

# Constructive and Unproductive Processing of Traumatic Experiences in Trauma-Focused Cognitive-Behavioral Therapy for Youth

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Although there is substantial evidence to support the efficacy of cognitive-behavioral treatments (CBT) for posttraumatic stress disorder (PTSD), there is some debate

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about how these treatments have their effects. Modern learning theory and cognitive and emotional processing theories highlight the importance of reducing avoidance, facilitating the constructive processing of feared experiences, and strengthening new inhibitory learning. We examined variables thought to be associated with unproductive and constructive processing of traumatic experiences in a sample of 81 youth with elevated PTSD symptoms, who received Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for abuse or traumatic interpersonal loss. Sessions during the trauma narrative phase of TF-CBT were coded for indicators of unproductive processing (overgeneralization, rumination, avoidance) and constructive processing (decentering, accommodation of corrective information), as well as levels of negative emotion. In previous analyses of this trial (Ready et al., 2015), more overgeneralization during the narrative phase predicted less improvement in internalizing symptoms at posttreatment and a worsening of

externalizing symptoms over the 12-month follow-up. In contrast, more accommodation predicted improvement in internalizing symptoms and also moderated the negative effects of overgeneralization on internalizing and externalizing symptoms. The current study examined correlates of overgeneralization and accommodation. Overgeneralization was associated with more rumination, less decentering, and more negative emotion, suggesting immersion in trauma-related material. Accommodation was associated with less avoidance and more decentering, suggesting a healthy distance from trauma-related material that might allow for processing and cognitive change. Decentering also predicted improvement in externalizing symptoms at posttreatment. Rumination and avoidance showed important associations with overgeneralization and accommodation, respectively, but did not predict treatment outcomes. This study identifies correlates of overgeneralization and accommodation that might shed light on how these variables relate to unproductive and constructive processing of traumatic experiences.

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SUBSTANTIAL EVIDENCE HAS ACCUMULATED to indicate that exposure-based treatments for posttraumatic stress disorder (PTSD) are effective (Gillies, Taylor, Gray, O'Brian, & D'Abrew, 2012; Watts et al., 2013), but there is ongoing debate about how these treatments have their effects (Asnaani, McLean, & Foa, 1971; Bluett, Zoellner, & Feeny, 2014; Craske et al., 2008; Gallagher, Thompson-Hollands, Bourgeois, & Bentley, 2015). Even less is known about how these treatments have their effects with traumatized youths.

Early emphasis was placed on emotional processing as a key mechanism of change in exposure therapy (Foa & Kozak, 1986). Treatments that include exposure aim to decrease avoidance, activate the relevant fear network, and introduce novel information to violate expectations, challenge beliefs, and loosen the hold of the fear-based learning. The discrepancy between the old learning and new information creates the opportunity for emotional processing, which includes shifts in perspectives and meaning, together with new emotional responses to the feared stimuli (Asnaani et al., 1971; Foa, Huppert, & Cahill, 2006; Foa & Kozak, 1986).

Emotional processing has been indexed primarily by fear reduction within and between sessions, although the original definition of processing includes both cognitive and emotional change (Asnaani et al., 1971). There is now little support for within-session fear reduction, and stronger but mixed support for between-session fear reduction,

as predictors of treatment outcomes in exposure therapy for adults (Asnaani et al., 1971; Craske et al., 2008) and youth (Peterman, Carper, & Kendall, *in press*), as well as in written forms of exposure (Wisco, Baker, & Sloan, 2015). Further, there is some evidence that even clients who do not experience fear reduction over time can improve by learning to tolerate their distress and change the meaning of that distress (Bluett et al., 2014; Craske et al., 2008; Zvolensky, Vujanovic, Bernstein, & Leyro, 2010). In addition, patterns of sustained arousal and emotional variability during exposure predict improvement, although they do not involve fear reduction (Culver, Stoyanova, & Craske, 2012). These findings have led researchers to call for broader conceptualizations of emotional processing beyond change in fear within and between sessions (e.g., Asnaani et al., 1971; Bluett et al., 2014; Craske et al., 2008; Wisco et al., 2015).

Modern learning theory (Arch & Craske, 2008; Craske, Liao, Brown, & Vervliet, 2012; Vervliet, Craske, & Hermans, 2013) and more recent cognitive and emotional processing theories (Asnaani et al., 1971; Brewin, 2014; Ehlers & Clark, 2000; Foa et al., 2006; Resick, Monson, & Chard, 2014) highlight the roles of distress tolerance, decentering or distancing from habitual patterns, constructive processing of feared experiences, and new learning that can compete with or inhibit fear-based learning. Emotional processing of traumatic experiences also involves reducing the unproductive processing cycles of PTSD that interfere with incorporating new, corrective information (Angelakis & Nixon, 2015; Brewin, 2014; Hayes, 2015; Watkins, 2008).

This study examined components of unproductive and constructive processing of traumatic events in the context of an effectiveness trial of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino & Deblinger, 2006) for youth with PTSD symptoms related to abuse and interpersonal violence. This treatment is one of the most widely studied and efficacious treatments for childhood PTSD (Cohen, Berliner, & Mannarino, 2010; Gillies et al., 2012), and it is similar to adult interventions that involve gradual exposure, verbalization of trauma-related content (verbal and/or written), and cognitive and emotional processing of these memories. TF-CBT facilitates processing by having youth recount their traumatic experience(s) in the form of a narrative and then explore trauma-related beliefs and emotions in session. Although there is strong evidence for the efficacy of TF-CBT, relatively little is known about how it facilitates change. We examined variables that might contribute to unproductive processing (overgeneralization, rumination, avoidance) and more constructive processing

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