

New Research From Clinical Psychological Science

September 13, 2019



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

[Pinpointing Mechanisms of a Mechanistic Treatment: Dissociable Roles for Overt and Covert Attentional Processes in Acute and Long-Term Outcomes Following Attention-Bias Modification](#)

Rebecca B. Price, Mary L. Woody, Benjamin Panny, and Greg J. Siegle



To better understand the mechanisms that make attention-bias modification (ABM) training beneficial for specific individuals, Price and colleagues tested individuals who were not medically treated for their anxiety. Participants received eight sessions of ABM or sham training. In both conditions, participants saw pairs of neutral words or one neutral word and one threat word (e.g., cancer) followed by a probe letter (“E” or “F”), and reported the letter displayed. In the ABM training, the probe always replaced the neutral word, thus shaping attention away from the threatening cues, but in the sham condition, the probes replaced both threat words and neutral words with equal likelihood. Self-reported symptoms of mood and anxiety were collected before the training, 1 week after the training, and at both a 1-month and 1-year follow-up. The researchers also measured individual’s reaction times to threatening or neutral stimuli (i.e., covert attention), and measured eye movements in a task similar to the sham training (i.e., overt attention). ABM improved individuals’ ability to disengage quickly from threat cues (i.e., covert disengagement) but did not reduce the symptoms more than the sham training. However, individuals who, before training, were slower at shifting their eye gaze away from threat cues (i.e., higher overt disengagement bias) appeared to benefit less from ABM immediately after the training. Individuals with initial avoidance of the threat cues (i.e., lesser covert engagement bias) appeared to benefit less from ABM in the follow-ups. These findings suggest that ABM might have different levels of efficacy depending on the attentional patterns that individuals with anxiety initially exhibit, and that clinical interventions to reduce anxiety may therefore be more efficient if they take into account the nuanced attentional biases that individuals exhibit.

[Differential Effects of Poor Recall and Memory Disjointedness on Trauma Symptoms](#)

Juliane Sachschal, Elizabeth Woodward, Julia M. Wichelmann, Katharina Haag, and Anke Ehlers

How does trauma exposure affect different aspects of memory disorganization? Which aspects of memory are most relevant to the development of posttraumatic stress disorder (PTSD) symptoms? Sachschal and colleagues examined two aspects of memory disorganization: (a) poor recall and (b) disjointedness (poor links between the most upsetting moments and context information). Participants with no previous trauma watched a traumatic film clip depicting a rape scene or a neutral film clip depicting two people talking. Afterward, participants assessed their emotions, distress, and how they processed the film (e.g., whether they experienced peritraumatic dissociation — processing a stream of unconnected impressions). Participants completed a questionnaire about their memories of the negative event (MQ) 3 days after and again 1 week after watching the clip. One week after the film, participants were also interviewed about visual intrusions they may have experienced, a measure of PTSD-like symptoms. Participants who watched the traumatic clip reported greater memory disjointedness of the worst moments of the film but recalled the film better than the participants who watched the neutral clip. The results also suggested that peritraumatic processing contributed to memory disjointedness, which in turn contributed to the development of PTSD-like symptoms. These findings suggest that a narrower definition of memory disorganization in PTSD, focused on disjointedness rather than poor recall, may help to better understand the development of PTSD symptoms, such as intrusions.

[Eating Disorder Pathology Among Individuals Living With Food Insecurity: A Replication Study](#)

Carolyn Black Becker, Keesha M. Middlemass, Francesca Gomez, and Andrea Martinez-Abrego

Eating disorders (EDs) are stereotypically associated with thin, White, affluent young women. But how prevalent are EDs in marginalized communities? Becker and colleagues showed that people who face more severe food insecurity (households with limited access to sufficient and nutritious food) might also experience increased EDs. Participants were clients of a food bank and responded to questionnaires about the severity of their food insecurity, dietary restraint, ED symptoms, anxiety, and depression. Participants with the most severe level of food insecurity (i.e., households in which there were hungry children, which presumably means that the adults are even hungrier) reported higher levels of ED pathology, diet restraint, anxiety, and depression, than participants with easier access to food. The authors suggest that these findings signal the need to create appropriate interventions and psychological services to address ED in marginalized groups who might not be able to follow recommended ED treatments, such as establishing a regular pattern of eating.