuelto el debate eysenckiano sobre la utilidad de la psicoterapia, sobrevino la controversia sobre las eficacias relativas de cada método. Superado parcialmente este último con el traslado de la investigación sobre la eficacia a la de la cualidad de la alianza terapéutica, ha surgido recientemente en España la pregunta sobre la eventual nocividad de algunas psicoterapias. En este texto incluiremos consideraciones tanto en el nivel científico como deontológico como de la práctica profesional de la psicoterapia.

After the Eysenck debate on the usefulness of psychotherapy was resolved, professional psychotherapists witnessed seething controversy over the relative efficacy of each method. Having mostly overcome this argument and moved on from the research on efficacy to that on the quality of the therapeutic alliance, once again clinicians in Spain are observing the issue about the potential harmfulness of some

therapeutic treatments. In this text, considerations will be developed both at the scientific and the deontological level, from the point of view of the professional practice of psychotherapy.

PSICOTERAPIAS Y PSEUDOTERAPIAS EN BÚSQUEDA DE LA EVIDENCIA CIENTÍFICA. LA CIENCIA Y LA PRÁCTICA PROFESIONAL EN PSICOLOGÍA CLÍNICA

Juan A. Moriana y Mario Gálvez-Lara

Resumen.

La psicología está considerada una disciplina científica, pero algunas de sus especialidades, como la psicología clínica, tienen importantes dificultades para aplicar el método científico y trasladar los resultados de la investigación experimental al contexto profesional. Esta situación es especialmente problemática cuando multitud de teorías hacen que proliferen numerosos tratamientos psicológicos y que se sustente la idea (¿equivocada?) de que todos funcionan. El enfrentamiento entre posicionamientos basados en los aspectos comunes de las psicoterapias, en confrontación con los centrados en las técnicas, ha facilitado el camino y la expansión de pseudoterapias y la confusión de la población en general. Todo esto ocurre dentro de un contexto en el que ya existía un importante desencuentro entre la ciencia y la práctica clínica que afecta a muchos ámbitos profesionales de la psicología. El debate sobre los tratamientos y la asunción de que todos son eficaces permite mantener una actitud permisiva ante el uso de cualquier tratamiento, a veces avalados por algunas universidades, colegios profesionales y sociedades científico-profesionales, sin establecer restricciones a la difusión de propuestas pseudocientíficas, que no han sido sometidas a contraste empírico. En este trabajo presentamos un análisis del estado actual del tema y debatimos algunos de los aspectos más importantes.



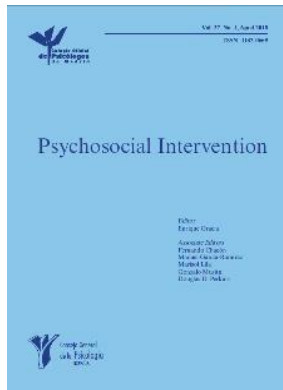
Vol. 20. Issue 3. September - December 2020

Does mindfulness improve inhibitory control in psychotic disorders? A randomized controlled clinical trial

Emilio López-Navarro, Cristina Del Canto, Antoni Mayol, Ovidio Fernández-Alonso, Josep Reig, Enric Munar

ABSTRACT

Background/Objective: Impaired Inhibitory Control (IC) is a core feature of psychotic disorders and is related with impaired social functioning in people experiencing psychosis. Despite research showing the benefits of mindfulness over IC in the general population, no study has assessed its effects on IC in psychoses. The aim of our study was to assess the effectiveness of a mindfulness-based intervention combined with integrated rehabilitation treatment in a sample of people diagnosed of psychotic disorders. **Method:** Fifty-six patients diagnosed with psychotic disorder were recruited and randomly allocated either to integrated rehabilitation treatment or integrated rehabilitation treatment enhanced with 26 mindfulness group sessions. Measures comprised PANSS interview, MAAS scale, and Stroop Color Word Test (SCWT). The primary outcome variable was the performance in the non-congruent trials of the SCWT. **Results:** There were no differences between groups at baseline. At post-treatment patients allocated to mindfulness group increased their scores in non-congruent trials of SCWT and in MAAS. At post-treatment mindfulness group scored higher than integrated rehabilitation treatment in MAAS. **Conclusions:** Data suggest that mindfulness added to integrated rehabilitation treatment may improve IC in psychosis. Results are convergent with prior works about the effect of mindfulness over cognitive performance in general population.



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The Actor-Partner Interdependence Model in the Study of Aggression and Victimization within Couples: An Empirical Examination in 361 Dyads

Juan Herrero, Luis Rodríguez-Franco, Lorena Rejano-Hernándezb, Joel Juarros-Basterretxea, Francisco J. Rodríguez-Díaz

Resumen. Los estudios sobre la violencia de pareja (en inglés IPV) generalmente han centrado sus análisis sólo en uno de los miembros. Aunque esto ha permitido avanzar en el conocimiento de las causas de la IPV, la literatura reciente ha señalado la necesidad de estudiar a los dos miembros de la pareja. Metodológicamente el estudio de las parejas requiere el uso de técnicas estadísticas apropiadas para evitar posibles sesgos sistemáticos (por ejemplo, error tipo I debido a la dependencia de las observaciones). En este estudio utilizamos el modelo de interdependencia actor-pareja para el estudio de la agresión y la victimización en 361 parejas jóvenes heterosexuales de jóvenes adultos. Los resultados indicaban, por una parte, que había agresión mutua autoinformada en más de la mitad de las parejas. Por otro lado, encontramos que el principal predictor de la victimización de los participantes fue su propio comportamiento agresivo hacia el otro miembro de la pareja. Este resultado sugiere que la víctima y el agresor son la misma persona. Sin embargo, también puede ocultar un posible sesgo al alza de las puntuaciones de victimización: cuando los participantes son agresivos con sus parejas, pueden sesgar al alza sus puntuaciones de victimización para justificar sus niveles de agresión (“Fui agresivo porque me sentí victimizado”).

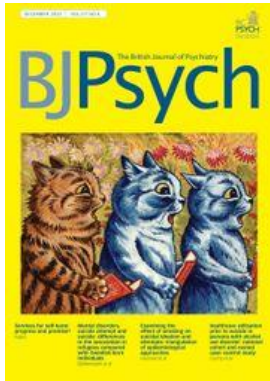
Motivational Strategies in Interventions for Intimate Partner Violence Offenders: A Systematic Review and Meta-analysis of Randomized Controlled Trials

Faraj A. Santirso, Gail Gilchrist, Marisol Lila, and Enrique Gracia

Resumen

La investigación previa sugiere que la inclusión de estrategias motivacionales en las intervenciones con agresores de pareja podría incrementar la efectividad de estas intervenciones. Esta revisión evaluó la eficacia de las intervenciones en agresores de pareja, que incluye las estrategias motivacionales para reducir la violencia física y psicológica contra la pareja, el abandono de la intervención y la reincidencia oficial, así como para aumentar la dosis de asistencia a las intervenciones. Tanto la revisión sistemática como el meta-análisis se llevaron a cabo siguiendo las recomendaciones PRISMA. Se examinaron las siguientes bases de datos desde 1983 hasta 2018, con

objeto de localizar ensayos controlados aleatorizados (ECA) de intervenciones para agresores de pareja que incluyeran estrategias motivacionales, en las que los participantes fueran hombres mayores de edad y que incluyeran como variables de resultado conductas de violencia contra la pareja: Cochrane Collaboration, MEDLINE, EMBASE, PsycINFO y CINAHL. Se identificaron 1,134 estudios, incluyéndose 12 ECAs en la revisión narrativa y 7 en el meta-análisis. Los resultados indicaron que las intervenciones para agresores de pareja que incorporan estrategias motivacionales eran significativamente más efectivas en incrementar la dosis de intervención y reducir el abandono de la intervención que las que no incluían estrategias motivacionales. Los agresores que participaron en intervenciones con estrategias motivacionales tenían 1.73 veces menor probabilidad de abandonar el tratamiento, en comparación con aquellos que participaron en intervenciones sin tales estrategias. En cuanto a la violencia física y psicológica contra la pareja y la reincidencia oficial (e.g., arrestos reiterados, denuncias policiales), la evidencia, aunque no es significativa, favorece las intervenciones con estrategias motivacionales. Estos resultados tienen importantes implicaciones prácticas, especialmente si se tiene en cuenta las altas tasas de abandono de la intervención que se producen en los programas de intervención con agresores de pareja y la relación existente entre abandono de la intervención y mayores tasas de reincidencia.



Volume 217 - Issue 1 – July 2020

Adolescent residential mobility, genetic liability and risk of schizophrenia, bipolar disorder and major depression

Diana Paksarian, Betina B. Trabjerg, Kathleen R. Merikangas, Ole Mors, Anders D. Børghlum, David M. Hougaard, Merete Nordentoft, Thomas Werge, Carsten B. Pedersen, Preben B. Mortensen, Esben Agerbo, Henriette Thisted Horsdal

Abstract

Background

Residential mobility during upbringing, and especially adolescence, is associated with multiple negative mental health outcomes. However, whether associations are confounded by unmeasured familial factors, including genetic liability, is unclear.

