<center>**Research Assessment #4**</center>

Date: October 9, 2020

Subject: Behavior change in 15-minute sessions?

MLA Citation:

Weir, Kirsten. "Behavior Change in 15-Minute Sessions?" *Monitor On Psychology*, vol. 42, no.

10, Nov. 2011, www.apa.org/monitor/2011/11/behavior-changepp. 42–45.

Assessment:

The article, "Behavior change in 15-minute sessions?", explores the discovery and
implementation of attention-bias modification therapy in its earliest stages. It simply and
concisely explains the concept of the psychological problem that attention-bias modification
therapy seeks to re-train: cognitive attention biases. Attention biases are specific physical
patterns and habits that are associated with individuals affected by anxiety and are clear
indicators of the severity and attachment of patients' conditions. For example, a person
diagnosed with anxiety is prone to perceiving neutral interactions with others as hostile or
threatening to their wellbeing or they may possess a heightened awareness of dangers in a setting
without any explicit indication of those dangers. However, these biases can be quickly targeted
and trained using cognitive-bias therapy in the form of computerized dot-probe tests. Visual and
spatial cues indicate far more about conditions than verbal statements do, so relying on these
visual mechanisms to train individuals to focus on positive images is an effective tool towards
reliving anxiety symptoms.

This article is extremely relevant to my ISM original work as it provides a simple,
introductory insight into attention-bias modification therapy (ABMT), the focus of my Original

Work project. Acquiring a fundamental understanding of the origins of the treatment and the initial steps researchers took to further understanding the implications of the treatment is essential to replicating the experiments on my own. Although this article is from 2011, which is nearly a decade old, I intentionally chose an older article discussing this topic as my aim was to immerse myself within the discussion surrounding AMBT from the very beginning. I felt as though I would not be able to fully comprehend the advancements and techniques associated with the treatment method today if I did not research where exactly the ideas for such techniques came from. The article is perfectly situated in a time frame where research into ABMT was just beginning and clinical trials were initially successful, but researchers were still questioning the efficacy of the methods and whether they could be implemented on a larger scale. This is the root of the discovery. I want to trace the steps from when scientists discovered this method to how it's changed over time and what steps they took to modify it to get a holistic overview of the discussion surrounding the treatment. Last year in my ISM I journey where I researched placenta accreta, a high-risk obstetric condition, I began with a basic biological understanding of what the placenta was, including the different cellular components, tissues, and the interactions with various organs. Using this fundamental knowledge, I then started to branch out into the disease of placenta accreta itself and what specific structures of the placenta it targeted. Similarly, I am employing that same strategy into my experimental study of ABMT in which I understand what the treatment is seeking to target, the history of how these conditions are being targeted, and its relevance to the field of neuropsychology as a whole.

From this article, I was able to reflect on how I could implement the procedures outlined within my own study. I was relieved and surprised to discover that ABMT did not need to be administered by a licensed medical professional, and that the whole treatment method was relatively inexpensive, delivered incredibly fast results within patients, and could be successfully

utilized using web-based technologies and cellular devices. This perfectly fits into my Original Work as during the pandemic, I am in dire need of a low-cost, highly effective, easily replicable method that is compatible with internet technologies. Furthermore, learning that a medical professional does not have to be present for the procedures is comforting, as I do not want to violate any medical codes or HIPAA regulations by overstepping my boundaries as a student and providing unsolicited or unqualified medical advice. I learned that in 2011, researchers implemented ABMT via patients' homes. *How were the dot-probe programs administered via web-based technologies and how did the researchers accurately reflect the results of the study without being physically present?* Furthermore, I also wonder whether or not *ABMT methods can be successfully integrated with existing cognitive based therapies to not only teach patients to cope with their negative emotions as they arise, but also target them at a deeper level to strategically eliminate them from their consciences?* As I further my research into understanding attention-based modification therapy and how researchers advanced their findings from 2011 to the present, I hope to acquire useful skills and techniques to utilize within my own research and experiments later this semester.

The link to my annotations: https://drive.google.com/file/d/1g53ysxo49_XYEKB4dSTH-28pZAbDhpTf/view?usp=sharing