

The tendency to be attracted to reward cues ('sign-tracking') is related to more problematic compulsive behaviours, but only among individuals who are cognitively inflexible

Cognitive inflexibility moderates the association between reward-related attentional capture and compulsivity-related problems transdiagnostically

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INTRODUCTION

Impulsivity and compulsivity may be understood as dimensional constructs that relate to distinct patterns of behavior. Impulsivity refers to the tendency to act without thinking. By contrast, compulsivity is the tendency to engage in repetitive, habitual behaviors despite adverse consequences. These constructs may interact to enhance risk, as supported by studies using self-report measures of impulsivity and compulsivity. No study to date has examined whether this interaction also exists at a neurocognitive level.

The current study had the following aims:

1. To examine whether two cognitive risk markers, i.e., reward-related attentional capture ('**attentional sign-tracking**') and cognitive **inflexibility**, are associated with impulsive and/or compulsive personality traits
2. To examine whether **attentional sign-tracking** and **inflexibility** interact to predict severity of compulsivity-related problems across different behavioural domains, i.e., drinking and obsessive compulsive behaviours

METHODS

Participants were 173 adults (42% female; mean age = 34.5 years, S.D = 8.4) recruited via AMT. They completed an online visual search task (see Figure 1)^{1,2} to measure attentional sign-tracking and its persistence following reversal of stimulus-reward contingencies to measure of cognitive inflexibility³. Questionnaires assessed trait compulsivity (CHI-T)⁴, impulsivity dimensions (S-UPPS-P)⁵, and compulsivity-related problems (BATCAP¹; see Table 1) for drinking and obsessive-compulsive behaviours.

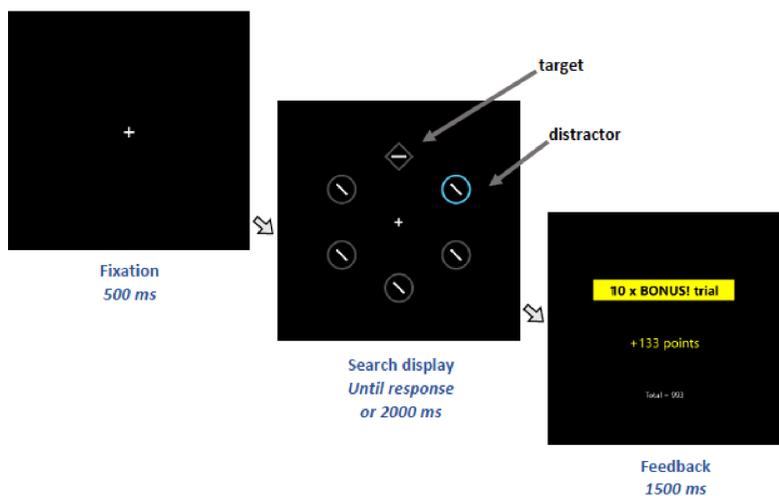


Figure 1. Sequence of trial events in the visual search task (training). Participants respond to the line (horizontal or vertical) in the diamond (target). Fast, correct responses to the target receive high reward in the presence of a high value distractor (e.g., blue circle) and low reward in the presence of a low value distractor (e.g., orange circle) or no coloured circles. **Slower response times (to target) on high value distractor trials than low value distractor trials demonstrate attentional sign-tracking.**

In the reversal phase, the stimulus-colour conditions are reversed. **Slower response times (to target) on previously-high distractor trials minus previously-low distractor trials demonstrate inflexibility**, i.e., an inability to adapt attentional biases to changing circumstances.

Table 1. Brief Assessment Tool for Compulsivity-Associated Problems (BATCAP)¹ Items adapted from FOCI⁶, YBOCS⁷, and Penn Alcohol Craving Scale⁸ "For the next questions, [insert behaviour of interest here, with examples] will be referred to as 'these behaviours'."

In the past week:..."

- a) On average, how much time was occupied by these behaviors?
- b) How much distress did these behaviors cause you?
- c) How hard was it for you to control these behaviors?
- d) How much did these behaviors interfere with work/school, social, or family life?
- e) How anxious would you become if prevented from these behaviors?
- f) At its most severe point (in the past week), what was the strength of your strongest urge/craving to perform these behaviors?

A series of linear and negative binomial regressions were run for Aims 1 and 2, respectively. Significant interactions (Aim 2) were followed up using correlation analyses among flexible and inflexible groups separately.

RESULTS

Attentional sign-tracking was associated with lack of premeditation, $\beta = 18.2$, $p = .025$ and greater trait compulsivity, $\beta = 2.4$, $p < .001$.

Cognitive **inflexibility** was associated with negative urgency (distress-driven impulsivity), $\beta = 14.1$, $p = .020$

Attentional sign-tracking interacted significantly with cognitive **inflexibility** to predict greater compulsive drinking score, $\chi^2 = 4.5$, $p = .034$, and OCD score, $\chi^2 = 13.3$, $p < .001$.

Attentional sign-tracking was associated with more compulsive drinking (see Fig 2) and more obsessive compulsive behaviours (see Fig 3) among cognitively **inflexible** participants only.

