New Research From Clinical Psychological Science

July 12, 2019

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

[The Effects of Worry in Daily Life: An Ecological Momentary Assessment Study Supporting the Tenets of the Contrast Avoidance Model](#)
Michelle G. Newman, Nicholas C. Jacobson, Nur Hani Zainal, Ki Eun Shin, Lauren E. Szkodny, and Martin J. Sliwinski

According to the contrast avoidance model (CAM), people with generalized anxiety disorder (GAD) may prefer to keep a state of constant negative emotion rather than risk feeling positive and then suffering disappointment or hurt. To test this model, the researchers used an ecological momentary assessment procedure in which participants with (GAD) and healthy control subjects received an Android phone and were prompted to rate their worry (e.g., did you experience a train of thought you couldn't get out of your head during the past hour?) and its duration, thought valence (e.g., how would you rate your thoughts in the past hour? *Unpleasant* to *pleasant*), and anxious arousal (e.g., did you feel keyed up or on edge during the past hour?). The items used to measure worry, thought valence, and anxious arousal were validated in a previous experiment. The participants responded 10 times a day for 8 days. Results indicated that (a) higher worry duration, negative thought valence, and an uncontrollable train of thought predicted feeling more keyed up at the same time and feeling more anxious 1 hr later, and (b) higher levels of worry and anxious arousal predicted lower likelihood of a negative emotional contrast 1 hr later. These results support the CAM in an ecologically valid setting. Overall, worry reduces sharp increases in negative emotions and does so by increasing anxious arousal. Thus, therapeutic techniques that target the underlying mechanisms of worry may improve the outcomes of GAD treatments.

[The Potential Role of Learning Capacity in Cognitive Behavior Therapy for Depression: A Systematic Review of the Evidence and Future Directions for Improving Therapeutic Learning](#)
Sanne J. E. Bruijniks, Robert J. DeRubeis, Steven D. Hollon, and Marcus J. H. Huibers

How does learning capacity influence the outcomes of cognitive behavioral therapy (CBT) for depression? Bruijniks et al. review the learning processes that are disrupted in patients with depression and that might affect learning during treatment. Depressed patients tend to show preferential processing of negative information, intrusive memories, deficits in reflective or rational processing, and loss of hippocampal volume, an area involved in human memory and learning. These impairments in learning processes may result in the persistence of dysfunctional thoughts in depression. The authors define learning in CBT as the process that will lead to stable changes in behavior during treatment. Thus, learning capacity seems to affect the relationship between CBT procedures and changes. This relationship explains why therapeutic procedures lead to long-term success in some patients with depression but not others. Specifically, some studies indicate that patients with deficits in learning processes tend to show less change in the underlying processes in CBT and achieve a worse outcome than patients whose learning is unimpaired. Hence, the authors suggest that finding ways to increase learning capacity (e.g., optimizing session frequency, use learning processes to change dysfunctional thinking) for individuals with depression will likely optimize CBT procedures and improve treatment outcomes.

[Nonsuicidal Self-Injury and Suicidal Behaviors in Girls: The Case for Targeted Prevention in Preadolescence](#)
Theodore P. Beauchaine, Stephen P. Hinshaw, and Jeffrey A. Bridge

About 15% to 20% of adolescents deliberately injure themselves without suicidal intent (i.e., nonsuicidal self-injury, or NSSI). Girls make up the majority of those adolescents, and many of them initiate NSSI before age 10. Girls exhibit NSSI and are hospitalized more frequently than boys. In accordance, Beauchaine et al. suggest the need to develop preventive interventions that target the mechanisms of NSSI during preadolescence, especially for girls. A first step to develop targeted prevention is to identify vulnerable individuals before they engage in NSSI, and research suggests that preadolescent girls with attention-deficit/hyperactivity disorder (ADHD) who are also maltreated are at greatest risk for NSSI and future suicide attempts. The authors suggest that impulsivity, a highly heritable trait, interacts with emotion dysregulation, which is maintained by maltreatment and associated family and social dynamics to contribute to the development of NSSI. Existing interventions can change the family, peers, and other social mechanisms that contribute to maltreatment and reinforce self-harm. These interventions seem to change the neurobiological markers of vulnerability that the preadolescents at risk of NSSI tend to show (e.g., dysregulation of such autonomic functions as heart rate and respiration syncing, dysregulated brain responses to stress, and changes in the brain areas related to planning or impulse control). Thus, these biomarkers can be used to evaluate prevention response without waiting for NSSI and suicide attempts to emerge.