Aims. We used a population-based case-cohort study to assess whether polygenic risk scores (PRSs) for schizophrenia, bipolar disorder and major depression were associated with mobility from ages 10–14 years, and whether PRS and parental history of mental disorder together explained associations between mobility and each disorder.

Method. Information on cases ($n = 4207$ schizophrenia, $n = 1402$ bipolar disorder, $n = 18\,215$ major depression) and a random population sample ($n = 17\,582$), born 1981–1997, was linked between Danish civil and psychiatric registries. Genome-wide data were obtained from the Danish Neonatal Screening Biobank and PRSs were calculated based on results of separate, large meta-analyses.

Results. PRSs for schizophrenia and major depression were weakly associated with moving once (odds ratio 1.07, 95% CI 1.00–1.16; and odds ratio 1.10, 95% CI 1.04–1.17, respectively), but not twice or three or more times. Mobility was positively associated with each disorder, with more moves associated with greater risk. Adjustment for PRS produced slight reductions in the magnitude of associations. Adjustment for PRS and parental history of mental disorder together reduced estimates by 5–11%. In fully adjusted models mobility was associated with all three disorders; hazard ratios ranged from 1.33 (95% CI 1.08–1.62; one move and bipolar disorder) to 3.05 (95% CI 1.92–4.86; three or more moves and bipolar disorder).

Conclusions. Associations of mobility with schizophrenia, bipolar disorder and depression do not appear to be attributable to genetic liability as measured here. Potential familial confounding of mobility associations may be predominantly environmental in nature.



Volume 217 - Issue 4 - October 2020

Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness

Joht Singh Chandan, Tom Thomas, Caroline Bradbury-Jones, Rebecca Russell, Siddhartha Bandyopadhyay, Krishnarajah Nirantharakumar, Julie Taylor

Abstract. Background. Internationally, intimate partner violence (IPV) cohorts have demonstrated associations with depression and anxiety. However, this association has not yet been described in a UK population, nor has the association with serious mental illness (SMI). **Aims.** To explore the relationship between IPV exposure and mental illness in a UK population. **Method.** We designed a retrospective cohort study whereby we matched 18 547 women exposed to IPV to 74 188 unexposed women. Outcomes of interest (anxiety, depression and SMI) were identified through clinical codes.

Results. At baseline, 9174 (49.5%) women in the exposed group had some form of mental illness compared with 17 768 (24.0%) in the unexposed group, described as an adjusted odds ratio of 2.62 (95% CI 2.52–2.72). Excluding those with mental illness at baseline, 1254 exposed women (incidence rate 46.62 per 1000 person-years) went on to present with any type of mental illness compared with 3119 unexposed women (incidence rate 14.93 per 1000 person-years), with an aIRR of 2.77 (95% CI 2.58–2.97). Anxiety (aIRR 1.99, 95% CI 1.80–2.20), depression (aIRR 3.05, 95% CI 2.81–3.31) and SMI (aIRR 3.08, 95% CI 2.19–4.32) were all associated with exposure to IPV.

Conclusions. IPV remains a significant public health issue in the UK. We have demonstrated the significant recorded mental health burden associated with IPV in primary care, at both baseline and following exposure. Clinicians must be aware of this association to reduce mental illness diagnostic delay and improve management of psychological outcomes in this group of patients.

Trauma-related mortality of patients with severe psychiatric disorders: population-based study from the French national hospital database

Guillaume Fond, Vanessa Pauly, Thierry Bege, Veronica Orleans, Davi Braunstein, Marc Leone, Laurent Boyer

Threat, hostility and violence in childhood and later psychotic disorder: population-based case-control study

Craig Morgan, Charlotte Gayer-Anderson, Stephanie Beards, Kathryn Hubbard, Valeria Mondelli, Marta Di Forti, Robin M. Murray, Carmine Pariante, Paola Dazzan, Thomas J. Craig, Ulrich Reininghaus, Helen L. Fisher

Gang membership and sexual violence: associations with childhood maltreatment and psychiatric morbidity

Jeremy Coid, Rafael A. González, Constantinos Kallis, Yamin Zhang, YuanYuan Liu, Jane Wood, Zara Quigg, Simone Ullrich



Volume 217 - Issue 5 - November 2020

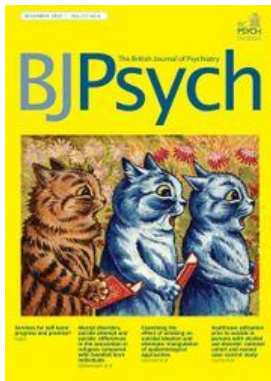
Extending the vulnerability–stress model of mental disorders: three-dimensional *NPSR1* × environment × coping interaction study in anxiety

Miriam A. Schiele, Katharina Herzog, Leonie Kollert, Christoph Schartner, et al.

Abstract.

Background. The general understanding of the ‘vulnerability–stress model’ of mental disorders neglects the modifying impact of resilience-increasing factors such as coping ability. **Aims.** Probing a conceptual framework integrating both adverse events and coping factors in an extended ‘vulnerability–stress–coping model’ of mental disorders, the effects of functional neuropeptide S receptor gene (*NPSR1*) variation (G), early adversity (E) and coping factors (C) on anxiety were addressed in a three-dimensional $G \times E \times C$ model. **Method.** In two independent samples of healthy probands (discovery: $n = 1403$; replication: $n = 630$), the interaction of *NPSR1* rs324981, childhood trauma (Childhood Trauma Questionnaire, CTQ) and general self-efficacy as a measure of coping ability (General Self-Efficacy Scale, GSE) on trait anxiety (State-Trait Anxiety Inventory) was investigated via hierarchical multiple regression analyses.

Results. In both samples, trait anxiety differed as a function of *NPSR1* genotype, CTQ and GSE score (discovery: $\beta = 0.129$, $P = 3.938 \times 10^{-8}$; replication: $\beta = 0.102$, $P = 0.020$). In A allele carriers, the relationship between childhood trauma and anxiety was moderated by general self-efficacy: higher self-efficacy and childhood trauma resulted in low anxiety scores, and lower self-efficacy and childhood trauma in higher anxiety levels. In turn, TT homozygotes displayed increased anxiety as a function of childhood adversity unaffected by general self-efficacy. **Conclusions.** Functional *NPSR1* variation and childhood trauma are suggested as prime moderators in the vulnerability–stress model of anxiety, further modified by the protective effect of self-efficacy. This $G \times E \times C$ approach – introducing coping as an additional dimension further shaping a $G \times E$ risk constellation, thus suggesting a three-dimensional ‘vulnerability–stress–coping model’ of mental disorders – might inform targeted preventive or therapeutic interventions strengthening coping ability to promote resilient functioning.



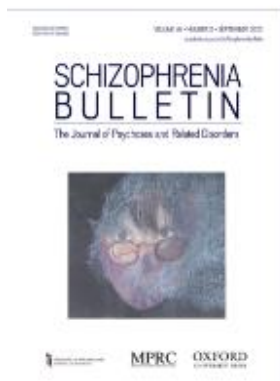
Volume 217 - Issue 6 - December 2020

Effects of suicide awareness materials on individuals with recent suicidal ideation or attempt: online randomised controlled trial

Thomas Niederkrotenthaler, Benedikt Till

Abstract

Background. Awareness materials featuring ways of coping with suicidal ideation can reduce suicidal ideation, the so-called Papageno effect. All of the previous experimental studies on this subject have been conducted with individuals not at risk of suicide. **Aims.** To assess effects of suicide awareness materials in a sample of individuals with recent suicidal ideation. Trial registration: German Clinical Trial Registry ID number DRKS00013613. **Method.** Adults ($n = 266$) with recent self-reported suicidal ideation or attempt were randomised to read an educative article featuring a lay individual with personal experience of suicidality ($n = 86$), a similar article featuring a mental health expert ($n = 90$), or an unrelated article ($n = 90$) in a double-blind online randomised controlled trial. Questionnaire data were collected before (T_1) and immediately after exposure (T_2) as well as 1 week later (study end-point, T_3) and analysed with linear mixed models. The primary outcome was suicide risk as assessed using the Survival and Coping Beliefs subscale of the Reasons for Living Inventory (RFLI); secondary outcomes were suicide-prevention knowledge and mood. **Results.** There was an immediate beneficial effect on suicide risk in the intervention group exposed to the message delivered by the individual with personal experience (group 1) as compared with the control group that was maintained until the study end-point (study end-point: RFLI score mean difference from baseline within group 1 MD = -0.36 (95% CI -0.66 to -0.06), mean difference compared with control group MD = -0.71 (95% CI -1.27 to -0.14); $d = -0.18$). The effect was particularly pronounced for individuals with recent suicide attempt (RFLI score at T_3 , compared with control group: MD = -1.55 (95% CI -2.52 to -0.57); $d = -0.23$). Participants in this group also showed increased prevention-related knowledge compared with the control group. **Conclusions.** Individuals with a recent suicide attempt appear to benefit from a printed narrative of positive coping with suicidal ideation. The intervention materials do not increase short-term suicide risk.



