Allison Harvey

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Research Interests:
Adult and child psychopathology, particularly sleep disorders, bipolar disorder, major depressive disorder and anxiety disorders. Comorbidity. Transdiagnostic approaches. Treatment development. Behavior change. Cognitive behavior therapy. Interactions between cognitive, emotional and biological processes.

Laboratory Links:
Golden Bear Sleep and Mood Research Clinic
Research Areas:
Clinical Science
Cognition
Accepting Students:
Lab and Research Narrative:

Our research focus is on the transdiagnostic approaches to treatment development, behavior change, sleep, health and comorbidity across adolescence and into adulthood.

1. Treatment Development and Behavior Change

Although evidence-based treatments for the most mental illnesses have been developed, there is substantial room for improvement. The effect sizes of most available treatments are small to moderate, gains may not persist, and there are too many patients who derive little or no benefit. Even under optimal conditions, treatment failure is alarmingly common.

Traditionally the development of psychological treatments has involved consensus between groups of skilled clinicians researchers and many medication treatments have been discovered by serendipity. Hence, there have been calls for 'increased attention to science' as the treatments (Aronson, 2005; Insel, 2009; Salkovskis, 2002). More specifically, whereas knowledge has been minimally leveraged in the service of developing highly efficacious and effective treatments.

We have a 15-year track record in treatment in development research. We are currently running NIH-funded treatment studies: for teens with depression and insomnia; teens with an anxiety disorder and a sleep problem; teens who are owls (go to bed late and wake late); adults with bipolar disorder and sleep disturbance; and adults with chronic insomnia. Our collaborators include Greg Clarke (Kaiser, Oregon), Charles Morin (University Laval, Quebec), Dan Buysse (Pittsburgh), Terence Ketter (Stanford), Descartes Li (UCSF) and Tom Neylan (UCSF).

Our approach to treatment development is to use a multi-systems and mechanisms-focused framework in which (a) cognitive, affective, biological, behavioral and developmental contributors are emphasized as the source for deriving novel interventions and (b) intervention research is used to develop hypotheses about and/or confirm mechanisms.

Most of the treatments we have/are developed/ing focus on teaching skills relating to sleep, diet, excercise and emotion regulation. As such, we have a deep interest in the growing science of behavior change.

http://obssr.od.nih.gov/scientific_areas/health_behaviour/behaviour_changes/index.aspx

2. Sleep and Comorbidity

Another focus is the ever fascinating topic of SLEEP. Humans spend one-third of their lives sleeping. Yet there are still so many puzzles that remain to be solved about why humans sleep. It is a very exciting time to be studying sleep because it is a relatively young science; much ahs been learned but much remains to be discovered. The aims of our current research program are briefly described below.

Chronic Insomnia

a) We are interested in uncovering the processes that contribute to the cause and/or maintenance of chronic insomnia. In particular we are interested in the interaction between cognitive processes (e.g., worry/ rumination, attention, memory, reasoning), emotional processes (measured by psychophysiology, FACS coding, subjective ratings) and biological processes (measured by ERP and fMRI and analysis of DNA).

b) We have an NIMH-funded randomized controlled trial comparing three psychological treatments for chronic insomnia. This is a two-site study conducted in collaboration with Dr. Charles Morin at the University of Laval.

c) Most of the research on insomnia has focused on nighttime factors. We are pursuing the hypothesis that insomnia is a 24-hour disorder and that the daytime processes are just as important as the nighttime processes.

d) We collaborate with Matthew Walker's lab on studies that include detailed analyses of the sleep EEG of insomnia patients as well as the impact of insomnia on daytime processing of emotions.

To read more take a look at:

Harvey, A.G., Ree, M.J., Sharpley, A.J., Stinson, K., & Clark, D.M. (2007). An open trial of cognitive therapy for chronic insomnia. Behaviour Research and Therapy, 45, 2491-2501.

Sleep disturbance across other psychiatric disorders: A transdiagnostic approach

Working across a range of psychiatric disorders, we have been struck by the similarities in the processes that maintain different disorders. Although the dominant approach taken has been 'disorder focused' (i.e., researchers tending to specialize in one disorder, seeking to systematically illuminate its phenomenology, cause, maintenance, and treatment), we are interested in the viability and benefits of shifting the perspective away from a 'disorder focus' and toward elucidating the common mechanisms across disorders. Among the advantages of taking an across-disorder approach is that it may help explain the high rates of comorbidity observed among patients with psychiatric disorders. Our focus so far has been on showing that cognitive and behavioural processes of thought (worry/rumination), attention, memory, reasoning and avoidance are transdiagnostic, but it is possible that the same approach could be taken for emotional and biological processes.

We are particularly interested in sleep disturbance as a transdiagnostic process. The rationale is that (a) chronic insomnia is a symptom of most disorders and (b) longitudinal epidemiological studies indicate that chronic insomnia is a risk factor for the development of several psychiatric disorders.