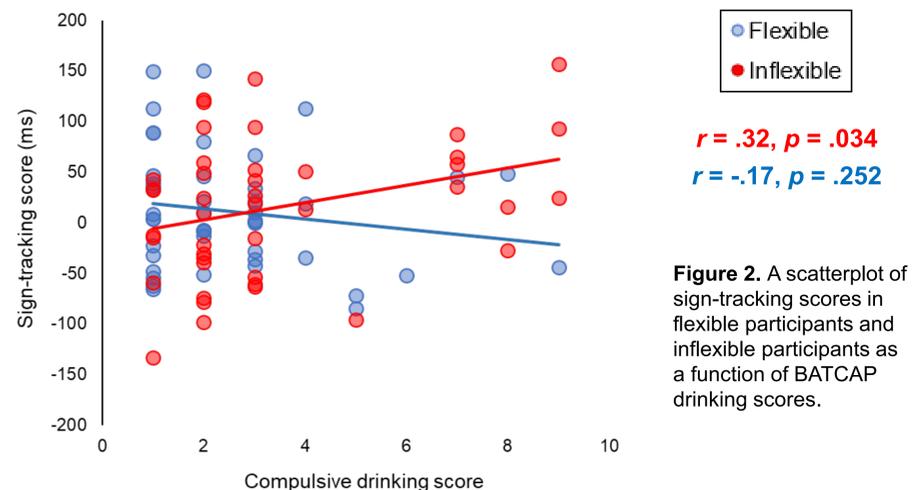


Figure 2. A scatterplot of sign-tracking scores in flexible participants and inflexible participants as a function of BATCAP drinking scores.

Sign-tracking score: Response time (to target) on high-reward distractor trials *minus* response time (to target) on low-reward distractor trials
A greater sign-tracking score indicates greater attentional capture by high reward cues relative to low or no reward cues

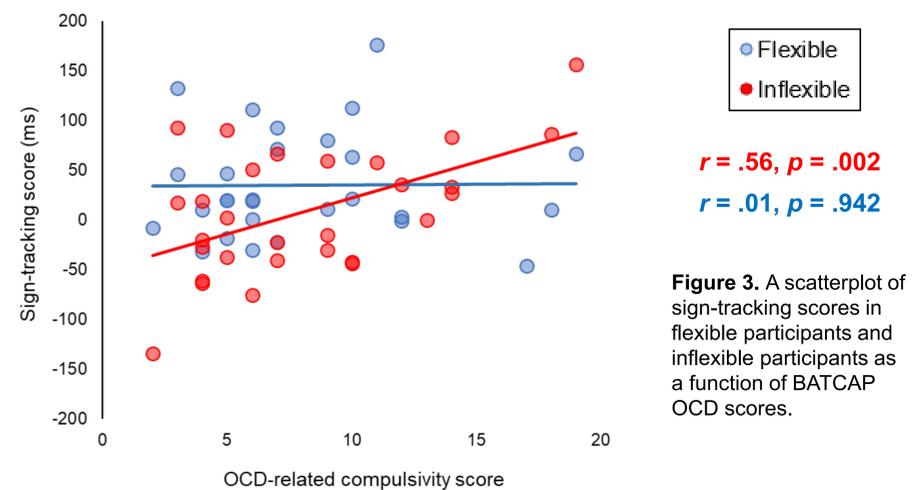


Figure 3. A scatterplot of sign-tracking scores in flexible participants and inflexible participants as a function of BATCAP OCD scores.

CONCLUSIONS

- Attentional sign-tracking was associated with lack of premeditation (acting without thinking) and trait compulsivity
- Inflexibility of attentional sign-tracking was associated with distress-driven impulsivity
- Attentional sign-tracking and its inflexibility interacted to determine more compulsive drinking and more severe obsessive compulsive behaviours
- Cognitive flexibility may be a protective factor

Cognitive flexibility training may be useful in early interventions for compulsive behaviours & distress-driven impulsivity

References: 1. Albertella, L., Le Pelley, M.E., Chamberlain, S.R., Westbrook, R.F., Fontenelle, L., Segrave, R., Lee, R., Pearson, D., Yücel, M., 2019. Reward-related attentional capture is associated with severity of obsessive-compulsive and addictive behaviours. *Psychology of Addictive Behaviors* 33(5). 2. Le Pelley, M.E., Pearson, D., Griffiths, O., Beesley, T., 2015. When goals conflict with values: Counterproductive attentional and oculomotor capture by reward-related stimuli. *Journal of Experimental Psychology: General* 144(1). 3. Albertella, L., Watson, P., Yücel, M., Le Pelley, M., 2019. Persistence of value-modulated attentional capture is associated with risky alcohol use. *Addictive Behaviors Reports*, 100195. 4. Chamberlain, S.R., Grant, J.E., 2018. Initial validation of a transdiagnostic compulsivity questionnaire: the Cambridge-Chicago Compulsivity Trait Scale. *CNS Spectrums* 23(5). 5. Cyders, M.A., Littlefield, A.K., Coffey, S., Karyadi, K.A., 2014. Examination of a short English version of the UPPS-P Impulsive Behavior Scale. *Addictive Behaviors* 39(9). 6. Storch, E.A., Bagner, D., Merlo, L.J., Shapira, N.A., Geffken, G.R., Murphy, T.K., Goodman, W.K., 2007. Florida obsessive-compulsive inventory: Development, reliability, and validity. *Journal of Clinical Psychology* 63(9), 851-859. 7. Goodman, W.K., Price, L.H., Rasmussen, S.A., Mazure, C., Delgado, P., Heninger, G.R., Charney, D.S., 1989. The yale-brown obsessive compulsive scale: II. Validity. *Archives of General Psychiatry* 46(11), 1012-1016. 8. Flannery, B., Volpicelli, J., Pettinati, H., 1999. Psychometric properties of the Penn alcohol craving scale. *Alcoholism: Clinical and Experimental Research* 23(8), 1289-1295.

The authors declare no conflict of interest