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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. There is no minimum threshold score necessary for the 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 Quality-Based Review of Randomized Controlled Trials of Psychodynamic Psychotherapy
Faculty: Andrew J. Gerber, M.D., Ph.D., James H. Kocsis, M.D., Barbara L. Milrod, M.D., Steven P. Roose, M.D., Jacques P. Barber, Ph.D., Michael E. Thase, M.D., Patrick Perkins, Ph.D., Andrew C. Leon, Ph.D.
Affiliations: Columbia College of Physicians and Surgeons and New York State Psychiatric Institute (A.J.B., S.P.R.); Weill Cornell Medical College (J.H.K., B.L.M., P.P., A.C.L.); Department of Psychiatry, University of Pennsylvania, and VA Medical Center, Philadelphia (J.P.B.); Department of Psychiatry, University of Pittsburgh (M.E.T).
Disclosures: Dr. Gerber has received support from NIMH, NARSAD, Eli Lilly (via the AACAP Pilot Research Award), the American Psychoanalytic Association, the International Psychoanalytic Association, and the Neuropsychoanalysis Foundation. Dr. Kocsis has received grants and contracts from AstraZeneca, Burroughs Wellcome Trust, CNS Response, Forest, NIMH, NIDA, Novartis, the Pritzker Consortium, Roche, and Sanofi-Aventis and serves on speakers bureaus or advisory boards for AstraZeneca, Merck, Pfizer, and Wyeth. Dr. Milrod receives research support from NIMH and through a fund in the New York Community Trust established by DeWitt Wallace. Dr. Roose serves as a consultant to Forest, Medtronic, Wyeth, and Organon and receives research support from Forest. Dr. Barber has received grants from NIMH and NIDA, medication support from Pfizer for a depression RCT, and royalty income from Guilford Publications, Cambridge University Press, and Basic Books. Dr. Thase has served as a consultant or speaker for or received grant support from AstraZeneca, Bristol-Myers Squibb, Cephalon, Cyberonics, Eli Lilly, Forest, GlaxoSmithKline, Janssen, Lundbeck, MedAvante, Neuronetics, NIMH, Novartis, Organon, Otsuka, Ortho-McNeil, Pam-Lab, Pfizer, Sanofi-Aventis, Schering-Plough, Sepracor, Shire US, Supernus Pharmceuticals, Transept, and Wyeth-Ayerst; he has equity holdings in MedAvante and receives royalty income from American Psychiatric Publishing, Inc., Guilford Publications, Herald House, and W.W. Norton; he has provided expert testimony for Jones Day and Philips Lyttle, L.L.P., and Pepper Hamilton, L.L.P., and his wife is employed as the senior medical director for Embryon. Dr. Perkins receives partial salary support from studies sponsored by Novartis, AstraZeneca, Sanofi-Aventis, and Forest. Dr. Leon has served as a consultant to NIMH, FDA, MedAvante, and Roche and as a member of data safety monitoring boards for Astra-Zeneca, Dainippon Sumitomo Pharma America, Organon, and Pfizer.
Discussion of unapproved or investigational use of products*: No

Title: Childhood Trauma and Children's Emerging Psychotic Symptoms: A Genetically Sensitive Longitudinal Cohort Study
Faculty: Louise Arseneault, Ph.D., Mary Cannon, M.D., Ph.D., Helen L. Fisher, Ph.D., Guilherme Polanczyk, M.D., Ph.D., Terrie E. Moffitt, Ph.D., Avshalom Caspi, Ph.D.
Affiliations: the Institute of Psychiatry, MRC Social, Genetic, and Developmental Psychiatry Centre, King's College London (L.A., H.L.F.); the Department of Psychiatry, Royal College of Surgeons in Ireland, Beaumont Hospital, Dublin (M.C.); the Departments of Psychology and Neuroscience, Psychiatry, and Behavioral Sciences and the Institute for Genome Sciences and Policy, Duke University (T.E.M., A.C.); the Department of Psychiatry, University of São Paulo Medical School and the National Institute for Developmental Psychiatry, São Paulo (G.P.)
Disclosures: All authors report no financial relationships with commercial interests
Discussion of unapproved or investigational use of products*: No

Title: Paternal Age at Birth of First Child and Risk of Schizophrenia
Faculty: Liselotte Petersen, M.Sc., Ph.D., Preben Bo Mortensen, M.D., D.M.Sc., Carsten Bøcker Pedersen, M.Sc., D.M.Sc.
Affiliations: National Centre for Register-Based Research, Aarhus University
Disclosures: All 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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Estimated Time to Complete: 1 Hour

Begin date January 1, 2011 – End date December 31, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

A Quality-Based Review of Randomized Controlled Trials of Psychodynamic Psychotherapy

Andrew J. Gerber et al.

