# New Research From Clinical Psychological Science

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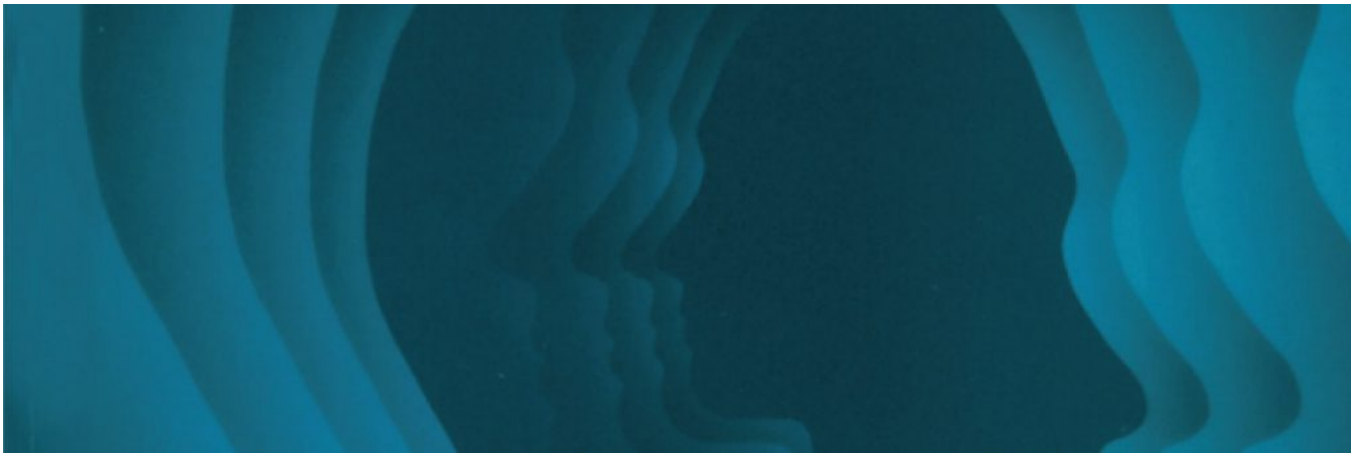

Read about the latest research published in *Clinical Psychological Science*:

Exploring the Potential Distinction Between Continuous Traumatic Stress and Posttraumatic Stress in an East African Refugee Sample

*Tobias Hecker, Herbert E. Ainamani, Katharin Hermenau, Eva Haefele, and Thomas Elbert*

The term *continuous traumatic stress* (CTS) was developed to describe continuous exposure to life threats with no foreseeable end experienced by people living in unsafe conditions. There has been little research focused on understanding the contextual factors and symptoms that may differ between CTS and posttraumatic stress (PTS). This study examined the concept of CTS and whether it could be differentiated from PTS. Participants were refugees from the Democratic Republic of the Congo who had recently fled the latest wave of conflict and were currently living in a refugee camp in Uganda. Researchers split participants into two groups: those that reported a decrease in PTS symptoms when not under current threat (CTS) or those that did not (PTS). Semistructured interviews were conducted assessing lifetime exposure to potentially traumatizing events, current exposure to family and community violence, concern for recurrence of these events, and PTS symptoms. The researchers found a link between current exposure to violence and concerns for reoccurring violence in the CTS group but not in the PTS group. The authors state that distinct symptom characteristics between the two groups were not found.

Interpretation Biases in Clinical Paranoia

*George Savulich, Sukhwinder S. Shergill, and Jenny Yiend*

In this study, the researchers investigated the degree to which interpretation biases, both those relevant to paranoia and those of a more general nature, differ among groups with differing levels of paranoia. Participants with schizophrenia who had at least mild levels of paranoia symptoms, patients with

schizophrenia who had no or normal levels of paranoia, and healthy control subjects completed assessments of schizophrenia, Axis I psychiatric disorders, paranoid thinking, and paranoia. Participants were also assessed for delusional ideation, premorbid intelligence, and anxiety and depression. Participants then completed tasks in which they had to interpret or rate material. The material could be interpreted in a positive or a negative way or in a paranoid or a nonparanoid way. Participants also completed a task measuring their tendency to jump to conclusions. The researchers found greater interpretation of material in a way that was negative or paranoid in the two patient groups. The paranoid interpretation bias was stronger than the negative interpretation bias only in patients who had at least mild levels of paranoia. These findings suggest that interpretation biases do play a role in the development and maintenance of psychopathology symptoms and suggest the need for more research in this area.

## Clinicians' Personal Theories of Developmental Disorders Explain Their Judgments of Effectiveness of Interventions

*Leontien de Kwaadsteniet and York Hagmayer*

How similar are clinicians' theories describing psychological disorders, and how do these views influence their evaluation of the effectiveness of various treatments? To examine this, the researchers provided 20 child therapists with symptom lists for attention-deficit/hyperactivity disorder, autism, conduct disorder, and reactive attachment disorder. These symptoms were then assigned to one of four levels: biological, cognitive, behavioral, or environmental. The researchers then used arrows to indicate causal relationships between the factors and symptoms. After creating their own personal model for each disorder, the clinicians were asked to indicate how representative the model was of their thinking about the disorder. Two weeks later, the clinicians were sent a list of 10 possible treatments and asked to indicate how effective each treatment was for each of the four modeled disorders. The researchers found only modest agreement in the models clinicians made representing each disorder. Only modest to fair agreement was found in judgments regarding the effectiveness of treatments for each disorder, and clinicians' judgments of treatment efficacy could be predicted from their individual models. This suggests that clinicians rely heavily on their own personal causal theories of a disorder when evaluating treatment options, a finding that has implications for evidence-based clinical practice and training