Volume 46, Issue 5, Sep 2020

Social Cognition Training for People With a Psychotic Disorder: A Network Meta-analysis

Saskia A Nijman, Wim Veling, Elisabeth C D van der Stouwe, Gerdina H M Pijnenborg

Abstract

Deficits in social cognition are common in people with psychotic disorders and negatively impact functioning. Social Cognition Training (SCT) has been found to improve social cognition and functioning, but it is unknown which interventions are most effective, how characteristics of treatments and participants moderate efficacy, and whether improvements are durable. This meta-analysis included 46 randomized studies. SCTs were categorized according to their focus (targeted/broad-based) and inclusion of cognitive remediation therapy (CRT). Network meta-analysis was conducted, using both direct (original) and indirect (inferred from the network of comparisons) evidence. All SCT types were compared to treatment as usual (TAU; the chosen reference group). Moderators of outcome were investigated with meta-regression and long-term efficacy with multivariate meta-analysis. Compared to TAU, emotion perception was improved by targeted SCT without CRT ($d = 0.68$) and broad-based SCT without CRT ($d = 0.46$). Individual treatments worked better for emotion perception. All treatments significantly improved social perception (active control, $d = 0.98$, targeted SCT with and without CRT, $d = 1.38$ and $d = 1.36$, broad-based SCT with and without CRT, $d = 1.45$ and $d = 1.35$). Only broad-based SCT ($d = 0.42$) improved ToM. Broad-based SCT ($d = 0.82$ without and $d = 0.41$ with CRT) improved functioning; group treatments worked significantly better. Male gender was negatively related to effects on social functioning and psychiatric symptoms. At follow-up, a moderate effect on social functioning ($d = 0.66$) was found. No effect was found on attribution, social cognition (miscellaneous), and psychiatric symptoms. While targeted SCT is the most effective for emotion perception and social perception, broad-based SCT produces the best overall outcomes. CRT did not enhance SCT effects.

The Relationship Between Dissociation and Symptoms of Psychosis: A Meta-analysis

Eleanor Longden, Alison Branitsky, Andrew Moskowitz, Katherine Berry, Sandra Bucci ...

Abstract

Evidence suggests that dissociation is associated with psychotic experiences, particularly hallucinations, but also other symptoms. However, until now, symptom-

specific relationships with dissociation have not been comprehensively synthesized. This is the first prospectively registered (CRD42017058214) meta-analysis to quantify the magnitude of association between dissociative experiences and all symptoms of psychosis. MEDLINE, PsycINFO, PubMed, and Scopus databases were searched using exhaustive terms denoting dissociation and psychotic symptoms. We included both nonclinical (58 studies; 16 557 participants) and clinical (46 studies; 3879 patient participants) samples and evaluated study quality. Ninety-three eligible articles considering 20 436 participants were retained for analysis. There was a robust association between dissociation and clinical and nonclinical positive psychotic symptoms ($r = .437$; 95%CI: .386 –.486), with the observed effect larger in nonclinical studies. Symptom-specific associations were also evident across clinical and nonclinical studies, and included significant summary effects for hallucinations ($r = .461$; 95%CI: .386 –.531), delusions ($r = .418$; 95%CI: .370 –.464), paranoia ($r = .447$; 95%CI: .393 –.499), and disorganization ($r = .346$; 95%CI: .249 –.436). Associations with negative symptoms were small and, in some cases, not significant. Overall, these findings confirm that dissociative phenomena are not only robustly related to hallucinations but also to multiple positive symptoms, and less robustly related to negative symptoms. Our findings are consistent with proposals that suggest certain psychotic symptoms might be better conceptualized as dissociative in nature and support the development of interventions targeting dissociation in formulating and treating psychotic experiences.

Psychotic Experiences Are Associated With Paternal Age But Not With Delayed Fatherhood in a Large, Multinational, Community Sample

Franck Schürhoff, Baptiste Pignon, Mohamed Lajnef, Romain Denis, Bart Rutten .

Abstract

Advanced paternal age has been consistently associated with an increased risk of schizophrenia. It is less known if such an association also exists with subclinical/attenuated forms of psychosis. Additionally, it has been suggested that it is not paternal age per se, but rather delayed fatherhood, as a marker of a genetic liability of psychosis, that is the cause of the association. The aim of the current study was to examine whether paternal age and/or delayed fatherhood (paternity age) predict self-reported positive, negative, and/or depressive dimensions of psychosis in a large sample from the general population. The sample ($N = 1465$) was composed of control subjects from the 6 countries participating in the European Union Gene-Environment Interaction study. The CAPE, a self-report questionnaire, was used to measure dimensions of subclinical psychosis. Paternal age at the time of respondents' birth and age of paternity were assessed by self-report. We assessed the influence of the variables of interest (paternal age or paternity age) on CAPE scores after adjusting for potential confounders (age, gender, and ethnicity). Paternal age was positively associated with the positive dimension of the CAPE. By contrast, paternity age was not associated with any of the psychosis dimensions assessed by the CAPE. Thus, our results do not support the idea that delayed fatherhood explains the association between age of paternity and psychosis risk. Furthermore, our results provide arguments for the hypothesis of an etiologic continuum of psychosis.



Volume 46, Issue 6, November 2020

Blindness, Psychosis, and the Visual Construction of the World

Thomas A Pollak, Philip R Corlett

Abstract

The relationship between visual loss and psychosis is complex: congenital visual loss appears to be protective against the development of a psychotic disorder, particularly schizophrenia. In later life, however, visual deprivation or visual loss can give rise to hallucinosis, disorders of visual insight such as blindsight or Anton syndrome, or, in the context of neurodegenerative disorders, more complex psychotic presentations. We draw on a computational psychiatric approach to consider the foundational role of vision in the construction of representations of the world and the effects of visual loss at different developmental stages. Using a Bayesian prediction error minimization model, we describe how congenital visual loss may be protective against the development of the kind of computational deficits postulated to underlie schizophrenia, by increasing the precision (and consequent stability) of higher-level (including supramodal) priors, focusing on visual loss-induced changes in NMDA receptor structure and function as a possible mechanistic substrate. In simple terms, we argue that when people cannot see from birth, they rely more heavily on the context they extract from the other senses, and the resulting model of the world is more impervious to the false inferences, made in the face of inevitably noisy perceptual input, that characterize schizophrenia. We show how a Bayesian prediction error minimization framework can also explain the relationship between later visual loss and other psychotic symptoms, as well as the effects of visual deprivation and hallucinogenic drugs, and outline experimentally testable hypotheses generated by this approach.



Volume 142, Issue 3. September 2020

Borderline patients have difficulties describing feelings; bipolar II patients describe difficult feelings. An alexithymia study

E. Bøen, B. Hummelen, B. Boye, T. Elvsåshagen, U. F. Malt.

Abstract.

Objective. Apparent similarities between borderline personality disorder (BPD) and bipolar II disorder (BIP-II) contribute to clinical difficulties in distinguishing between the disorders. Here, we aimed to explore how subjective Difficulties with the Identification and Description of Feelings (DIDF), a major constituent of the alexithymia construct and assessed as a part of the Toronto Alexithymia Scale (TAS), are related to relationship problems and health complaints in these groups.

Methods. Twenty-two patients with BPD; 22 patients with BIP-II; and 23 healthy controls (HC) completed TAS. Health complaints, including symptoms associated with mood swings, were assessed with the Giessener Subjective Complaints List (Giessener Beschwerdebogen—GBB), and relationship problems with the Health of the Nation Outcome scale, Relationship item (HoNOSR). Bivariate correlations were run.

Results. Both patient groups had high DIDF and GBB scores. In BPD only, there was a significant positive correlation between DIDF and HoNOSR. In BIP-II only, there was a significant positive correlation between DIDF and GBB total score. In BIP-II, DIDF correlated highly with those GBB subscales assessing symptoms typically occurring during bipolar mood swings (cardiovascular and gastrointestinal symptoms, exhaustion).

Conclusion. Our results suggest that in BPD, high DIDF scores represent genuine problems with identifying and describing emotions which are expected to correlate with relationship problems. In BIP-II, high DIDF scores could potentially represent difficulties with understanding the unpredictable symptoms of bipolar mood swings. The findings suggest that difficulties with identifying and describing feelings in patients should be carefully explored to increase the validity of the diagnostic evaluation.



Volume 142, Issue 4, October 2020

Increased maternal new-onset psychiatric disorders after delivering a child with a major anomaly: a cohort study

B. Rotberg, E. Horváth-Puhó, S. Vigod, J. G. Ray H., T. Sørensen, E. Cohen.

Abstract

Background. The birth of a child with a major congenital anomaly may create chronic caregiving stress for mothers, yet little is known about their psychiatric outcomes.

Aims. To evaluate the association of the birth of a child with a major congenital anomaly with subsequent maternal psychiatric risk.

Methods. This Danish nationwide cohort study included mothers who gave birth to an infant with a major congenital anomaly ($n = 19\ 220$) between 1997 and 2015.

Comparators were randomly selected mothers, matched on maternal age, year of delivery and parity ($n = 195\ 399$). The primary outcome was any new-onset psychiatric diagnosis. Secondary outcomes included specific psychiatric diagnoses, psychiatric in-patient admissions and redeemed psychoactive medicines. Cox models were used to estimate hazard ratios (HRs), adjusted for socioeconomic and medical variables.

