

**Psychological treatment of obsessive-compulsive disorder in Europe:
a meta-analytic study (pp. 213-237)**

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This article discusses the results of a meta-analysis of the effectiveness of psychological treatment, by itself or in combination with drugs, of the obsessive-compulsive disorder. Twenty-three European articles meeting the selection criteria were included, offering a total of 43 independent studies. Standardized mean difference was calculated between the pretest and posttest means. The global mean effect size, $d_+= 1.443$, showed a clear efficacy for reducing obsessions and compulsions as well as symptoms of depression, anxiety, and social adjustment, although the latter was reduced to a lesser extent. The most effective treatments consisted of combining exposition and response prevention techniques or cognitive restructuring with antidepressants ($d_+= 2.044$ and $d_+= 2.953$, respectively), such as clomipramine or fluvoxamine. A predictive model of the efficacy is proposed as a function of the different treatments and the methodological quality of studies. Finally, the practical, clinical, and research implications of the results are discussed.

Analysis of clinical differences between bulimia nervosa and sub-threshold bulimia
(pp. 239-259)

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The present study examines the validity of severity diagnostic criteria for bulimia nervosa. The sample included 87 subjects. The participants were classified into 1 of 3 groups according to the Mental Disorders-IV criteria: bulimia nervosa ($N= 20$), sub-threshold bulimia ($N= 37$), and non-eating disorder ($N= 30$). The groups were compared regarding perceived pressure to be thin, concerns about body shape, dietary restraint, several measures of eating and weight-related habits and attitudes, depressive symptoms, anxiety, self-esteem, social difficulties, obsessiveness, and impulsivity. Bulimics and sub-clinical bulimics differed from controls in most constructs. Few differences were found between sub-threshold and full-syndrome, raising questions about the diagnostic validity of the frequency threshold. Further evaluation of the severity criterion specified for bulimia nervosa is needed.

Evaluation of Psychology students regarding the ethics of some therapist practices
(pp. 261-281)

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Before beginning the *Practicum* (professional training), 191 Psychology students (158 female and 33 male) completed the Spanish version of Pope, Tabachnick and Keith-Spiegel (1987) questionnaire. This includes 83 specific therapist behaviors covering a wide range of topic areas. Participants were instructed to rate the extent to which they consider each behavior ethical, and were given the same likert-scale used by original study: “*Unquestionably no*”, “*Ethical under rare circumstances*”, “*Don’t know/not sure*”, “*Under any circumstances*” and “*Unquestionably yes*”. In this study, the beliefs of professionals (previous study: Pope *et al.*, 1987) and Psychology student (current study) regarding the ethicality of therapist behaviors were compared. For about two-thirds of the 83 behaviors studied, our results differed significantly from the previous study, in a higher number, the answers of our participants more in agreement with the ethical principles. Nevertheless, in the current study, there were 23 behaviors that posed difficult judgments in terms of whether they were ethical (more than 20% responded “*Don’t know/not sure*”) compared with 12 of original study. Implications of these results are discussed.

The assessment of daily functioning in chronic pain patients (pp. 283-291)

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Nowadays, pain is still one of the most urgent problems, and is an important factor for the need of medical assistance. Daily activity can be considered an index of the state of health, quality of life, and wellbeing of patients that suffer with chronic pain. In this study an instrument is shown which allows the assessment of daily functioning and impairment in this kind of patients (IFI: Impairment and Functioning Inventory). Subjects for this study were 135 patients with chronic benign and oncology pain associated with different pathologies (arthritis, back pain, neuralgia, fibromialgia, cancer). The final instrument has 19 items grouped into four scales: in and outdoor activities, independent functioning, and social and leisure activities. An exploratory factorial analysis with Varimax Rotation revealed that items were grouped into the four factors mentioned and obtained an adequate reliability index.

Study of coping strategies across the different phases of bone marrow transplantation process (pp. 293-306)

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The coping strategies used by 61 oncohematology patients who had undergone an Autologous Bone Marrow Transplant (BMT) were evaluated at four points of time considering the degree of controllability. The sample included 12 were men and 49 women, between 20 and 64 years of age. We used the Coping Estimation (COPE) and we had to adapt the instructions to every moment. The results indicate that there is an interaction between moments and strategies ($F_{(39,20)} = 8.156$; $p < 0.001$), and this has led us to identify the changes in the use of the latter according to the said moments. While the emotional strategies are frequently used through the whole transplant process, especially during the hospitalization period, other strategies such as the behavioral and cognitive ones vary along the process.

