Continuing Medical Education

You now have an opportunity to earn CME credits by reading articles in *The American Journal of Psychiatry*. Three articles in this issue each comprise a short course for up to 1 *AMA PRA Category 1 Credit™* each. The course consists of reading the article and answering three multiple-choice questions with a single correct answer. CME credit is issued only online. Readers who want credit must subscribe to the AJP Continuing Medical Education Course Program (cme.psychiatryonline.org), select *The American Journal of Psychiatry* at that site, take the course(s) of their choosing, complete the evaluation form, and submit their answers for CME credit. A link from the question to the correct answer in context will be highlighted in the associated article. A certificate for each course will be generated upon successful completion. This activity is sponsored by the American Psychiatric Association.

Information to Participants

Objectives. After evaluating a specific journal article, participants should be able to demonstrate an increase in their knowledge of clinical medicine. Participants should be able to understand the contents of a selected research or review article and to apply the new findings to their clinical practice.

Participants. This program is designed for all psychiatrists in clinical practice, residents in Graduate Medical Education programs, medical students interested in psychiatry, and other physicians who wish to advance their current knowledge of clinical medicine.

Explanation of How Physicians Can Participate and Earn Credit. In order to earn CME credit, subscribers should read through the material presented in the article. After reading the article, complete the CME quiz online at cme.psychiatryonline.org and submit your evaluation and study hours (up to 1 *AMA PRA Category 1 Credit™*).

Credits. The American Psychiatric Association designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. The American Psychiatric Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Information on Courses

Title: A Methodological Analysis of Randomized Clinical Trials of Computer-Assisted Therapies for Psychiatric Disorders: Toward Improved Standards for an Emerging Field

Faculty: Brian D. Kiluk, Ph.D., Dawn E. Sugarman, Ph.D., Charla Nich, M.S., Carly J. Gibbons, Ph.D., Steve Martino, Ph.D., Bruce J. Rounsaville, M.D., Kathleen M. Carroll, Ph.D.

Affiliation: Department of Psychiatry, Yale University School of Medicine, West Haven, Conn.

Disclosures: The authors report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: At Clinical High Risk for Psychosis: Outcome for Nonconverters

Faculty: Jean Addington, Ph.D., Barbara A. Cornblatt, Ph.D., Kristin S. Cadenhead, M.D., Tyrone D. Cannon, Ph.D., Thomas H. McGlashan, M.D., Diana O. Perkins, M.D., Larry J. Seidman, Ph.D., Ming T. Tsuang, M.D., Ph.D., Elaine F. Walker, Ph.D., Scott W. Woods, M.D., Robert Heinssen, Ph.D.

Affiliations: Department of Psychiatry, University of Calgary (J.A.); Department of Psychiatry, Zucker Hillside Hospital, Long Island, N.Y. (B.A.C.); Department of Psychiatry, University of California San Diego (K.S.C., M.T.T.); Departments of Psychology and Psychiatry and Biobehavioral Sciences, University of California Los Angeles (T.D.C.); Department of Psychiatry, Yale University, New Haven, Conn. (T.H.M., S.W.W.); Department of Psychiatry, University of North Carolina, Chapel Hill (D.O.P.); Department of Psychiatry, Harvard Medical School at Beth Israel Deaconess Medical Center and Massachusetts General Hospital, Boston (L.J.S.); Departments of Psychology and Psychiatry, Emory University, Atlanta (E.F.W.); the Schizophrenia Spectrum Research Program, Division of Adult Translational Research, National Institute of Mental Health, Bethesda, Md. (R.H.)