Results. Mothers of affected infants had an elevated risk for a new-onset psychiatric disorder vs. the comparison group (adjusted HR, 1.16, 95% CI 1.11–1.22). The adjusted HR was particularly elevated during the first postpartum year (1.65, 95% CI 1.42–1.90), but remained high for years, especially among mothers of children with multiorgan anomalies (1.37, 95% CI 1.18–1.57). The risk was also elevated for most specific psychiatric diagnoses, admissions and medicines.

Conclusions. Mothers who give birth to a child with a major congenital anomaly are at increased risk of new-onset psychiatric disorders, especially shortly after birth and for mothers of children with more severe anomalies. Our study highlights the need to screen for mental illness in this high-risk population, as well as to integrate adult mental health services and paediatric care.



Volume 142, Issue 5, November 2020

High suicide rates during psychiatric inpatient stay and shortly after discharge

T. Madsen, A. Erlangsen, C. Hjorthøj, M. Nordentoft.

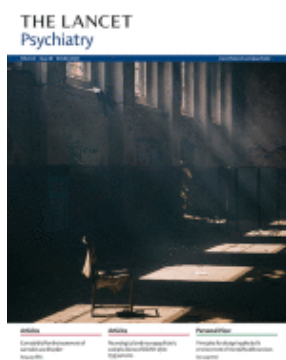
Abstract

Objective. Over recent decades, intense efforts to address suicides in psychiatric admitted people have been initiated. The aim was to calculate suicide rates, rate ratios, population attributable risks (PAR) and trends among people admitted to or recently discharged from psychiatric wards.

Methods. Using a cohort design, we obtained nationwide register data on 6 292 932 individuals aged 15+ living in Denmark during 1995–2016. Of these, 178 703 (5.73%) males and 201 033 females (6.33%) had been admitted to psychiatric hospital. Incidence rate ratios (IRR) were obtained using Poisson regression analyses while adjusting for age and calendar period. Trends were assessed using joinpoint analyses.

Results. In total, 15 075 persons died by suicide, of which 6174 had been psychiatrically admitted. Among males, the suicide rate during the first week of admission and after discharge was 3409 and 3148 per 100 000 person-years, respectively. The corresponding values for females were 1267 and 1631. Generally, estimated suicide rates were highest in those with affective or anxiety stress disorders. During first week of hospitalization, the IRR was 237 for males and of 322 for females when compared with those never hospitalized. In first week after discharge, the IRR was 225 and 425 for males and females, respectively. PAR estimates indicated 6% of male suicides and 13% of female suicides attributes to first week of admission and discharge. The inpatient suicide rate decreased annually 2.5% until 2009 followed by a 7.5% annual percentage increase. The suicide rate after discharge decreased steadily annually over the study period.

Conclusion. Despite finding declining post-discharge suicide rates, the period surrounding a psychiatric admission was still associated with extremely high suicide rates.



Vol. 7, N 10. October 2020

Effectiveness of digital psychological interventions for mental health problems in low-income and middle-income countries: a systematic review and meta-analysis

Zhongfang Fu, Huibert Burger, Retha Arjadi, Claudi L H Bockting.

Summary

Background. The effectiveness of digital psychological interventions in low-income and middle-income countries (LMICs) remains unclear. We aimed to systematically investigate the available evidence for digital psychological interventions in reducing mental health problems in LMICs.

Methods. In this systematic review and meta-analysis, we searched PubMed, PsycINFO, Embase, and Cochrane databases for articles published in English from database inception to March 9, 2020. We included randomised controlled trials investigating digital psychological interventions in individuals with mental health problems in LMICs. We extracted data on demographics, inclusion and exclusion criteria, details of the intervention, including the setting, digital delivery method, control group conditions, number of sessions, therapeutic orientation (eg, cognitive therapy or behaviour therapy), presence or absence of guidance, and length of follow-up, and statistical information to calculate effect sizes. If a study reported insufficient data to calculate effect sizes, the corresponding authors were contacted to provide data that could be aggregated. We did random-effects meta-analyses, and calculated the standardised mean difference in scores of digital psychological interventions versus control conditions (Hedges' *g*). Quality of evidence was assessed by use of the Grading of Recommendations Assessment, Development, and Evaluation approach. The primary outcome was post-intervention mental health problems, as measured by self-reporting instruments or clinical interviews. This study is registered with PROSPERO, CRD42019137755.

Findings. We identified 22 eligible studies that were included in the meta-analysis. The included studies involved a total of 4104 participants (2351 who received a digital psychological intervention and 1753 who were in the control group), and mainly focused on young adults (mean age of the study population was 20–35 years) with depression or substance misuse. The results showed that digital psychological interventions are moderately effective when compared with control interventions (Hedges' *g* 0.60 [95% CI 0.45–0.75]; Hedges' *g* with treatment as usual subgroup for comparison 0.54 [0.35–0.73]). Heterogeneity between studies was substantial ($I^2=74%$).

[95% CI 60–83]). There was no evidence of publication bias, and the quality of evidence according to the GRADE criteria was generally high.

Interpretation. Digital psychological interventions, which have been mostly studied in individuals with depression and substance misuse, are superior to control conditions, including usual care, and are moderately effective in LMICs. However, the considerable heterogeneity observed in our analysis highlights the need for more studies to be done, with standardised implementation of digital psychological intervention programmes to improve their reproducibility and efficiency. Digital psychological interventions should be considered for regions where usual care for mental health problems is minimal or absent.



Vol. 34. Núm. 4. Julio-Agosto 2020.

Techo de cristal y desigualdades de género en la carrera profesional de las mujeres académicas e investigadoras en ciencias biomédicas

Carla Segovia-Saiz, Erica Briones-Vozmediano, Roland Pastells-Peiró, Esther González-María, Montserrat Gea-Sánchez

Objetivo. Identificar, en la literatura científica internacional, los obstáculos y factores potencialmente favorecedores para el avance durante su carrera profesional de las mujeres académicas e investigadoras en ciencias biomédicas.

Método. Se realizó una búsqueda sistemática en PubMed, Scopus, CinahlPlus, Cochrane Database of Systematic Reviews, PsycInfo y Sociological Abstracts de artículos publicados en inglés y español entre enero de 2006 y diciembre de 2016 sobre el fenómeno del techo de cristal en mujeres académicas e investigadoras en ciencias biomédicas. El cribado se llevó a cabo por revisoras independientes.

Resultados. Se encontraron 2254 estudios, de los cuales se incluyeron 23 en la revisión. Los obstáculos identificados para la promoción de las mujeres académicas o investigadoras en ciencias biomédicas son los sesgos de género en la evaluación de la investigación, el individualismo y la falta de colaboración, la falta de influencia de las mujeres, las desigualdades de género en la contratación y la promoción, la percepción de sexismo y discriminación en el clima laboral, y las dificultades de conciliación. Los elementos que favorecen son los ejemplos de mujeres en puestos de liderazgo, la mentorización, facilitar la conciliación, la transparencia en la contratación, la participación en la toma de decisiones, realizar auditorías de género en la evaluación de la investigación, la conciencia de las desigualdades de género, promover la colaboración y la equidad salarial.

Conclusiones. Potenciar los elementos que favorecen la promoción de las mujeres académicas en ciencias biomédicas contribuiría a reducir el fenómeno del techo de cristal en esta área, al aumentar su participación, representación y liderazgo. Se requiere un cambio de valores organizacional e institucional.



Vol. 33 Núm. 2 (2020)

La comunidad del siglo XXI. Un marco interpretativo desde la perspectiva del Trabajo Social.

Martin Zuñiga Ruiz de Loizaga

Resumen

En el artículo se aborda el concepto de comunidad con el objetivo de clarificar y definir a qué se hace referencia cuando, en diferentes disciplinas se utiliza este concepto como referente teórico u objeto de intervención. Se parte de la exposición de las principales ideas que fundaron el concepto moderno de comunidad. Posteriormente se recogen un total de veintidós definiciones, identificando los elementos de consenso que existen en las diferentes aproximaciones, con el objetivo de proponer una definición operativa con la que fundamentar la investigación y la intervención social. Finalmente, se reflexiona acerca de las implicaciones que puede tener trabajar con este concepto de comunidad, en un momento en que la literatura sobre las tendencias individualizadoras de la sociedad actual tan en boga.

La interseccionalidad como herramienta analítica para la praxis crítica del Trabajo Social. Reflexiones en torno a la soledad no deseada

Jone Martínez

Resumen

En este artículo se recoge una propuesta para profundizar en la *praxis* crítica del Trabajo Social. Se parte de una comprensión de esta profesión como *artesanía de las conexiones* que favorece la sensibilidad de esta forma de *praxis*, y se plantea incorporar la perspectiva interseccional en los momentos de su puesta en marcha: la alfabetización, la identificación del malestar y la contradicción estructural que lo genera, y la experimentación reflexiva. Se explica que la interseccionalidad, como herramienta analítica, puede interesar a la práctica del agente-trabajador social porque permite una comprensión contextualizada de la complejidad con la que se experimenta la opresión, facilitando la labor de realizar conexiones orientadas a la justicia social. Asimismo, con el propósito de abrir el diálogo sobre las posibilidades de esta propuesta, se problematiza la soledad no deseada a la luz de la interseccionalidad y se explora el papel del/a trabajador/a social en la gestión de la acción pública contra este malestar.