To read more take a look at:

Harvey, A.G. (2008). Insomnia, Psychiatric Disorders, and the Transdiagnostic Perspective. Current Directions in Psychological Science, 17, 299-303.

Our group has begun to test the relevance of research on chronic insomnia to other psychiatric disorders known to be characterized by sleep disturbance. Our current focus is on bipolar disorder.

3. Sleep in bipolar disorder

Sleep disturbance is a core feature of bipolar disorder. It escalates just before an episode and worsens during an episode . Moreover, t here is empirical evidence indicating that sleep disturbance may be one causal pathway that leads to relapse in bipolar disorder. Our ongoing research aims to (1) identify the mechanisms that cause sleep to be so pervasively disturbed in those affected by bipolar disorder, (2) identify the mechanisms that cause sleep disturbance to trigger an episode and (3) develop interventions that reduce sleep disturbance in individuals affected by bipolar disorder. We have funding from NIMH to study sleep in bipolar disorder. Graduate students have the opportunity to participate in this study across a range of roles.

To read more take a look at:

Harvey, A.G. (2008). Sleep and Circadian Rhythms in Bipolar Disorder: Seeking synchrony, harmony and regulation. American Journal of Psychiatry, 165, 820-829.

4. Sleep and health

The links between sleep, exercise, diet and overall health are increasingly core interests among our group, particularly in teens but also in adults with psychiatric disorders. To give just once example, it has been surprising for the field to realize that the suffering associated with bipolar disorder is not limited to the psychiatric symptoms. Bipolar disorder is associated with a wide range of medical problems with the most common being cardiovascular disease, diabetes mellitus and thyroid disease (Krishnan, 2005) . The etiology of these concerning conditions will likely be complex and multi-factorial. Side effects of medications are one possible cause of the observed health effects. But there are likely to be many other contributors. We are interested in the possibility that sleep disturbance may be one additional, but currently unrecognized, contributor given it’s known role in cardiovascular, metabolic, and immune system functioning. Our ongoing research investigates how sleep disturbance, namely insomnia, relates to biological (autonomic, immune) and behavioral (diet, physical activity, substance use) mechanisms underpinning poor health outcomes.

To read more take a look at:

Harvey, A.G., Talbot, L.S. & Gershon, A. (2008). Sleep Disturbance in Bipolar Disorder Across the Lifespan. Clinical Psychology: Science and Practice, 16, 256-277.

5. Sleep disturbance across the age range

Sleep across other phases of the lifespan is fascinating.

a. Infancy. In collaboration with the Oxford Parents Project (PI: Dr. Alan Stein) based in the Department of Psychiatry at the University of Oxford, we are investigating sleep disturbance in infancy as an index of developing emotion regulation skill.

b. Children and adolescents with bipolar disorder. In collaboration with the Hinshaw lab at UC Berkeley, we are interested in understanding the contribution of sleep disturbance to symptoms of bipolar disorder in children and adolescents.

*c. Adolescence.*We are conducting investigations to identify the impact of sleep disturbance in adolescence. We have been developing interventions for adolescents with insomnia that is comorbid with an anxiety disorder and/or depression and for teens who are 'owls' (go to bed late and wake up late).

To read more take a look at:

Harvey, A.G. (2009) The Adverse Consequences of Sleep Disturbance in Pediatric Bipolar Disorder Implications for Intervention. Child and Adolescent Psychiatry Clinics of North America, 18, 321-338

Clarke, G. & Harvey, A.G. (2012). The Complex Role of Sleep in Adolescent Depression. Child and Adolescent Psychiatric Clinics of North America.

Across all of our research we make use of a multi-systems and mechanisms-focused framework in which (a) cognitive, affective, biological, behavioral and developmental contributors to sleep disturbance are emphasized as the source for deriving novel interventions and (b) intervention research is used to develop hypotheses about and/or confirm mechanisms.

About the PI:

Allison Harvey is a Professor of Clinical Psychology, Clinical Psychologist (License #PSY 22682) and Director of the Golden Bear Sleep Research Clinic at the University of California, Berkeley. Dr. Harvey is also an Adjunct Professor in the Department of Psychology at the University of Bergen, Norway. Her clinical training and Ph.D. were completed in Sydney, Australia. Dr. Harvey then moved to the University of Oxford as a postdoctoral fellow in the Department of Psychiatry then a faculty member in the Department of Experimental Psychology, University. She was also a Fellow of St. Anne's College. In 2004 she moved to UC Berkeley.

Dr. Harvey's research is funded by the National Institutes of Mental Health. She serves on national and international committees such as the Executive Committee of the Academy of Psychological Clinical Science and the Research Committee for the Sleep Research Society. Dr. Harvey has published over 130 research articles and book chapters and has authored two books. Her research has been acknowledged with various awards including recognition from the International Society of Traumatic Stress Studies (1998), the American Association for Behavior Therapy (2003), the Beck Institute for Cognitive Therapy and Research (2005-2006) and NARSAD (2006-2008). In 2011 Dr. Harvey was awarded an Honorary Doctorate from the University of Orebro, Sweden.