

Experiential Avoidance as a Predictor of PTSD Symptom Severity

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QUESTION

- Does experiential avoidance contribute to PTSD symptom severity above and beyond the effects of maladaptive cognitions?

BACKGROUND

- Experiential avoidance is the attempt to avoid aversive private sensations and thoughts by altering the form, frequency, and context with which they appear.
- For instance, someone might drink heavily in order to avoid thinking about a traumatic situation or avoid parties because they cause anxiety.
- Prior research indicates experiential avoidance contributes to the maintenance and severity of Posttraumatic Stress Disorder symptoms (Marx & Sloan, 2005).
- There is also a robust relationship between maladaptive cognitions and PTSD symptoms, with many PTSD treatments focused on challenging unhelpful trauma-related beliefs (Ehlers & Clark, 2000).
- Tying this together, we examined whether experiential avoidance played an additional role in explaining PTSD symptom severity even once the effects of maladaptive cognitions were accounted for. This would have potential treatment implications.

METHOD

- 174 college students who reported experiencing a DSM-5 Criterion A traumatic event filled out several self-report measures.

METHOD

- They completed measures of PTSD symptoms (**PTSD Checklist-5; PCL**), experiential avoidance (**Acceptance and Action Questionnaire; AAQ**), and trauma-related beliefs (**Posttraumatic Maladaptive Beliefs Scale; PMBS**).

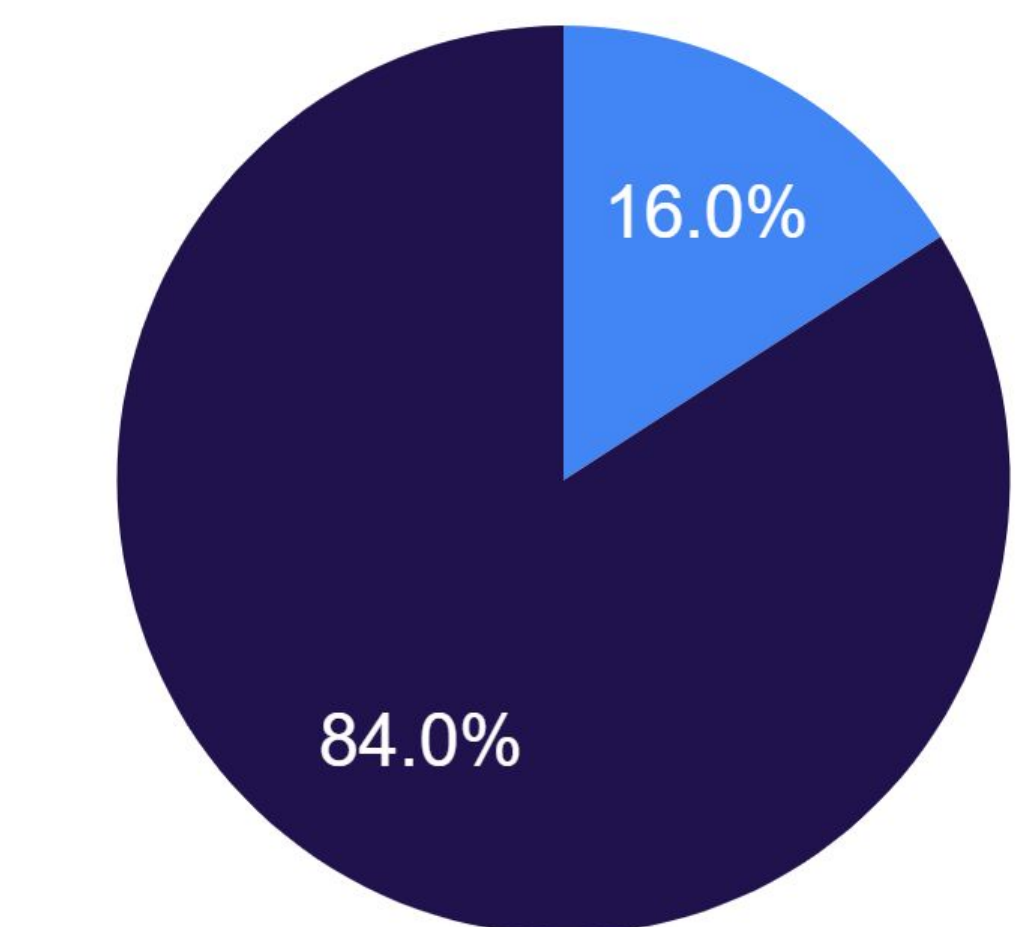
DEMOGRAPHICS

- Gender: 129 Females (74.14%) and 45 Males (24.86%)
- Age: M = 19.46 years (SD = 2.04)
- Race/ethnicity: 47.13% Hispanic, 16.09% Asian, 21.26% White, and 13.22% Mixed Race.

