

New Research From Clinical Psychological Science

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Read about the latest findings publishing in *Clinical Psychological Science*:

[The Future of Intervention Science: Process-Based Therapy](#)

Stefan G. Hofmann and Steven C. Hayes

The medical illness model, which assumes that symptoms reflect a latent disease that should be targeted with a specific therapy protocol, has been the norm in clinical science, but this seems to be changing. Hoffman and Hayes consider the developments in the field that allow for a move toward process-based therapy (PBT), especially in cognitive-behavioral therapy. A concern for principles and models, with emphasis on the centrality of processes of change along with research identifying moderators and psychological processes, makes this change possible. PBT targets the processes responsible for the effectiveness of treatment that are identified theoretically and supported by research. By moving away from the traditional link between treatment protocol and syndrome, clinical science might see a decline in named therapies in favor of procedures linked to processes, a rise of testable models and mediation and moderation studies, as well as a focus on the individual, the context, and new forms of therapeutic relationship and care.

[Motor Clusters Reveal Differences in Risk for Psychosis, Cognitive Functioning, and Thalamocortical Connectivity: Evidence for Vulnerability Subtypes](#)

Derek J. Dean, Sebastian Walther, Jessica A. Bernard, and Vijay A. Mittal

Dean and colleagues investigated whether individuals at clinical high risk (CHR) for psychosis can be clustered on the basis of motor performance. They also examined whether those clusters relate to different connectivity patterns in the thalamocortical area of the brain and predict psychosis development. The authors interviewed CHR individuals and healthy control participants and tested them on cognitive functioning (e.g., attention, working memory), movement performance (dyskinesia, psychomotor slowing, and neurological soft signs, or NSS), and brain connectivity in the thalamocortical area. Risk of conversion from CHR to psychosis was assessed at baseline and 24 months later. A *k*-means clustering analysis of the motor performance identified three groups: one with psychomotor slowing, one with healthy motor performance, and one with dyskinesia and NSS. The two groups with impaired motor performance, especially the group with dyskinesia and NSS, showed more impaired cognition, more severe negative symptoms, increased connectivity between the thalamus and motor cortices, higher psychosis risk, and higher probability of conversion to psychosis 24 months later. These results support the idea that motor performance might help to identify different subtypes of CHR individuals and predict their illness trajectory.

[Reports of Recovered Memories of Abuse in Therapy in a Large Age-Representative U.S. National Sample: Therapy Type and Decade Comparisons](#)

Lawrence Patihis and Mark H. Pendergrast



To investigate the prevalence of memories of abuse being recovered in psychotherapy, Patihis and Pendergast surveyed patients about the duration and type of treatment they received, whether their therapists had discussed the possibility that they had repressed memories of abuse in childhood, and whether they had retrieved memories of being abused. Of 1,082 participants, 122 reported having recovered a memory of abuse. They were then asked how, where, and in what form they remember the abuse occurring, and whether they had cut off contact with family members. Twenty percent of the participants reported that their therapist had discussed the possibility of them repressing memories; this occurred in all types of therapies but mostly for those who started therapy in the 1990s. When the therapist had discussed the possibility of repressed memories, participants were 20 times more likely to report the recovery of such memories. The recovered memories most frequently reported involved emotional abuse, followed by physical abuse, and then sexual abuse, recalled as flashbacks both inside and outside of a therapy session. The recovered memory frequently resulted in cutting off contact with family members. The authors discuss the potential hazards of claimed memory recovery.