Disclosures: Dr. Addington currently receives (or has received in the past 12 months) investigator-initiated research funding from multiple not-for-profit entities, including the National Institute of Mental Health and the Ontario Mental Health Foundation; she has served as a consultant for AstraZeneca, Janssen, and Pfizer. Dr. Cornblatt currently receives (or has received in the past 12 months) investigator-initiated research funding from not-for-profit entities, including the National Institute of Mental Health and the Stanley Medical Research Institute; she has also served as a consultant to Bristol-Myers Squibb, Janssen Pharmaceuticals, and Lilly and has received unrestricted educational grants from Janssen. Dr. Cadenhead currently receives (or has received in the past 12 months) investigator-initiated research funding from the National Institute of Mental Health. Dr. Cannon currently receives (or has received in the past 12 months) investigator-initiated research funding from multiple not-for-profit entities, including NARSAD, the National Institute of Mental Health, and the Staglin Music Festival for Mental Health; he has served as a consultant to Eli Lilly and Janssen Pharmaceuticals. In the past 12 months, Dr. Perkins has received research funding from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Janssen Pharmaceutica Products, Otsuka, and Pfizer; she has received consulting and educational fees from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Forest Laboratories, GlaxoSmithKline, Janssen Pharmaceuticals, Pfizer, and Shire. Dr. Seidman currently receives (or has received in the past 12 months) investigator-initiated research funding from multiple not-for-profit entities, including the Commonwealth of Massachusetts Department of Mental Health, NARSAD, the National Institute of Aging, the National Institute of Mental Health, and the Sidney R. Baer Foundation. Dr. Walker currently receives (or has received in the past 12 months) investigator-initiated research funding from not-for-profit entities, including the National Alliance for Research on Schizophrenia and Depression and the National Institute of Mental Health. Dr. Woods currently receives (or has received in the past 12 months) investigator-initiated research funding from multiple not-for-profit entities, including the National Institute of Mental Health and the Donaghue, NARSAD, and Stanley foundations; he has received investigator-initiated research funding from multiple for-profit entities, including Bristol-Myers Squibb and UCB Pharma; and he has served as a consultant to Otsuka and Schering-Plough. Dr. Heinssen is employed by the National Institutes of Health. Drs. McGlashan, Tsuang, and Woods report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: Impact of Neurocognition on Social and Role Functioning in Individuals at Clinical High Risk for Psychosis

Faculty: Ricardo E. Carrión, Ph.D., Terry E. Goldberg, Ph.D., Danielle McLaughlin, M.A., Andrea M. Auther, Ph.D., Christoph U. Correll, M.D., Barbara A. Cornblatt, Ph.D., M.B.A.

Affiliation: Department of Psychiatry Research, Zucker Hillside Hospital, North Shore-Long Island Jewish Health System

Disclosures: Dr. Goldberg has received consulting fees from Merck and GlaxoSmithKline and receives royalties for use of the Brief Assessment of Cognition in Schizophrenia in clinical trials. Dr. Correll has been a consultant or adviser to or received grant support or honoraria from Actelion, AstraZeneca, Boehringer-Ingelheim, Bristol-Myers Squibb, Cephalon, Eli Lilly, Feinstein Institute for Medical Research, IntraCellular Therapies, GlaxoSmithKline, Hoffmann-La Roche, Lundbeck, Medicure, Merck, NARSAD, NIMH, Ortho-McNeill/Janssen/Johnson & Johnson, Otsuka, Pfizer, Schering-Plough, Sepracor/Sunovion, Supernus, Takeda, and Vanda. Dr. Cornblatt was the original developer of the Continuous Performance Test, Identical Pairs Version, and has been an adviser to Merck and Bristol-Myers Squibb. The other authors report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

* APA policy requires disclosure by CME authors of unapproved or investigational use of products discussed in CME programs. Off-label use of medications by individual physicians is permitted and common. Decisions about off-label use can be guided by scientific literature and clinical experience.

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INFORMATION TO PARTICIPANTS

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Estimated Time to Complete: 1 Hour
Begin date August 1, 2011 – End date July 31, 2013

EXAMINATION QUESTIONS

Select the single best answer for each question below.

A Methodological Analysis of Randomized Clinical Trials of Computer-Assisted Therapies for Psychiatric Disorders: Toward Improved Standards for an Emerging Field

Brian D. Kiluk et al.
Am J Psychiatry 2011; 168:790–799

Learning Objective. The participant will identify the strengths and weaknesses of psychotherapy conducted through computerized interactions.