RESULTS

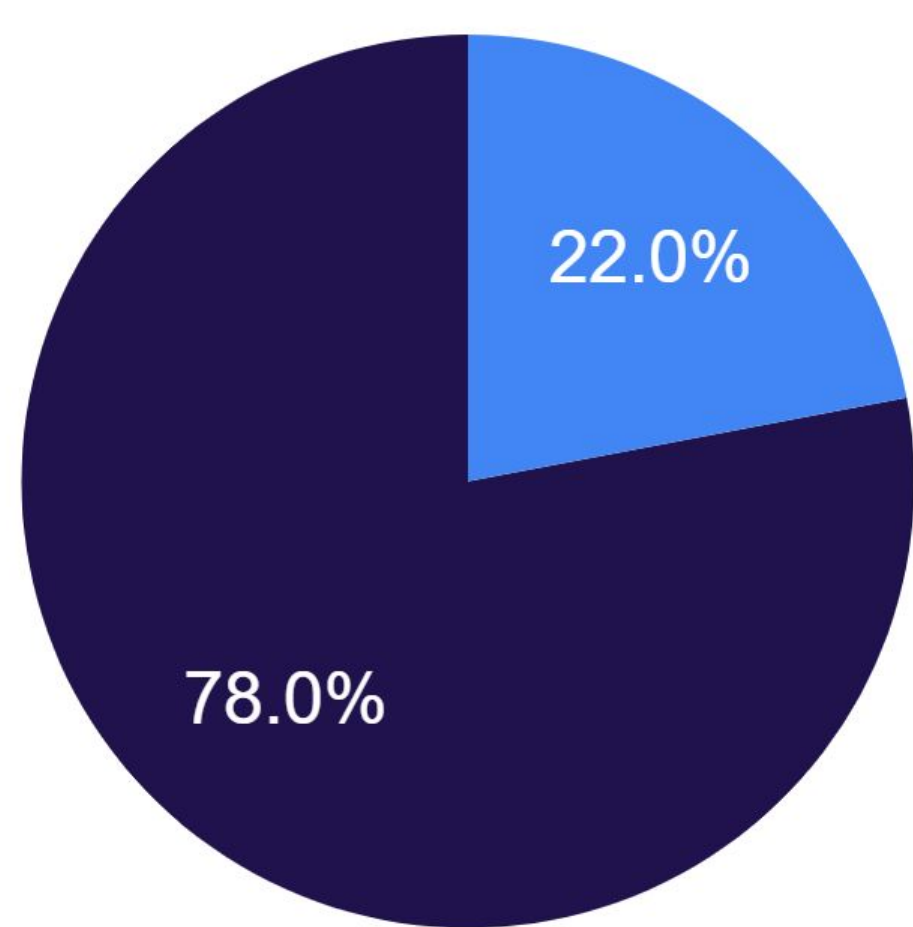
- We conducted a two step hierarchical regression with PTSD symptom severity (total PCL-5 score) as the dependent variable, maladaptive cognitions (total PMBS score) entered as the independent variable (IV) on Step 1, and experiential avoidance (AAQ) entered as an additional IV on Step 2.
- As demonstrated below, experiential avoidance accounted for an additional 6% of the variance when added to the model.**

Step 1: PCL Variation Explained by PMBS
R² = 0.16



PMBS Variation Unexplained

Step 2: PCL Variation Explained by PMBS + AAQ
R² = 0.22



PMBS + AAQ Variation Unexplained

RESULTS

- Here is a table summary of the full analysis.

	R ²	B	SE B	β
Step 1	0.16			
Intercept		-0.28		
PMBS		0.57*	0.1	0.41
Step 2	0.22			
Intercept		-16.05*	5.94	
PMBS		0.37*	0.11	0.26
AAQ		0.66*	0.18	0.29

* = p < .001

DISCUSSION

- The cognitive model of PTSD posits negative cognitions are responsible for the psychological distress of PTSD, while the ACT model suggests experiential avoidance is the primary driver of PTSD distress (Bond et al., 2011).
- Our research indicates that both cognition and experiential avoidance play a role in predicting PTSD symptom severity.
- Thus, treating both experiential avoidance and maladaptive beliefs may be more effective at alleviating PTSD symptomatology than targeting either alone.
- In particular, one might start by targeting negative cognitions, and then moving onto behavioral interventions to target the experiential avoidance if targeting cognitions alone is not sufficient to alleviate distress.

REFERENCES

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