

Introduction

Prior research indicates that experiential avoidance contributes to the maintenance and severity of Posttraumatic Stress Disorder (PTSD) symptoms (Marx & Sloan, 2005). Experiential avoidance is the attempt to avoid aversive private sensations and thoughts by altering the form, frequency, and context with which they appear. There is also a large body of research demonstrating a robust relationship between maladaptive cognitions and PTSD symptoms, with many PTSD treatments focused on challenging trauma-related beliefs (Ehlers & Clark, 2000). We examined whether experiential avoidance remained a meaningful predictor of DSM-5 PTSD symptom severity beyond the effects of maladaptive beliefs.

Method

Participants were 174 students who reported experiencing a DSM-5 Criterion A traumatic event. They completed self-report measures of experiential avoidance (Acceptance and Action Questionnaire), trauma-related beliefs (Posttraumatic Maladaptive Beliefs Scale), and PTSD symptoms (PTSD Checklist-5).

Results

We conducted a two-step hierarchical regression, entering PTSD symptoms as the dependent variable, maladaptive thoughts as the first independent variable, and experiential avoidance as the second independent variable. The final model was significant, with an $F(2,171) = 25.32$, $R\text{-squared} = .22$, $p < .001$. Maladaptive thoughts were a significant predictor of PTSD symptoms, (accounting for 16.9% of variance; $B = .37$, $p < .001$), as was experiential avoidance (accounting for an additional 5.1% of variance; $B = .66$, $p < .001$). Thus, experiential avoidance remained a significant predictor of PTSD symptom severity even after controlling for maladaptive beliefs.

Discussion

The data supports our hypothesis, which has important implications for treatment of PTSD. The cognitive model of PTSD posits that negative cognitions about external and internal threat lie at the root of the psychological distress of PTSD. In line with this model, common PTSD treatments involve challenging negative cognitions. In contrast, the ACT model claims that experiential avoidance is a crucial driver for psychological distress (Bond et al., 2011). As a result, ACT treatments focus on diminishing experiential avoidance. Our research indicates that both cognition and experiential avoidance play a role in predicting PTSD symptom severity. Therefore, targeting experiential avoidance alongside maladaptive beliefs in a treatment setting may be more effective at alleviating PTSD symptomatology than targeting either one alone.