Vol 10, N. 18, 2020

La cronicidad en el marco de los servicios sociales: aportaciones para su discusión

Xavier Miranda-Ruche, Alba Pirla-Santamaria, Ramón Julià-Traveria

Resumen

En este artículo partimos de un trabajo de investigación realizado en los servicios sociales municipales del Ayuntamiento de Lleida sobre población en situación de cronicidad. A partir de él, nos permitimos efectuar un conjunto de aportaciones sobre este fenómeno y el contexto en el cual se produce. En primer lugar, apuntamos la conveniencia de realizar un esfuerzo teórico para dotar de contenido el término *cronicidad*, dado que resulta un concepto demasiado vacío dentro de la esfera social, y, por tanto, de escaso valor técnico. Como hipótesis, planteamos su uso a modo de categoría conceptual, con el fin que en ella se puedan integrar las diversas manifestaciones y tipologías asociadas al fenómeno. Seguidamente, tomamos en consideración el tratamiento de la cronicidad en el ámbito de la salud, y subrayamos el interés por ciertas líneas de trabajo de carácter proactivo, cuyas orientaciones pueden resultar significativas para el ámbito social. Finalmente, sostenemos la necesidad de profundizar en la base científica de las intervenciones que se llevan a cabo desde los servicios sociales -en este caso con el fenómeno de la cronicidad- como una vía estratégica que contribuya a superar las lógicas de actuación reactivas dominantes.



Nº 123 MONOGRAFICO: Trabajo Social VS Covid. 2020

Reflexiones alrededor de la visita a domicilio en contextos de crisis y estado de alarma

Pellegero Royo, Jorge

Resumen

La situación actual de crisis generada por la Pandemia producida por la expansión a nivel global del COVID-19 y las medidas excepcionales que para afrontarla se han dictado bajo la forma jurídica del Estado de Alarma, ha supuesto además de una profunda crisis en los sistemas y estructuras sociales y familiares, una crisis en la intervención profesional desde los Servicios Sociales y desde el Trabajo Social que ha supuesto, al menos durante el periodo de cuarentena una modificación sustancial en los modos interacción con los usuarios y por lo tanto en las técnicas de intervención. Éste hecho invita a reflexionar y cuestionar métodos y técnicas que parecían inherentes a la profesión e irrenunciables en la práctica profesional. En concreto, una de estas técnicas es la visita a domicilio, analizamos el carácter imprescindible que ha supuesto en la práctica profesional y las herramientas alternativas a las que podemos recurrir cuando las recomendaciones sanitarias dictadas con motivo de la Pandemia, no recomiendan su utilización. Todo ello desde el enfoque de la intervención en crisis y centrándonos en la fase de estudio.

Intervención psicosocial desde el trabajo social sanitario. El apoyo telefónico durante la pandemia Covid 19, una aproximación teórico-práctica

Piedra Crsitóbal, Julio; Morán Carrillo, José María

Resumen

El presente artículo realiza una aproximación a la Intervención Psicosocial desde el Trabajo Social Sanitario ante la emergencia generada por la Pandemia SARS-COV-2. Desde un enfoque de Intervención en Crisis, el texto defiende la necesidad de abordar situaciones de Emergencia/Catástrofe bajo perspectiva psicosocial; este concepto es entendido como la incorporación al diagnóstico de las percepciones/dimensiones íntimas, subjetivas y personales (psico) y contextuales, sociales y simbólicas (social) presentes durante esta pandemia. Ante una crisis global jamás antes conocida, la Intervención Psicosocial se ofrece como herramienta esencial para manejar la complejidad asociada al choque cognitivo, conductual, emotivo, relacional, de despedida y duelo asociado al SARSCOV-2. El trabajo incorpora finalmente apuntes a la gestión de la crisis mediante el uso de la entrevista telefónica. Esta técnica es

fundamental para la gestión de las complejas condiciones impuestas por la pandemia, tales como, el caso de la distancia social, riesgo de contagio y despedidas traumáticas. Este trabajo pretende trasvasar al foro profesional la Intervención Psicosocial como técnica adecuada para el trabajo en contextos no clínicos, donde lo social está muy presente.



Núm. 31, Noviembre, 2020

Educación Social y juventud

Una mirada socioeducativa al ocio cultural

M^a Ángeles Hernández Prados y José Santiago Álvarez Muñoz

Resumen

La complejidad de la relación entre cultura y ocio radica en la diversidad de mecanismos en los que el ocio cultural se manifiesta, además de los intereses y beneficios socioeconómicos y educativos que desprenden. Tomando el análisis de esta relación como punto de partida nos cuestionamos acerca de: ¿qué entendemos por ocio cultural y cuál ha sido su evolución? ¿Cómo se vive el ocio cultural en la actualidad y que papel desempeña el educador social en la gestión del mismo? En consonancia, el presente estudio tiene por finalidad desvelar, desde una revisión bibliográfica, los entresijos de la relación anterior, así como identificar la diversidad de prácticas de ocio cultural, partiendo de una revisión histórica que se remonta a la edad antigua (grecoromana) y llega hasta la actualidad. Finalmente, se analiza la figura del educador social como profesional de referencia en la dinamización y proyección social del ocio cultural que ha de trabajar en una red de colaboración con otras figuras como los docentes.

Las competencias profesionales en el nuevo escenario universitario: su papel en la formación de los educadores sociales

Teresa de Jesús González Barbero.

Resumen

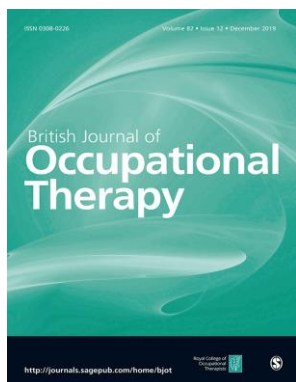
Con la implantación de modelo universitario del Espacio Europeo de Educación Superior, los nuevos grados han visto modificada su estructura adoptando el modelo competencial. Tomamos como referencia la definición de competencia como “combinación de conocimientos, capacidades y actitudes adecuadas al contexto. Las competencias claves son aquellas que todas las personas precisan para su realización y desarrollo personales, así como para la ciudadanía activa, la inclusión social y el empleo” (Comisión Europea, 2007). De todas las posibles competencias que afectan al Grado en Educación Social, hemos seleccionado la “capacidad de organización y planificación” por entender que es de vital importancia en un perfil universitario y de forma más específica en el contexto de la intervención social. El trabajo recoge la investigación diseñada para evaluar dicha capacidad y su posible relación con los resultados académicos en los estudiantes de Educación Social de la Facultad de Educación de la Universidad Complutense de Madrid.

¿Qué pasó con las personas en situación de sinhogarismo durante el confinamiento? Estudio sobre la percepción de profesionales sobre las medidas tomadas ante el estado de alarma por el COVID-19

Fran Calvo Oriol, Turró-Garriga, Xavier Solench-Arco, Andrés Lorenzo-Aparicio,

Resumen

En el presente estudio se analiza la percepción de distintos profesionales especialistas en el fenómeno del sinhogarismo, sobre la situación en las instituciones especializadas, durante las primeras semanas del estado de alarma consecuencia de la pandemia del COVID-19. El método empleado fue el análisis cualitativo de contenido temático. Se creó un cuestionario en línea ad hoc, con preguntas abiertas sobre la percepción de la gestión de la crisis del COVID-19 en los dispositivos dirigidos a personas en situación de sin-hogar. Se reclutó una muestra de 202 participantes, profesionales de la educación social, el trabajo social, la integración social y la psicología, de prácticamente todas las comunidades autónomas del estado español. Las principales conclusiones indican que los servicios tuvieron muchas dificultades para adaptarse a la situación de confinamiento, las cuales repercutieron especialmente en la salud mental de los y las profesionales. Las personas sin-hogar con problemas de salud mental y/o adicciones, especialmente aquellas que fueron confinadas en macroinstalaciones temporales, fueron las que sufrieron más dificultades. Los recursos residenciales de tamaño reducido, que limitaron su acceso y se confinaron, tuvieron más facilidad para gestionar la situación. El manuscrito finaliza con una recopilación de recomendaciones de las personas participantes, a tener en cuenta en caso de futuros rebrotes o epidemias que influyan en esta población.



Volumen 83, Issue 10, October 2020

The experiences of people with severe mental health conditions participating in the Occupation Matters Programme: An interpretative phenomenological analysis

Alison Newport, Channine Clarke

Abstract

Introduction. The Occupation Matters Programme is an occupational therapy intervention promoting recovery in people with severe mental health conditions, adapted from the Lifestyle Redesign[®] approach. With the increasing demand for mental health services and the United Kingdom's current financial position, there is reason to research the Occupation Matters Programme.