Evaluation of the quality of life in adult patients with different chronic diseases

(pp. 307-318)

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This article was mainly aimed to compare the quality of life of a group of patients according to the point of time when their diagnosis was provided: either recent (less than a month), or later (six to twelve months), and was conducted with four patient groups with chronic diseases such as hypertension, diabetes, asthma and migraine. Eighty patients from the Mexican Health Service [Instituto Mexicano del Seguro Social (IMSS)] participated in the study. Life quality was evaluated through the application of an instrument elaborated specifically for the Mexican population which includes 86 items distributed in the following categories: sexual, familiar and interpersonal, personal care and appearance, working areas, emotive-affective, self-concept, academic and socioeconomic level. The most significant variables were: point of time when the diagnosis was provided, academic level and years of service in an employment. Results show certain differences when comparing time of diagnosis, academic level (school years) and occupation (measured in years of service). On the other hand, the symptoms of each ailment have an impact in the self-control and self-concept of the patients, phenomena closely linked to their life quality.

Management of behavior problems associated with dementia (pp. 319-332)

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Dementia is a type of disorder with an increased frequency nowadays due to the extension of life expectancy. As a result, homes for elderly people have increased dramatically in the last years as also has the number of families with an old adult with dementia living with them. Given this situation, both nursing homes and families need behavioral strategies to manage problem behaviors of older adults with dementia. The present work describes some of the common disruptive behaviors of older adults with dementia as well as some behavioral procedures which can help to caregivers of nursing homes and families to manage such behaviors. However, this review focuses on the behavioral analysis of every old person in order to learn the function which explains the disruptive behavior. Finally, the importance of wellbeing of caregivers in order to give an appropriate care to the patient is emphasized.

**The role of functional analysis of behavior in the process of treatment selection:
a case report (pp. 335-350)**

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This article was mainly aimed to compare the quality of life of a group of patients according to the point of time when their diagnosis was provided: either recent (less than a month), or later (six to twelve months), and was conducted with four patient groups with chronic diseases such as hypertension, diabetes, asthma and migraine. Eighty patients from the Mexican Health Service [Instituto Mexicano del Seguro Social (IMSS)] participated in the study. Life quality was evaluated through the application of an instrument elaborated specifically for the Mexican population which includes 86 items distributed in the following categories: sexual, familiar and interpersonal, personal care and appearance, working areas, emotive-affective, self-concept, academic and socioeconomic level. The most significant variables were: point of time when the diagnosis was provided, academic level and years of service in an employment. Results show certain differences when comparing time of diagnosis, academic level (school years) and occupation (measured in years of service). On the other hand, the symptoms of each ailment have an impact in the self-control and self-concept of the patients, phenomena closely linked to their life quality.

**Treatment of body image disturbances in eating disorders by means of virtual reality:
a case report (pp. 351-369)**

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The purpose of the present study was to analyze in detail the results of the standard cognitive-behavioral treatment (CBT) followed by a Virtual Reality (VR) application for Body Image disturbances (BI) in a patient with anorexia nervosa. The participant fulfilled several instruments evaluating BI, eating psychopathology and secondary psychopathology. The treatment for BI disturbances consisted in the successive application of two components (CBT plus VR). After the completion of each component the participant fulfilled again the assessment questionnaires and she did it again one year after the end of the treatment. After the completion of the two treatment components, the patient improved, not only her BI, but also there was a significant improvement regarding eating psychopathology and secondary psychopathology. The outcomes achieved with the treatment were maintained and even enhanced at one-year follow-up. Restoration of weight and eating behavior does not guarantee a total recovery of the eating disorder where BI disturbance is present. On the contrary, this disturbance needs to be treated specifically. Besides, results indicated that the VR component not only enhanced the effectiveness of the CBT component, but also the patient's progressive improvement started when the VR component was introduced.

**Treatment of childhood feeding disorders through parents training:
a case report (pp. 371-387)**

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This article describes the treatment carried out with a six-year-old child who showed a childhood feeding disorder. Intervention has been based in a parents training program supported at home with a token economy. Parents have received specific training to favor the acquisition of abilities that modify the problematic behaviors and consolidate the effects of the intervention with the child. With regard to the parents, results revealed that they had acquired and integrated the learned abilities. This indicates an increased recognition of the understanding to face new problematic situations. With regard to the child, a complete assimilation was observed, according to the established criteria about the new habits, namely, eating alone, grafting food without pounding and an increase in the amount and variety of the grafted food. As a conclusion we could remark the efficiency of the environmental control used by parents in the treatment, and the importance of the token economy in the whole process.