Experiential Avoidance Post-Trauma: Investigating Predictors of Traumatic Stress and Problematic Behaviors

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Honors Thesis Defense

Western Michigan University

December 11, 2015
Acknowledgments

- WMU Thesis Committee:
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- Research assistants
  - Summer Chahin, Hannah Dean, and Taylor Beaudoin
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- The present study
  - Method – participants, measures, design, procedure
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Experiential Avoidance

- Experiential avoidance: The unwillingness to remain in contact with distressing thoughts, feelings, memories, and other private experiences (Hayes, et al., 2004)

  - Also defined as avoiding, through escaping, suppressing, modifying, or unacceptance of, the experience of negative affective states (Chawla & Ostafin, 2007; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996)

- Can be helpful in the short-term, however long-term use of EA techniques will prove problematic when great energy and time is dispelled to manage and avoid distressing thoughts and feelings (Kashdan, Barrios, Forsyth, & Steger, 2006)
Problem Behaviors

- Behaviors may differ in form, but may share a common function
  - Those who abuse substances are seven times more likely to develop a second addiction (Reiger, et. al., 1990)

- Link between experiential avoidance and problem behaviors (Kingston, Clarke, & Remington, 2010)
  - Problem behaviors may share a common function to avoid, escape, or modify exposure to negative thoughts and feelings (Hayes, et. al., 1996)
  - Problem behaviors provide “short-term negative reinforcement through the reduction of aversive experiences” (Kingston, Clarke, Remington, 2010)
Posttraumatic Stress Disorder (PTSD)

► Only a proportion of those who experience a traumatic event develop PTSD

► 80% to 90% of US population have experienced a traumatic event (Bresslau and Kessler, 2001)

► Only 1.3% of the general population have PTSD (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995)

► Past research has found that EA mediates PTSD (Marx & Sloan, 2002; Merwin, Rosenthal, & Coffey, 2009)

► Distress aversion is one explanation for the maintenance of PTSD symptoms (Dvorak, Arens, Kuvaas, Williams, & Kilwein, 2013)
Childhood Trauma Exposure

- Childhood trauma exposure is linked with higher levels of EA.
  - Avoidance is linked with increased PTSD symptomology (Boeschen, et. al., 2001).
  - Specifically, researchers found that the tendency to chronically avoid unpleasant internal experiences (i.e. avoidance) mediated the relationship between CSA and trauma-related psychological distress in adulthood (Rosenthal, et. al., 2005).
The Present Study
Methods, Hypotheses, Results, Discussion
Participants

Participants:

- Undergraduate \((N = 107)\) student participants
- Students were recruited via in-class recruitments and flyers posted on bulletin boards around campus
Method of Data Collection

- Measures delivered via online website, SurveyMonkey.com
- Survey accessed anonymously through URL available on all recruitment materials
- Confidential ID numbers were assigned at the beginning of the survey in order to keep responses completely anonymous
  - Confidential ID is user created – composed of last four digits of phone number, month of birthdate, and first letter of their last name (ie., 1234DecemberL)
Measures

- Demographic information
- Posttraumatic Stress Disorder Checklist-Civilian (Weathers, Litz, Herman, Huska, & Keane, 1993)
- Multidimensional Experiential Avoidance Questionnaire (Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011)
- Childhood Trauma Questionnaire (Berstein, et. al., 2003)
- Composite Measure of Problem Behaviors (Kingston, Clarke, Ritchie, and Remington, 2011)
  - Subscales of interest: drug use, nicotine use, alcohol use, sexual promiscuity, and aggression
Method of Data Analyses

- Statistical Packaging for the Social Sciences (SPSS) version 21
- Preliminary analyses – skewness, kurtosis
- Pearson’s product moment correlation analyses
- Hierarchical multiple linear regression analyses
Sample Characteristics

Age, Gender, and Ethnicity Demographics

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>20 (2.94)</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>73.8%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>26.2%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>73.8%</td>
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<tr>
<td><strong>African American</strong></td>
<td>9.3%</td>
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<td><strong>Mixed Heritage</strong></td>
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<tr>
<td><strong>Chicano/a/Latino/a/Hispanic</strong></td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Asian American</strong></td>
<td>3.7%</td>
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</table>

- Participants average age of 20 ($SD=2.94$), ranging from 17 to 43
- Predominately European American/White and female
It was hypothesized that positive correlations would exist between:

- PTSD symptoms and substance use and aggression
- Number of problem behaviors engaged in and EA
- PTSD symptoms and EA
- PTSD and distress aversion, distraction/suppression, and repression/denial subscales of MEAQ
Results - Hypothesis (1a-d)

Experiential avoidance, PTSD
- MEAQ and PCL-C: \( r = .36^{**} \)
- Distress aversion: \( r = .40^{**} \)
- Repression/Denial \( r = .39^{**} \)

Experiential avoidance, problem behaviors
- MEAQ and total CMPB: \( r = .33^{**} \)
  - Sexual promiscuity: \( r = .23^{*} \)
  - Aggression: \( r = .24^{**} \)

Problem behaviors, PTSD
- CMPB and PCL-C: \( r = .33^{**} \)
  - Sexual promiscuity: \( r = .20^{*} \)
  - Aggression: \( r = .22^{*} \)
  - Nicotine use: \( r = .23^{*} \)
Hypothesis (2a-b)

It was hypothesized that positive correlations would exist between:

- Childhood trauma exposure and level of engagement in problem behaviors
- Childhood trauma exposure and EA
Results- Hypothesis (2a-b)

Childhood trauma, problem behaviors
- CTQ and CMPB: \( (r = .27**) \)
  - Sexual promiscuity: \( (r = .26**) \)
  - Aggression: \( (r = .26**) \)
  - Nicotine use: \( (r = .20*) \)
  - Drug use: \( (r = .19*) \)

Childhood trauma, experiential avoidance
- CTQ and MEAQ: \( (r = .20*) \)
Hypotheses (3a-d)

- Childhood trauma history will predict PTSD symptoms and problem behaviors.
  - EA will predict PTSD symptoms above and beyond a history of childhood trauma exposure.
- Childhood trauma history will predict engagement in problem behaviors.
  - EA will predict engagement in problem behaviors above and beyond childhood trauma history.
Results- Hypothesis (3a-b)

Table 2

Summary of Hierarchical Linear Regression Predicting Posttraumatic Stress

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<thead>
<tr>
<th>Block</th>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>$R^2$</th>
<th>$R^2 \Delta$</th>
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<td>Childhood Trauma History</td>
<td>.010</td>
<td>.004</td>
<td>.269</td>
<td>2.817**</td>
<td>.051</td>
<td>.041</td>
<td>5.434**</td>
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Note. * $p < .05$, ** $p < .01$, *** $p < .001$. 
# Results- Hypothesis (3c-d)

## Table 3

**Summary of Hierarchical Regression Predicting Problem Behaviors**

<table>
<thead>
<tr>
<th>Block</th>
<th>Variable</th>
<th>B</th>
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<td>8.156***</td>
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*Note. * $p < .05$, ** $p < .01$, *** $p < .001$. *)
Discussion

- Associations between EA and problem behaviors
- Link established between childhood trauma exposure and EA
- Relationship between PTSD symptoms, childhood trauma exposure, and EA
Limitations

- Cross-sectional design
- Convenience sample
- Retrospective self-report measures
Future Directions

- Behavioral measures of experiential avoidance
- Establish a temporal relationship between exposure, EA, and engagement in problem behaviors
References


- **EA SLIDE REFERENCE (Chawla)**


References - continued


Thank you.

All questions, comments, and feedback are welcome.