Method. Interpretative phenomenological analysis provided a rich account of the experience of the Occupation Matters Programme, eliciting the service user voice. Four participants participated in semi-structured interviews following session 10 and at the completion of the 20-week programme. Data analysis followed the step-by-step interpretative phenomenological analysis guidelines, enabling themes to be identified that reflected participants' experiences.

Findings. Three major themes were revealed: connecting with others; experiencing an opened-up world through a temporary project and finding a place in the world through a changing sense of self. Three participants described a temporary improvement in their mental health at the halfway point, which became more permanent by the completion of the programme.

Conclusions. This study suggests that the Occupation Matters Programme was influential in the participants' recovery journeys and provides evidence for Wilcock's Doing, Being, Belonging and Becoming framework. It encourages occupational therapists to concentrate on occupation-centred practice, occupational integrity and implementing all four aspects of Wilcock's framework.

Volumen 83, Issue 12, December 2020

Preliminary study of time estimation of daily activities in patients with chronic schizophrenia by questionnaire survey

Aiko Hoshino, Tatsumi Asakura, Kilchoon Cho, Natsumi Murata, Tomohiro Kogata, Masashi Kawamura, Aki Kito, Urara Kato

Abstract

Introduction. Few studies have investigated time estimation of daily activities in patients with mental illness. Therefore, we conducted a preliminary study to extract the characteristics of time estimation in patients with schizophrenia.

Method. We conducted an investigation using the Questionnaire of Time Experience in Daily Activities in patients with schizophrenia and healthy controls. We compared the results between schizophrenia patients and healthy controls using *t*-tests.

Results. Thirty-four people participated in each group. *T*-tests showed significantly shorter length of time answers in the schizophrenia group for question 4, (“How long does it take you to go out after waking up in the morning?”). For question 5 (“When you have to take a bus, how long before departure time do you arrive at the bus stop?”) and question 6 (“You have an appointment with your friend. How long beforehand do you arrive at the appointed place?”), the answers of the schizophrenia group were significantly longer than the healthy controls.

Conclusion. Time estimations of some daily activities of patients with schizophrenia were significantly different from those of healthy controls. This study will support the next phase of psychometric testing of the Questionnaire of Time Experience in Daily Activities, after which the results will be applicable to practice.

Evaluation of a financial skills training programme for vulnerable young people at risk of homelessness

Jon Fieldhouse, Harry Grotorex

Abstract

Introduction. A financial skills training programme (Cash Pointers) for young people at risk of homelessness had an unexpectedly positive impact on their wellbeing. A qualitative inquiry examined this phenomenon.

Method. Interviews with six trainees explored their experiences of the programme. A focus group comprising four programme workers added a service provider perspective.

Findings. Cash Pointers addressed trainees’ basic living and health needs. Additionally, trusting relationships with programme workers enabled trainees to feel safe, develop skills, pursue goals, manage health problems, improve relationships and engage in life roles. Trainees said Cash Pointers was accessible and responsive, offering advocacy, inter-agency liaison and hope. Programme workers said they balanced the need for quick results with patient relationship-building, were a well-supported team with a high degree of casework autonomy and felt skilled in the therapeutic use of self.

Conclusion. Cash Pointers created a psychologically informed environment within which trainees stabilised, acquired skills and progressed towards greater life satisfaction and inclusion. Improving financial skills can be profoundly transformative and an acceptable intervention for this population. Aspects of occupational therapy’s knowledge-base (dynamic systems thinking) and skillset (person-centred goal-setting, therapeutic use of self, creating enabling environments) can support this



Estrategias para la reducción del estigma hacia la salud mental en el contexto escolar: estudio preliminar y pilotaje del programa Lo Hablamos

Jesús De la Higuera Romero

RESUMEN

Existe un creciente interés por las intervenciones educativas encaminadas a la reducción del estigma hacia los trastornos mentales en el contexto escolar. A pesar de la importante disparidad en cuanto a formatos y metodología de actuación, por lo general, este tipo de programas han demostrado ser una herramienta útil y costo-eficiente para favorecer la promoción de la salud mental del adolescente y que este reduzca sus prejuicios y miedos hacia la enfermedad.

El presente trabajo describe el pilotaje del programa Lo Hablamos, una estrategia de intervención manualizada, con alto nivel de estructuración en sus contenidos y diseñada para la reducción del estigma hacia la enfermedad mental en las aulas.

Participaron en el estudio un total de 315 alumnos de 3º y 4º de Enseñanza Secundaria Obligatoria, con edades comprendidas entre los 14 y 17 años. El programa se desarrolló en una única sesión de 3 horas dentro del horario lectivo habitual. Al finalizarla los participantes cumplieron una encuesta anónima diseñada para extraer sus valoraciones y preferencias sobre las actividades realizadas.

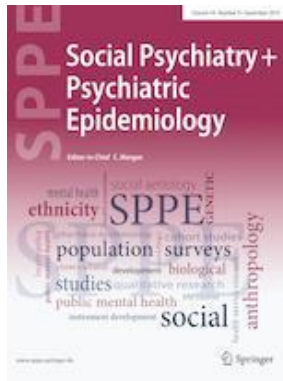
Los resultados indican que la intervención es valorada de manera positiva por el alumnado, exhibiendo además las tareas y ejercicios que en ella se proponen un elevado nivel de comprensión y de dinamismo percibido. El programa parece tener una población diana situada entre los 14-16 años, por encima de estas edades se evidencia un mayor porcentaje de opiniones negativas. Los datos apuntan a que se trata de una herramienta interesante para la actuación sobre el estigma en el ámbito escolar.

SHORT FORMS OF THE WECHSLER ADULT SCALES: A SYSTEMATIC REVIEW

Alba Jiménez Bascuñán, Inmaculada Fuentes-Durá, Carmen Dasí

RESUMEN

Introduction. Since the appearance of the first WAIS scale, there has been a widespread attempt by researchers in the assessment of cognitive abilities to find short forms that facilitate the clinical practice of professionals in those situations where conditions, either because of the time available or the clinical characteristics of patients, do not necessitate the use of an extensive tool. Objective. To carry out a systematic review of the short forms of up to four subtests extracted from the WAIS-III and WAIS-IV scales. Method. Search for information in the PsycINFO database and systematic review of the information following the PRISMA guidelines. Results. Of the 47 studies found, 36 were selected for full-text revision, of which 13 were finally included in this review: 6 of the WAIS-III and 7 of the WAIS-IV. Different forms achieved good results in the quality criteria established in a variety of samples. Discussion and conclusion. There are several forms that are useful for estimating the IQ, according to the samples and the quality criteria used.



Volume 55, Issue 10, October 2020

The effect of gender on mental health service use: an examination of mediation through material, social and health-related pathways

Allison Milner George Disney...Zoe Aitken

Abstract

Purpose. We aimed to understand how much of the gender difference in mental health service use could be due to the joint mediation of employment, behavioural and material factors, social support and mental health need.

Methods. We used data from employed individuals aged 18–65 years who participated in the 2015–2017 waves of the Household, Income and Labour Dynamics in Australia survey. The exposure (male, female) and confounders were measured in 2015, mediators in 2016 and the outcome—whether a person had seen a mental health professional in the previous year—was measured in 2017. We estimated natural mediation effects using weighted counterfactual predictions from a logistic regression model.

Results. Men were less likely to see a mental health care provider than women. The total causal effect on the risk difference scale was -0.045 (95% CI $-0.056, -0.034$). The counterfactual of men taking the mediator values of women explained 28% (95% CI 1.7%, 54%) of the total effect, with the natural direct effect estimated to represent an absolute risk difference of -0.033 (95% CI $-0.048, -0.018$) and the natural indirect effect -0.012 (95% CI $-0.022, -0.0027$).

Conclusion. Gendered differences in the use of mental health services could be reduced by addressing inequalities in health, employment, material and behavioural factors, and social support.

Volume 55, Issue 12, December 2020

Focusing on recovery goals improves motivation in first-episode psychosis

Daniel Fulford, Piper S. Meyer-Kalos & Kim T. Mueser

Abstract

Introduction. Diminished motivation (e.g., low drive, curiosity, and engagement in activities) is associated with robust impairment in psychosocial functioning in schizophrenia, yet even the most effective evidence-based interventions rarely effect meaningful change in motivation. Individual Resiliency Training (IRT) is a psychosocial

treatment for individuals following a first episode of psychosis, supporting motivation through recovery goal setting and pursuit. The extent to which such an approach might improve motivation over time is unknown.

Method. We tested the impact of exposure to IRT modules focused on goal setting and attainment on motivation and functional outcomes among participants in the Recovery After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP). In the sample of 404 individuals with a first episode of psychosis receiving treatment across 34 community sites, we ran mixed-effect models with group (exposed to four or more goal-focused IRT sessions vs. Community Care (CC)), time (baseline, six- and 12-month follow-up), and the group-by-time interaction as predictors of motivation, role and social functioning. We also ran these analyses with those exposed to three or fewer goal-focused IRT sessions compared to CC.

Results. Controlling for gender, ethnicity, baseline cognition, and total number of outpatient mental health visits, exposure to four or more goal-focused IRT sessions was associated with greater improvements in motivation and role functioning compared to CC; effects were not observed for social functioning. Participants receiving three or fewer goal-focused IRT sessions did not differ from those in CC in these outcomes. Further, sensitivity analysis showed that general exposure to IRT was not associated with differential outcomes.