Am J Psychiatry 2011; 168:19–28

Learning Objective. The participant will learn about the current state of the randomized controlled trial literature on the efficacy of psychodynamic psychotherapy

Subject Node. Psychotherapy

QUESTION 1. Approximately how many randomized controlled trials of psychodynamic psychotherapy have been published in peer-reviewed journals over the past 40 years?

A. 0
B. 12
C. 94
D. 267

QUESTION 2. Approximately what percentage of psychodynamic randomized controlled trials have been found to be of reasonably good quality, based on the RCT-PQRS rating scale?

A. 10%
B. 25%
C. 61%
D. 97%

QUESTION 3. The most common finding in psychodynamic randomized controlled trials of good quality are

A. Psychodynamic psychotherapy is better than all comparator treatments
B. Psychodynamic psychotherapy is not significantly different from all comparator treatments
C. Psychodynamic psychotherapy is not significantly different from inactive comparators but worse than active comparator treatments
D. Psychodynamic psychotherapy is better than inactive comparators but not significantly different than active comparator treatments

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

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

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Childhood Trauma and Children's Emerging Psychotic Symptoms: A Genetically Sensitive Longitudinal Cohort Study

Louise Arseneault et al.

Am J Psychiatry 2011; 168:65–72

Learning Objective. The participant will identify types of childhood trauma that increase the risk of experiencing psychotic symptoms and will qualify this risk.

Subject Node. Schizophrenia and Other Psychotic Disorders; Children and Adolescents

QUESTION 1. Which statement describes correctly the associations between childhood trauma characterized by unintentional harm (e.g., being involved in an accident) and psychotic symptoms?

A. the associations were not significant
B. the associations were stronger relative to trauma with intent to harm and not consistent across time
C. the associations were weaker relative to trauma with intent to harm and not consistent across time
D. the associations were weaker relative to trauma with intent to harm and consistent across time

QUESTION 2. The increased risk for developing psychotic symptoms associated with the experience of childhood trauma was observed over and above which confounding variables?

A. gender, socioeconomic deprivation, IQ, early symptoms of psychopathology, or genetic vulnerability
B. gender, socioeconomic deprivation, IQ, birth complications, or genetic vulnerability
C. gender, father's criminality, IQ, early symptoms of psychopathology, or genetic vulnerability
D. gender, socioeconomic deprivation, school failure, or genetic vulnerability

QUESTION 3. When compared with children who did not experience any trauma with intentional harm by age 12, how did children compare who had experienced both maltreatment and bullying?

A. They did not differ in likelihood of reporting psychotic symptoms.
B. They were 3.27 times as likely to report psychotic symptoms
C. They were 5.68 times as likely to report psychotic symptoms
D. They were less likely to report psychotic symptoms.

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Paternal Age at Birth of First Child and Risk of Schizophrenia

Liselotte Petersen et al.

Am J Psychiatry 2011; 168:82–88

Learning Objective. The participant will identify factors relating to paternal age that may influence risk for the development of schizophrenia.

Subject Node. Schizophrenia and Other Psychotic Disorders; Genetics

QUESTION 1. Selection into late fatherhood being responsible for the advanced paternal age and schizophrenia risk association would be supported by

A. greater paternal age at birth of proband associated with an increased risk of schizophrenia
B. greater paternal age at birth of the father's first child associated with an increased risk of schizophrenia
C. greater paternal age at birth of the father's youngest child associated with an increased risk of schizophrenia
D. none of the above support selection into late fatherhood as responsible for an increased risk of schizophrenia

QUESTION 2. The reason for analyzing the subcohort of second or later born children who developed schizophrenia was

A. to control for birth order
B. to distinguish effects of maternal and paternal age
C. to permit an analysis of both the father's age at the proband's birth and age when he had his first child
D. to distinguish early and late onset schizophrenia in the later born children

QUESTION 3. In the sample of 1.2 million second- or later-born probands born in Denmark in 1955–1992, what was the incidence rate ratio attributed to each 10-year increase in paternal age at birth of first child?

A. reduced by 0.2 fold
B. increased 1.22 fold
C. increased 2.22 fold
D. unchanged at 1.0

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