

Up-and-Coming Voices: Advances in Clinical Interventions

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[Pathways to Depression in Women and Girls: Understanding Neural Correlates of Intergenerational Transmission of Major Depressive Disorder and the Role of Early-Onset Maternal Depression](#) • [Adolescents Who Have Experienced Sexual Abuse: Non-Supportive Responses, Self-Blame, and Trauma Symptoms](#) • [Childhood Experiences Predict In Vivo Emotional Reactivity in At-Risk Adults: A Study of Active-Duty Firefighters](#) • [Distilling Models of Dissociation: Clarifying Correlates and Mediators of Dissociation](#)

As part of the 2022 APS Annual Convention in Chicago, researchers had the opportunity to connect with colleagues and present their work to the broader scientific community through poster sessions. In this particular collection of posters, we've asked a few students and early-career researchers to discuss their research relating to advances in clinical psychology.

[Pathways to Depression in Women and Girls: Understanding Neural Correlates of Intergenerational Transmission of Major Depressive Disorder](#)

[and the Role of Early-Onset Maternal Depression](#)

Grace Allison, Clara Freeman, H el ena Renault, Iulia Banica, Paige Ethridge, Aislinn Sandre, & Anna Weinberg (McGill University)

What did the research reveal that you didn't already know?

[Depression](#) is characterized by deficits in neural reward responsivity in currently depressed individuals as well as individuals at risk of depression due to a family history of the disorder. However, depression is a heterogeneous disorder, and not all depressed or at-risk individuals exhibit a blunted neural reward response, suggesting the need to examine more specific depression phenotypes. The present study used a monetary-reward guessing task to elicit reward positivity (RewP), a neural response to rewarding feedback. Our findings showed that early-onset depression, which is typically a more chronic and severe form of the disorder, was associated with blunted RewP among mothers and, to a lesser extent, among their never-depressed biological daughters, aged 10 to 19 years old. Examining this research question in a sample of never-depressed daughters allowed us to ensure that these findings were not merely a manifestation of current depression symptoms associated with a maternal depression history.

What is the relevance of these findings for the future of clinical psychological science?

Findings from this study suggest that a blunted RewP may represent a state-independent vulnerability marker for depression that emerges prior to depression onset and relates to more specific depression phenotypes (e.g., early-onset depression). Overall, these findings clarify one potential pathway of intergenerational depression transmission. Further, these results may be helpful for early identification of those at greatest risk for depression, before the occurrence of clinically significant symptoms, and may aid in guiding future prevention efforts. Specifically, greater understanding of the intergenerational transmission of risk factors for depression (e.g., blunted neural reward response) provides a foundation for future research seeking to modulate neural reward response in the hopes of attenuating depression risk.

[Check out this article about how depression can cause us to view success as an exception to the rule.](#)

[Adolescents Who Have Experienced Sexual Abuse: Non-Supportive Responses, Self-Blame, and Trauma Symptoms](#)

Melissa Sitton, Adrianna Adams, Mindy Jackson, Renee McDonald, and Ernest N. Jouriles, (Southern Methodist University, Dallas Children's Advocacy Center)

What did the research reveal that you didn't already know?

Much of the research on nonsupportive responses to adolescent disclosure of [sexual abuse](#), such as

attributions of blame or accusations of lying, has focused on caregivers' nonsupportive responses. Looking more broadly, we found that nonsupportive responses covaried across multiple individuals in an adolescent's social environment. That is, adolescents experiencing nonsupportive responses from one source (e.g., caregivers, friends, or other adults) likely experience them from other sources. Additionally, nonsupportive responses from friends, after accounting for nonsupportive responses from others and self-blame for the abuse, related to trauma symptoms. Taken together, our findings point to the potential value of considering adolescents' broader social contexts in understanding their experience of, and recovery from, sexual abuse.

What is the relevance of these findings for the future of clinical psychological science?

The findings suggest that measuring adolescents' perceptions of nonsupportive responses from members of their broader social network may be useful for researchers as well as for clinicians working with adolescents who have experienced sexual abuse. How others respond to disclosure of the abuse may be especially relevant to understanding adolescent trauma symptoms following sexual abuse. Additionally, how nonsupportive responses may contribute to trauma symptoms by influencing adolescents' self-blame for the sexual abuse warrants consideration. Given the potentially different sources of nonsupportive responses and different mechanisms of effect, it may also be useful to conduct research to better understand how adolescents interpret and respond to such responses.

[Childhood Experiences Predict In Vivo Emotional Reactivity in At-Risk Adults: A Study of Active-Duty Firefighters](#)

Brittany J. Baugher and Karin G. Coifman (Kent State University)

What did the research reveal that you didn't already know?

Our research suggests that protective childhood experiences (PCEs) may promote resilience through the production of positive emotion, specifically in stressful contexts. Although early life experiences predict [mental health](#) outcomes later in life, our results are consistent with a developmental framework in which emotional responses learned in childhood are applied throughout the lifespan. Past research has demonstrated that children in supportive and protective environments are less likely to develop [psychopathology](#) later in life. This study provides one path worthy of further investigation. The ability to express positive [emotion](#), especially in negative contexts, has been shown to be highly adaptive.

What is the relevance of these findings for the future of clinical psychological science?

Our research indicates that even within a [high-stress context](#)—firefighting—PCEs predicted facial expressions of positive emotion. The ability to express positive emotion within a negative context may be especially important for populations at an increased risk of developing psychopathology, such as firefighters or other emergency responders, because they are routinely exposed to stressful contexts.

These findings help us understand how early experiences inform risk or resilience in the development of psychopathology. In particular, this study demonstrates *how* early life experiences can influence

responses to stressors in our daily life in those at particularly high risk, helping to build more comprehensive models of risk and guide future targets for intervention.

[Distilling Models of Dissociation: Clarifying Correlates and Mediators of Dissociation](#)

*Craig P. Polizzi, Damla E. Aksen, **Fiona G. Sleight**, and Steven J. Lynn (Binghamton University)*

What did the research reveal that you didn't already know?

The posttraumatic model (PTM) and the sociocognitive model (SCM) of dissociation currently vie for empirical support. The PTM views dissociation as a means to cope with traumatic events, whereas the SCM highlights sociocognitive variables (e.g., fantasy proneness, cognitive failures, thought control, suggestion, therapist and media influences). Our poster presents the most comprehensive comparative evaluation of these models to date in a college student sample in the context of a single study. We also examined variables (e.g., unusual sleep experiences, emotion dysregulation, impulsivity, mindfulness) relevant to a recent multivariate integrative transtheoretical model of dissociation (TTM).

We determined that variables related to the SCM (fantasy proneness, cognitive failures, thought control) were robustly associated with dissociation. Variables related to the PTM (increased [PTSD](#) symptoms, decreased resilience) also correlated with dissociation, as predicted. As expected, dissociation correlated highly with symptoms of borderline personality disorder (BPD) and schizotypy (magical ideation). Importantly, our results supported the TTM based on positive correlations between dissociation and sleep experiences, emotional dysregulation, impulsivity, and decreased mindfulness.

What is the relevance of these findings for the future of clinical psychological science?

Although longitudinal research is needed to establish temporal relations, our results supported a TTM while underlying the need for further exploration of multiple interactive variables. As we move toward a comprehensive view of etiological factors, the possibility exists of advancing treatment and prevention of pathological dissociation. Correlates of dissociation (e.g., emotion regulation, sleep) may offer promising treatment targets for dissociative conditions, as well as BPD and schizotypy, which are highly comorbid with severe dissociation.

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[Back to Top](#)

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