Conclusions. Findings suggest that sufficient focus on recovery goal setting and support in psychosocial intervention for first-episode psychosis may have specific impact on motivation.



Volume 56, Issue 7, October 2020

Clinical and Socio-demographic Variables Associated with the Outcome of Vocational Rehabilitation Programs: A Community-Based Italian Study

G. Mattei, G. Venturi, S. Alfieri, N. Colombini, S. Ferrari, M. Rigatelli, F. Starace & G. M. Galeazzi

Abstract

This study aims to identify clinical and socio-demographic variables associated with the outcome of vocational rehabilitation programs (VRPs). All users of an Italian Community Mental Health Centre (CMHC) included in VRPs delivered according to the model of Supported Employment in years 2011–2016 were retrospectively enrolled. Fifty users who ended the program with employment were compared with fifty users who dropped out, with respect to clinical and socio-demographic variables. VRPs lasting less than 6 months and oriented toward the competitive labor market had a higher probability of employment. Among users who successfully ended the VRP, the median of health interventions significantly decreased after employment. In the same group of users, less non-health interventions strictly linked to the VRP were required, when compared with users who dropped out. We conclude that employment is associated with improvement of users' clinical conditions and reduced workload for the CMHC.

The Behavioral Model of Health: Education, Behavioral Health Factors, and Stigma as Predictors of Help-Seeking Attitudes

Lorraine T. Benuto, Jena Casas, Frances Gonzalez & Rory Newlands

Abstract

Per the behavioral model of health, help-seeking attitudes (and even behavioral health service use) are a function of predisposing and enabling individual characteristics (e.g. demographic characteristics, health beliefs), as well as contextual characteristics (resources, social structures such as education etc.). While researchers have examined how demographic (gender and ethnicity) and socioeconomic (education and income) characteristics, psychological factors, and internal barriers relate to help-seeking attitudes, the majority of these works have investigated how different variables independently act on help-seeking attitudes in lieu of more comprehensively investigating how they operate in tandem. The purpose of the current study was to examine how demographic (gender and ethnicity) and socioeconomic (education and income) characteristics, behavioral health factors, and internal barriers relate to help-

seeking attitudes in a diverse sample of primary care patients. We also sought to examine differences in demographic and socioeconomic characteristics in mental health literacy, stigma, and help-seeking attitudes. Participants were 286 primary care patients. Results from this study indicate that a combination of socioeconomic characteristics (i.e. education), behavioral health factors (level of distress and history of behavioral health service utilization), and internal barriers (personal stigma) predicted help-seeking attitudes among primary care patients. There was an inverse relationship between education and personal stigma and help-seeking attitudes such that higher levels of education and higher levels of personal stigma were associated with more negative help-seeking attitudes.

Volume 56, Issue 8, November 2020

Childhood Adversity, Proximal Stressors and PTSD Among People with Severe Mental Illness: An Exploratory Study

Richard E. Adams, Natalie Bonfine & Christian Ritter

Abstract

The purpose of this exploratory study is to: (1) assess prevalence of childhood adversities and posttraumatic stress disorder (PTSD); (2) assess their association, and; (3) explore whether proximal sources of stress affect this relationship and/or have an association with PTSD among people with severe and persistent psychological disorders. Using data from 141 respondents, we assess the extent to which individuals in this population experienced 17 PTSD symptoms, various correlates to probable PTSD, and the most relevant of these factors in a multivariate logistic regression. Overall, 27% of the participants met study criteria for probable PTSD and each symptom was reported by at least 18% of the sample. Multivariate logistic regression models indicated that interpersonal conflict and being a victim of a crime were significantly related to probable PTSD. We discuss these findings in relation to treatment and course of disease for people suffering from severe and persistent mental illness experiencing a traumatic event.

Quality of Life and Mental Well-Being: A Gendered Analysis of Persons Experiencing Homelessness in Canada

Kristy Buccieri, Abram Oudshoorn, Jeannette Waegemakers Schiff, Bernadette Pauly, Rebecca Schiff & Stephen Gaetz

Abstract

Homelessness has negative implications for mental well-being and quality of life. This paper identifies the quality of life variables that contribute to positive or negative wellbeing, reporting on a regression analysis from 343 individuals experiencing homelessness in Canada. Results indicate that a lack of sleep duration and quality reduced mental well-being for both genders, not having access to food and/or hygiene facilities decreased men's well-being, and engaging in illegal subsistence strategies, such as selling drugs, negatively impacted women's mental well-being. For persons experiencing homelessness, mental well-being and quality-of-life are gendered outcomes of their limited access to social determinants of health.

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Volume 23, 2020

Evaluation of Motivation for the Treatment of Drug Addicts with Personality Disorders

José M. Martínez-González, Alfonso Caracuel, Raquel Vilar-López, Elisardo Becoña, Antonio Verdejo-García

Abstract

Lack of motivation for the treatment of drug addiction is associated with dropout and relapses. Further, personality disorders (PD) have traditionally been linked to low motivation and therapeutic failure. Thus, the present study aims to analyze the structure of the *Motivation for Treatment Questionnaire* (MTQ-8), as well as to determine differences in motivation due to the presence of PD and the impact of psychological adjustment on motivation. The sample included 125 patients (84% male) who started a treatment for their addiction to cocaine and alcohol. Rasch analysis was applied for the first objective, and means contrast and regression analysis for the others. The two subscales of the MTQ-8 fit the Rasch model, with appropriate psychometric characteristics when merging Items 5 and 7. The presence of PD was not associated with reduced motivation. Motivation for treatment was greater when abstinence was less than three weeks, and psychological distress predicted motivation for treatment. The present study confirms that MTQ-8 subscales are suitable for measuring motivation for treatment and readiness for change in drug-dependent patients. It is noted that the presence of PD should not be associated with a lower level of motivation, and that psychological distress influences motivation.



Vol. 94, noviembre 2020

Tipos de bebidas alcohólicas y efectos diferenciados en la salud: una revisión paraguas de estudios observacionales

Iñaki Galán Labaca, Lidia Segura-García, F. Javier Álvarez y Marina Bosque-Prous.

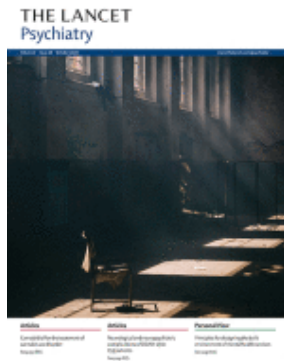
RESUMEN

Fundamentos: Existe gran controversia sobre si el consumo de diversos tipos de bebidas alcohólicas tiene efectos diferenciados en la salud. El objetivo de este estudio fue realizar una revisión paraguas de los estudios que describían la asociación del consumo de diferentes tipos de bebidas alcohólicas con diversos indicadores de salud.

Métodos: Se realizó una búsqueda a través de PubMed (entre enero de 2000 y febrero de 2019) de revisiones sistemáticas y metaanálisis que reportaban resultados cuantitativos de la asociación entre el consumo de diferentes tipos de bebidas alcohólicas y efectos en salud. Se identificaron 26 estudios: veintiuno estaban relacionados con cáncer, tres con enfermedades cardiometabólicas, dos con neurodegenerativas y uno con mortalidad general.

Resultados: Los resultados fueron heterogéneos. Las grandes diferencias metodológicas en la estimación de la ingesta de alcohol, el control de las variables confusoras y el contraste de las estimaciones entre el tipo de bebidas hacían muy difícil concluir sobre si provocaban un efecto desigual en la salud. En la mortalidad general y las enfermedades cardiometabólicas, aunque parece que la cerveza y los licores tenían un mayor efecto negativo que el vino, las diferencias entre tipos de bebidas no eran estadísticamente significativas. Respecto al cáncer, en aquellos tipos cuya evidencia causal era totalmente consistente (orofaringe, colorrectal y de mama [mujeres]), las revisiones no mostraban un efecto diferenciado según los tipos de bebidas alcohólicas. Respecto a las enfermedades neurodegenerativas, la información disponible tampoco permitía establecer claras conclusiones.

Conclusiones: La evidencia revisada no permite afirmar que el consumo de vino, cerveza o licores tenga un efecto diferencial en las enfermedades cardiometabólicas, las neurodegenerativas o el cáncer.



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Cannabidiol for the treatment of cannabis use disorder: a phase 2a, double-blind, placebo-controlled, randomised, adaptive Bayesian trial

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Summary

Background. A substantial and unmet clinical need exists for pharmacological treatment of cannabis use disorders. Cannabidiol could offer a novel treatment, but it is unclear which doses might be efficacious or safe. Therefore, we aimed to identify efficacious doses and eliminate inefficacious doses in a phase 2a trial using an adaptive Bayesian design.

