

New Research From Clinical Psychological Science

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

[Can Cognitive Bias Modification Simultaneously Target Two Behaviors? Approach Bias Retraining for Alcohol and Condom Use](#)

Austin M. Hahn, Raluca M. Simons, Jeffrey S. Simons, Reinout W. Wiers, and Logan E. Welker

Cognitive bias modification (CBM) interventions may reduce problematic health-related behaviors and change attitudes. To test the efficacy of CBM to simultaneously reduce automatic tendencies to approach alcohol and increase the tendency to approach condoms, Hahn and colleagues instructed a sample of college students to push (avoid) or pull (approach) a joystick in response to the orientation (landscape or portrait) of a picture presented on a screen. In the CBM training condition, pictures of alcohol were always presented in the avoid format and pictures of condoms were always presented in the approach format; in a sham condition, half of each type of picture was presented in the avoid format and the other half was presented in the approach format. Before, immediately after, and 3 months after the training, the researchers used the abovementioned procedure to measure participants' initial approach biases toward alcohol and condoms and used questionnaires to assess daily drinking, alcohol-use disorders, HIV risk, and attitudes toward condoms. Results indicate that participants in the CBM training, but not those in the sham condition, reduced movements toward alcohol and increased movements toward condoms. Participants in the training condition also showed more positive attitudes toward and reported more frequent use of condoms 3 months after the training. Participants in both conditions reduced alcohol consumption after the intervention. Overall, the brief training seems to simultaneously modify the implicit biases toward alcohol use and against condom use, increasing health behavior outcomes.

[Positive Affect as a Buffer Between Chronic Stress and Symptom Severity of Emotional Disorders](#)

Amy R. Sewart, Tomislav D. Zbozinek, Constance Hammen, Richard E. Zinbarg, Susan Mineka, and Michelle G. Craske

Positive affect (e.g., feeling optimism or interest) may protect against the development of symptoms of social anxiety disorder (SAD) and major depressive disorder (MDD) during times of chronic interpersonal stress, this research suggests. Adolescents and young adults enrolled in a larger 8- to 10-year study completed measures of chronic stress related to romantic relationships and financial status; positive and negative affect; and SAD, MDD, and generalized anxiety (GAD) symptom severity (e.g., worry and anxiety). Results indicated that participants with higher chronic interpersonal stress experienced more severe symptoms of SAD, GAD, and MDD. Participants with higher chronic noninterpersonal stress tended to show more severe symptoms of only GAD and MDD. High positive affect reduced the effects of chronic interpersonal stress on the severity of SAD and MDD symptoms, but did not seem to protect against noninterpersonal chronic stress. Participants with higher negative affect showed more effects of noninterpersonal stress on MDD symptom severity. These findings suggest that efforts to increase positive affect in therapy may result in symptom reduction and protection from the negative effects of chronic interpersonal stress in emotional disorders.

[Blunted Reward Sensitivity and Trait Disinhibition Interact to Predict Substance Use Problems](#)

Keanan J. Joyner, Colin B. Bowyer, James R. Yancey, Noah C. Venables, Jens Foell, Darrell A. Worthy, Greg Hajcak, Bruce D. Bartholow, and Christopher J. Patrick

Substance-use disorders (SUDs) have been linked to disinhibition and blunted reward sensitivity, but these two factors have not been integrated into a common framework. Joyner and colleagues tested the separate and the interactive associations of disinhibition and reward dysfunction with SUDs. Participants were interviewed regarding their substance-use-disorder symptoms and completed a questionnaire to assess disinhibition (e.g., irresponsibility, impatience, lack of planning). Participants also completed a gambling task in which they chose one of two doors that could make them lose or gain money. Participants' electroencephalographic activity was measured during the gambling task, so that the Reward Positivity component (RewP; in this study, used to compute a difference in brain activation between loss and gain and thus a neural measure of reward sensitivity) could be calculated. Participants who scored higher on disinhibition or showed a blunted reward sensitivity were more likely to show symptoms of SUDs. Moreover, participants, particularly men, with both disinhibition and blunted reward sensitivity exhibited more severe SUD symptoms. These findings suggest that evaluations of risk for SUDs might benefit from the joint measurement of rewards sensitivity and disinhibitory liability while considering the role of gender.

[Investigating the Moderating Role of Culture on the Relationship Between Appraisals and Symptoms of Posttraumatic Stress Disorder](#)

Jessica Bernardi, and Laura Jobson

Culture is known to affect how individuals appraise traumatic experiences. To investigate the influence of culture on appraisals in PTSD, Bernardi and Jobson tested Australian trauma survivors from European or Asian backgrounds. Participants responded to a series of questionnaires measuring trauma experience and PTSD symptoms, depression, independence/interdependence (e.g., beliefs about uniqueness and self-reliance/beliefs about belonging and integration), and cognitive appraisals. For all participants, maladaptive appraisals were connected with PTSD symptoms. However, European Australians who showed greater mental defeat (i.e., perception that one has lost autonomy) and self-blame, and less perceived control over their own lives were more likely to show PTSD symptoms. Among Asian Australians, only self-blame was a strong predictor of PTSD symptoms. These differences

between groups seemed indirectly linked to Asian Australians' emphasis on interdependence and European Australians' beliefs in independence. These findings suggest that considering maladaptive appraisals may be important for posttrauma recovery for those with an independent self-construal but may be less relevant for those with an interdependent self-construal.