Telehealth Interventions

285 A Randomized Controlled Trial of the Web-Based OurRelationship Program: Effects on Relationship and Individual Functioning
Brian D. Doss, Larisa N. Cicila, Emily J. Georgia, McKenzie K. Roddy, Kathryn M. Nowlan, Lisa A. Benson, and Andrew Christensen

In a nationally representative sample, this study demonstrates that a brief, web-based intervention for distressed couples can improve relationship functioning. Additionally, the program significantly improved reported problems with depression, anxiety, work functioning, and perceived health.

297 Improving Fatigue and Depression in Individuals With Multiple Sclerosis Using Telephone-Administered Physical Activity Counseling
Aaron P. Turner, Narineh Hartoonian, Alicia P. Sloan, Marisa Benich, Daniel R. Kivlahan, Christina Hughes, Abbey J. Hughes, and Jodie K. Haselkorn

Fatigue and depression are extremely common among individuals with multiple sclerosis and other chronic illnesses. Telephone-based interventions represent a promising means of overcoming barriers and improving access to care.

Youth/Adolescence

310 The Randomized Controlled Trial of Head Start REDI: Sustained Effects on Developmental Trajectories of Social–Emotional Functioning
Robert L. Nix, Karen L. Bierman, Brenda S. Heinrichs, Scott D. Gest, Janet A. Welsh, and Celene E. Domitrovich

When children participated in the enriched preschool program Head Start REDI, they were more likely to follow optimal developmental trajectories of social–emotional functioning through third grade. Ensuring that all children living in poverty have access to high-quality preschool may be one of the more effective means of reducing disparities in school readiness and increasing the likelihood of lifelong success.

323 A Randomized Controlled Trial of Cognitive Debiasing Improves Assessment and Treatment Selection for Pediatric Bipolar Disorder
Melissa M. Jenkins and Eric A. Youngstrom

Study findings increase understanding of clinicians’ cognitive vulnerabilities; they model a new approach for improving clinical decision-making. Greater awareness of faulty heuristics and using cognitive debiasing strategies improve clinicians’ diagnostic reasoning and result in more accurate treatment decisions.

(Contents continue)
Antibullying programs are typically deemed effective when they generate overall reductions in bullying behaviors and victimization reports. However, less is known about if and how such programs affect the well-being of the bullied. The current study suggests that school-wide bullying prevention programs designed to improve bystander and teacher support for victims can also reduce the harm associated with victimization (negative perceptions of school climate, low self-esteem and depression). Addressing and assessing the psychological needs of bullied children is particularly critical given the well-established psychological risks associated with peer victimization.

**Anxiety**

345 Cognitive-Behavioral Therapy Augmentation of SSRI Reduces Cortisol Levels in Older Adults With Generalized Anxiety Disorder: A Randomized Clinical Trial

*Christopher B. Rosnick, Julie L. Wetherell, Kamila S. White, Carmen Andreescu, David Dixon, and Eric J. Lenze*

The current study provides support for a physiological benefit using CBT augmentation of SSRI in older adults with GAD. If in fact chronically high cortisol is causally influencing the range of deleterious health and cognitive outcomes of late-life anxiety and other stress disorders, this behavioral strategy could mitigate these outcomes via cortisol reduction.

**Personality Disorders**

353 In Cognitive Therapy for Depression, Early Focus on Maladaptive Beliefs May Be Especially Efficacious for Patients With Personality Disorders

*John R. Keefe, Christian A. Webb, and Robert J. DeRubeis*

In cognitive therapy for depression, early therapeutic focus on core beliefs may be especially beneficial in treating mood and personality disorder symptoms for patients with comorbid Cluster C personality disorders and personality disorder–not otherwise specified with Cluster C and B features. Cognitive therapy clinicians treating this population may wish to attend to their patients’ core beliefs relatively early in treatment.

**Prevention**

365 Quantifying and Qualifying the Preventive Effects of Acute-Phase Cognitive Therapy: Pathways to Personalizing Care

*Robin B. Jarrett, Abu Minhajuddin, Jeffrey R. Vittengl, Lee Anna Clark, and Michael E. Thase*

These findings strongly confirm that lower risk responders, with stable remission, do not need continuation-phase treatment to prevent relapse. In contrast, higher risk responders, with unstable remission, do benefit from continuation-phase treatment.