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Calendar, American Journal of Psychiatry, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, swestrate@psych.org (e-mail).

Because of space limitations, only listings of meetings of the greatest interest to Journal readers may be included.

#### **AUGUST**

**August 21–23,** 6th International Conference on Schizophrenia VI (IConS VI), Chennai, India. Organized by Schizophrenia Research Foundation (SCARF) and co-sponsored by WPA, WASP, and IPS. Contact www. iconsofscarf.org (web site).

#### **SEPTEMBER**

**September 10–12,** The International Marcé Society for Perinatal Mental Health Conference, Swansea, Wales. www.swansea.ac.uk/marce/ (web site).

and Google Play.

#### **OCTOBER**

October 11–12, 15th Joint Meeting, American Academy of Psychoanalysis and Dynamic Psychiatry (AAPDP) with Organizzazione di Psicoanalisti Italiani Federazione e Registro (OPIFER), Pisa, Italy. Contact: info@AAPDP.org (e-mail), www.AAPDP.org (web site).

October 16–18, Third International Congress on Borderline Personality Disorder and Allied Disorders (Tailoring treatments to different developmental pathways and phenomenologies), European Society for the Study of Personality Disorders (ESSPD) with International Society for the Study of Personality Disorder (ISSPD), Rome, Italy. Contact: borderline2014@cpo-hanser.de (e-mail), www.esspd.eu (web site),

www.borderline-congress.org (conference information).

October 30–November 2, 66th Institute on Psychiatric Services, San Francisco, CA. www.psychiatry.org/ips (web site).

#### FEBRUARY 2015

February 16-19, Update on Psychiatry: Continuing a Proud 23 Year Tradition. JW Marriott Starr Pass Resort, Tucson, Arizona. Sponsored by: Univ. of Arizona College of Medicine, Department of Psychiatry; Arizona Psychiatric Society; Arizona Psychological Association. Contact: uapsycon@email.arizona.edu (e-mail); (520) 626-1392 (phone); www.psychopharm.arizona.edu (web site).



• Up to date access to ICD-9-CM and ICD-10-CM codes for clinical and administrative use

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#### Relapse-Prevention CBT to Improve Outcomes in Pediatric Depression

For children and adolescents with depression, especially youths at risk for multiple episodes, the risk of relapse may be reduced by adding sequential cognitive-behavioral therapy, as opposed to continuation pharmacotherapy alone, after a successful antidepressant response.

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Combining varenicline and bupropion more than doubled the end-of-treatment abstinence rate for male smokers and highly dependent smokers when compared with varenicline treatment alone, and abstinence persisted to the 6-month follow-up.



#### AIP CME \_\_

Three articles in this issue form the basis of a short course with questions that can be answered for up to 1 *AMA PRA Category 1 Credit™* each by visiting http://psychiatryonline.org/cme.aspx and clicking on the "American Journal of Psychiatry" tab.

CME credit is issued only online, and a paid subscription to AJP CME course program is required. This month's courses appear on pages 893–896.



#### Have You Heard? \_\_\_\_

With AJP Audio you can listen to highlights of this issue. This month, Deputy Editor Susan K. Schultz, M.D., discusses delirium with manic symptoms in end-stage COPD, a clinical vignette of depression in a Shia Muslim woman in Iran, mindfulness training for Marines preparing for deployment, unexpected death of a loved one in relation to psychiatric disorders across the life course, the influences of paternal versus maternal PTSD on epigenetic regulation of the glucocorticoid receptor gene in offspring of Holocaust survivors, and prefrontal cortical dopamine transmission in alcoholism. Also, visit the online edition of this month's Journal and click "In This Issue" to view a video of Deputy Editor Daniel S. Pine, M.D., presenting highlights from the issue.



#### Revisit the field's rich history! \_\_\_\_

## 25 years ago this month: Self-Defeating Personality Disorder and DSM-III-R: Development of the Diagnostic Criteria

One of the major controversies during the development of DSM-III-R was the possible inclusion of self-defeating personality disorder. The authors review the clinical literature that serves as the conceptual basis for this diagnosis. The development of the diagnostic criteria is described, including the rationale for specific criteria and the objections raised by opponents of the category. The authors describe how some of these objections led to changes in the diagnostic criteria in an attempt to distinguish self-defeating personality disorder from normal reactions to victimization and abuse.



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Residents,

a publication of The American Journal of Psychiatry

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#### Cover picture

Sean in Blue (May 2012). Alexandra Long (b. 1988)

I am currently an FY1 doctor and previously worked within an acute in-patient psychiatric unit for working-age adults. As doctors, we face decisions that determine a patient's future quality of life and mortality, as well as dealing with the pressures of frequent examinations on our journey to consultancy. It is no wonder then that many doctors fall victim to work-related anxiety. I created this portrait to exemplify the isolation, intensity and severe



stress that can typify this anxiety. I hope that in portraying psychiatric symptoms that many clinicians can relate to, the viewer is able to empathise more fully with the entire spectrum of mental health – from eccentricities and transient anxiety they may identify in their own lives, through to pathological symptoms. Perhaps if clinicians, both within and outside the field of psychiatry, could better identify these traits in themselves, they might also begin to consider their own patients' journeys and symptoms with more insight.

We are always looking for interesting and visually appealing images for the cover of the *Journal* and would welcome suggestions or pictures, which should be sent to Dr Allan Beveridge, British Journal of Psychiatry, 21 Prescot Street, London E1 8BB, UK or bjp@rcpsych.ac.uk.