Subject Node. Medical Education and Training

1. What percentage of the randomized trials reviewed in this article met minimum methodological standards (rating ≥ 1) on all 14 items?

A. 0
B. 10
C. 25
D. 50

2. What was the most common theoretical orientation of the computer-assisted therapies reviewed?

A. psychodynamic
B. transtheoretical/stage-based
C. motivational enhancement
D. cognitive behavioral

3. The computer-assisted therapy being evaluated was most likely to be found to be more effective when compared to what type of control condition?

A. placebo/attention/education
B. wait list
C. individual therapy
D. pharmacotherapy

EVALUATION QUESTIONS

This evaluation form is adapted from the MedBiquitous Journal-Based Continuing Education Guidelines 28 November 2005. This evaluation will appear online at the end of each CME course. Participants **must** *complete this evaluation in order to receive credit. Select the response which best indicates your reaction to the following statements about this activity.*

STATEMENT 1. The activity achieved its stated objectives.

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 2. The activity was relevant to my practice.

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 3. I plan to change my current practice based on what I learned in the activity.

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 4. The activity validated my current practice.

1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.

1. Strongly agree
2. Agree
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4. Disagree
5. Strongly disagree

STATEMENT 6. The activity was free of commercial bias toward a particular product or company.

1. Strongly agree
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EXAMINATION QUESTIONS

Select the single best answer for each question below.

At Clinical High Risk for Psychosis: Outcome for Nonconverters

Jean Addington et al.
Am J Psychiatry 2011; 168:800–805

Learning Objective. The participant will recognize the longitudinal course associated with subthreshold psychotic symptoms.

Subject Node. Schizophrenia and Other Psychotic Disorders

1. In order to meet criteria for attenuated positive symptom syndrome individuals must have which of the following?

- **A.** psychotic symptoms of greater than one year in duration
- **B.** attenuated psychotic symptoms that began or worsened in the past year
- **C.** both positive and negative symptoms
- **D.** attenuated psychotic symptoms plus a family history of psychosis

2. Among the 255 participants with 1 year of follow-up data who met the attenuated positive symptom risk criteria, approximately what percentage developed a psychotic illness?

- **A.** 35%
- **B.** 5%
- **C.** 71%
- **D.** 20%

3. Which of the following was observed when comparing the nonconverting sample with the nonpsychiatric comparison group on social and role functioning?

- **A.** The nonconverting group performed more poorly on both social and role functioning at each assessment.
- **B.** The nonconverting group did not differ from the nonpsychiatric group at any time.
- **C.** The nonconverting group had the same role function as the nonpsychiatric group at baseline but deteriorated over time.
- **D.** The nonpsychiatric comparison group was better in social functioning but not role functioning at baseline and follow-up.

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Impact of Neurocognition on Social and Role Functioning in Individuals at Clinical High Risk for Psychosis

Ricardo E. Carrión et al.
Am J Psychiatry 2011; 168:806–813

Learning Objective. The participant will understand how neurocognition and daily functioning may differ in patients at high risk for psychosis.

Subject Node. Schizophrenia and Other Psychotic Disorders

1. Criteria for the clinical high-risk, positive group was based on the presence of which of the following?

A. One or more moderate, moderately severe, or severe attenuated *negative* symptoms that did not rise to the level of psychosis.
B. One or more moderate, moderately severe, or severe attenuated *positive* symptoms that did not rise to the level of psychosis.
C. Meets criteria for schizotypal personality disorder and has had a decline of 30% on the GAF in the past year.
D. Either a family history of a psychotic disorder in any first-degree relative and decline of at least 30% in the past 12 months on the GAF scale.

2. Which of the following neurocognitive domains was the most significant predictor of social and role functioning at baseline?

A. processing speed
B. language
C. verbal memory
D. executive function

3. Which of the following measures were able to significantly predict group status as being in the clinical high-risk group as opposed to the healthy comparison group?

A. Lower processing speed
B. Poor social functioning
C. Poor role functioning
D. All of the above

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