New Research From Clinical Psychological Science

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

[Criteria Definitions and Network Relations: The Importance of Criterion Thresholds](#)
Michaela Hoffman, Douglas Steinley, Timothy J. Trull, and Kenneth J. Sher
Diagnostic instruments often apply different criterion thresholds to determine whether a symptom is present. In the case of alcohol use disorder (AUD), a person might report that they have felt a strong urge to drink or that they have wanted a drink so badly that it dominated their thinking. Diagnostic instruments vary as to whether they require endorsement of one or both items to meet the craving criterion of AUD. This distinction is important because the first item could be seen as having a lower threshold than the second. The authors used network estimation to examine the impact of different criterion thresholds, analyzing national survey data on craving and attempts to reduce alcohol use. Varying the thresholds produced different patterns of interaction with other AUD symptoms. For example, many people endorsed the lower threshold craving statement; as a criterion, it was strongly linked with other common criteria. Fewer people endorsed the higher threshold craving statement; as a criterion, it was more strongly linked with other low-prevalence criteria, such as giving up important or pleasurable activities. The findings highlight methodological issues in clinical measurement.

[Why Do People Hurt Themselves? A New Conceptual Model of Nonsuicidal Self-Injury](#)
Jill M. Hooley and Joseph C. Franklin
In this review article, the authors examine why individuals injure themselves in the absence of suicidal intent. From a survey of the scientific literature, they develop the Benefits and Barriers Model of Nonsuicidal Self Injury (NSSI).). According to this model, people may engage in self-injury to improve affect, fulfill desires for self-punishment, help individuals affiliate with peer groups, and communicate distress or strength. Despite these potential outcomes, five barriers prevent most people from engaging in NSSI: lack of awareness about NSSI, a positive view of the self, the experience of physical pain resulting from NSSI, aversion to stimuli associated with NSSI, and social norms. According to the authors, any one of these barriers is sufficient to prevent an episode of NSSI, which suggests that they could serve as targets for potential clinical treatment.

[Longitudinal Network Stability of the Functional Impairment of Anxiety and Depression](#)

Joshua Curtiss, Masaya Ito, Yoshitake Takebayashi, and Stefan G. Hofmann

Anxiety and depression are often comorbid, and some clinical scientists have conceptualized these disorders as dynamic systems of interacting nodes in networks. In this article, the authors examined the network structure of anxiety and depression in relation to functional impairment over time. The researchers surveyed 1,667 Japanese participants with clinical diagnoses on the severity of their anxiety and depression symptoms and the extent of impairment at two time points that were 2 months apart. The data showed that the properties of the anxiety and depression network–especially frequency of anxiety and depression symptoms–were stable across time. In addition, the depression nodes in the network were more strongly correlated with other nodes than were the anxiety nodes. This suggests that depression may be more central than anxiety in the maintenance of comorbid presentations. These findings may suggest treatment strategies for comorbid anxiety and depression, the researchers conclude.

[Replicability and Generalizability of Posttraumatic Stress Disorder (PTSD) Networks: A Cross-Cultural Multisite Study of PTSD Symptoms in Four Trauma Patient Samples](#)

Eiko I. Fried, Marloes B. Eidhof, Sabina Palic, Giulio Costantini, Hilde M. Huisman-van Dijk, Claudi L. H. Bockting, Iris Engelhard, Cherie Armour, Anni B. S. Nielsen, and Karen-Inge Karstoft

Network-model studies of clinical disorders typically examine samples that are small, subclinical, or otherwise limited. To determine whether these limitations reduce replicability, the authors applied network analysis to examine posttraumatic stress disorder (PTSD) symptoms in four large samples of patients who had experienced trauma. These Dutch and Danish samples included refugees, victims of war and other violence, soldiers, and police officers. Network models revealed some consistent connections across the samples, such as a strong connection between nightmares and sleep problems and a moderate connection between detachment and emotional numbing. Other connections, such as the link between intrusions and reactivity, varied considerably across samples. Reactivity, intrusions, detachment, and disinterest in activities were among the most central symptoms, showing a number of outgoing connections with other symptoms. Overall, the networks were moderately to strongly correlated, a noteworthy finding given the differences across the data sets. These analyses provide novel insight into the network structure of PTSD, examining data from larger and more diverse samples with more severe clinical symptoms than those previously studied. The authors emphasize the importance of cross-sample investigations and discuss strategies for improving replicability in network studies.

[Looking Through Tinted Glasses: Depression and Social Anxiety Are Related to Both Interpretation Biases and Inflexible Negative Interpretations](#)

Jonas Everaert, Michael V. Bronstein, Tyrone D. Cannon, and Jutta Joormann

Depression and social anxiety are thought to correlate with a tendency to interpret ambiguous situations in negative or less positive ways. In this study, participants with varying levels of depression and social anxiety symptoms read scenarios about social situations relevant to themes of social failure and rejection. Participants gained more information about the situations as they read, and they rated the plausibility of different interpretations (e.g., positive, negative) along the way. The authors used principal component analysis to examine scenario interpretations as a function of depression and anxiety. Depression severity was linked with an increased bias to interpret events negatively and a reduced bias to interpret events positively. The researchers found that people with more symptoms of depression or social anxiety were less flexible in their interpretations of the social situations relative to people who had fewer symptoms.