Methods. We did a phase 2a, double-blind, placebo-controlled, randomised, adaptive Bayesian trial at the Clinical Psychopharmacology Unit (University College London, London, UK). We used an adaptive Bayesian dose-finding design to identify efficacious or inefficacious doses at a-priori interim and final analysis stages. Participants meeting cannabis use disorder criteria from DSM-5 were randomly assigned (1:1:1:1) in the first stage of the trial to 4-week treatment with three different doses of oral cannabidiol (200 mg, 400 mg, or 800 mg) or with matched placebo during a cessation attempt by use of a double-blinded block randomisation sequence. All participants received a brief psychological intervention of motivational interviewing. For the second stage of the trial, new participants were randomly assigned to placebo or doses deemed efficacious in the interim analysis. The primary objective was to identify the most efficacious dose of cannabidiol for reducing cannabis use. The primary endpoints were lower urinary 11-nor-9-carboxy- δ -9-tetrahydrocannabinol (THC-COOH):creatinine ratio, increased days per week with abstinence from cannabis during treatment, or both, evidenced by posterior probabilities that cannabidiol is better than placebo exceeding 0.9. All analyses were done on an intention-to-treat basis. This trial is registered with [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02044809) ([NCT02044809](https://clinicaltrials.gov/ct2/show/study/NCT02044809)) and the EU Clinical Trials Register (2013-000361-36).

Findings. Between May 28, 2014, and Aug 12, 2015 (first stage), 48 participants were randomly assigned to placebo (n=12) and to cannabidiol 200 mg (n=12), 400 mg (n=12), and 800 mg (n=12). At interim analysis, cannabidiol 200 mg was eliminated from the trial as an inefficacious dose. Between May 24, 2016, and Jan 12, 2017

(second stage), randomisation continued and an additional 34 participants were allocated (1:1:1) to cannabidiol 400 mg (n=12), cannabidiol 800 mg (n=11), and placebo (n=11). At final analysis, cannabidiol 400 mg and 800 mg exceeded primary endpoint criteria (0.9) for both primary outcomes. For urinary THC-COOH:creatinine ratio, the probability of being the most efficacious dose compared with placebo given the observed data was 0.9995 for cannabidiol 400 mg and 0.9965 for cannabidiol 800 mg. For days with abstinence from cannabis, the probability of being the most efficacious dose compared with placebo given the observed data was 0.9966 for cannabidiol 400 mg and 0.9247 for cannabidiol 800 mg. Compared with placebo, cannabidiol 400 mg decreased THC-COOH:creatinine ratio by -94.21 ng/mL (95% interval estimate -161.83 to -35.56) and increased abstinence from cannabis by 0.48 days per week (0.15 to 0.82). Compared with placebo, cannabidiol 800 mg decreased THC-COOH:creatinine ratio by -72.02 ng/mL (-135.47 to -19.52) and increased abstinence from cannabis by 0.27 days per week (-0.09 to 0.64). Cannabidiol was well tolerated, with no severe adverse events recorded, and 77 (94%) of 82 participants completed treatment.

Interpretation. In the first randomised clinical trial of cannabidiol for cannabis use disorder, cannabidiol 400 mg and 800 mg were safe and more efficacious than placebo at reducing cannabis use.



The transition to compulsion in addiction

Christian Lüscher, Trevor W Robbins, Barry J Everitt

Abstract

Compulsion is a cardinal symptom of drug addiction (severe substance use disorder). However, compulsion is observed in only a small proportion of individuals who repeatedly seek and use addictive substances. Here, we integrate accounts of the neuropharmacological mechanisms that underlie the transition to compulsion with overarching learning theories, to outline how compulsion develops in addiction. Importantly, we emphasize the conceptual distinctions between compulsive drug-seeking behaviour and compulsive drug-taking behaviour (that is, use). In the latter, an individual cannot stop using a drug despite major negative consequences, possibly reflecting an imbalance in frontostriatal circuits that encode reward and aversion. By contrast, an individual may compulsively seek drugs (that is, persist in seeking drugs despite the negative consequences of doing so) when the neural systems that underlie habitual behaviour dominate goal-directed behavioural systems, and when executive control over this maladaptive behaviour is diminished. This distinction between different aspects of addiction may help to identify its neural substrates and new treatment strategies.



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Recovery from addiction: Behavioral economics and value-based decision making

Matt Field, Nick Heather, James G Murphy, Tom Stafford, Jolie A Tucker, Katie Witkiewitz

Abstract

Behavioral economics provides a general framework to explain the shift in behavioral allocation from substance use to substance-free activities that characterizes recovery from addiction, but it does not attempt to explain the internal processes that prompt those behavioral changes. In this article we outline a novel analysis of addiction recovery based on computational work on value-based decision making (VBDM), which can explain how people with addiction are able to overcome the reinforcement pathologies and decision-making vulnerabilities that characterize the disorder. The central tenet of this account is that shifts in molar reinforcer preferences over time from substance use to substance-free activities can be attributed to changes in evidence accumulation rates and response thresholds in the context of choices involving substance use and substance-free alternatives. We discuss how this account can be reconciled with the established mechanisms of action of psychosocial interventions for addiction and demonstrate how it has the potential to empirically address longstanding debates regarding the nature of impairments to self-control in addiction. We also highlight conceptual and methodological issues that require careful consideration in translating VBDM to addiction and recovery



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Benzodiazepine abuse, misuse, dependence, and withdrawal among schizophrenic patients: A review of the literature.

De la Iglesia-Larrad JI, Barral C, Casado-Espada NM, de Alarcón R, Maciá-Casas A, Vicente Hernandez B, Roncero C.

Abstract

Patients diagnosed with schizophrenia are at least three times more likely to develop a substance use disorder than controls. These patients are frequently prescribed benzodiazepines as a coadjuvant drug, which have a high potential for addiction. We performed a literature review aiming to gather evidence on various topics concerning the use of benzodiazepines in schizophrenia, with a focus on possible abuse: 1) Prevalence of prescribed and non-prescribed benzodiazepine use among patients, 2) Prevalence of abusers, 3) Effects of long-term benzodiazepine abuse in schizophrenia prognosis, 4) Possible management strategies for benzodiazepine abuse in this population.

Our search revealed there is a high variability (up to 20%) in benzodiazepine abuse among patients, with cannabis and stimulants being more frequent, and no clear demographic traits have been identified among these patients. Patients with affective symptoms are more likely to abuse benzodiazepines. Its long-term effects on prognosis have been debated, with some papers hinting at a higher mortality rate. Tapering benzodiazepines has been associated with an improvement in some cognitive functions. Management strategies for potential abuse do not differ greatly for this population, and no specific pharmacological aid can be indicated, but an integral approach is proposed.

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The COVID-19 pandemic and its impact on substance use: Implications for prevention and treatment.

Ornell F, Moura HF, Scherer JN, Pechansky F, Kessler FHP, von Diemen L.

Abstract

The COVID-19 pandemic has brought major challenges to healthcare systems and public health policies globally, as it requires novel treatment and prevention strategies to adapt for the impact of the pandemic. Individuals with substance user disorders

(SUD) are at risk population for contamination due to multiple factors—attributable to their clinical, psychological and psychosocial conditions. Moreover, social and economic changes caused by the pandemic, along with the traditional difficulties regarding treatment access and adherence—will certainly worsen during this period, therefore aggravate their condition. In addition, this population are potential vectors of transmission. In that sense, specific strategies for prevention and treatment must be discussed. Health care professionals dealing with SUD must be aware of the risks and challenges they will meet during and after the COVID-19 outbreak. Addiction care must be reinforced, instead of postponed, in order to avoid complications of both SUD and COVID-19 and to prevent the transmission of coronavirus.

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Psychological factors associated with substance use initiation during the COVID-19 pandemic

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Abstract

The 2019 outbreak of the novel coronavirus (COVID-19) has had a devastating impact. Given the on-going nature of the outbreak, the deleterious toll on mental health, including substance use, is unknown. Negative reinforcement models of substance use posit that elevations in stress from the COVID-19 pandemic will elicit a corresponding motivation to downregulate COVID-19-related stress reactivity via substance use for a subset of the population. The current study sought to evaluate: (1) if COVID-19-related worry and fear were associated with substance use coping motives; and (2) how levels of COVID-19-related worry and fear differ between pre-COVID-19 substance users, COVID-19 substance initiators, and abstainers. Participants were 160 adults recruited nationally between April-May 2020 for an online study. Results indicated that COVID-19-related worry was associated with substance use coping motives. Additionally, compared to abstainers, pre-COVID-19 substance users and COVID-19 substance initiators demonstrated the highest levels of worry and fear. Examination of differences suggested that the COVID-19 substance initiators had the highest COVID-19-related worry and fear for all substances except for opioids, with effect size estimates ranging from small to medium. The results of this study suggest that COVID-19-specific psychological factors appear to be involved in substance use behavior.

OTROS DOCUMENTOS



El impacto de la pandemia del coronavirus en los derechos humanos de las personas con discapacidad en España

Comité Español de Representantes de Personas con Discapacidad CERMI. 2020



El derecho a la salud de las mujeres y niñas con discapacidad

Fundación CERMI Mujeres. 2020



Anales de Derecho y Discapacidad 2020.

Volumen V, CERMI 27.07.2020



Guía para la gestión colaborativa de la medicación en salud mental.

Serrano, M.; Pié, A.; Martínez, A. (Coords) et al. 2020. Tarragona: Edicions URV.