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Posttraumatic stress symptom severity and functional impairment in a trauma-exposed sample: A preliminary examination into the moderating role of valued living[☆]

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ABSTRACT

Posttraumatic Stress Disorder (PTSD) is associated with functional impairment in social, occupational, and physical domains. Similar to other forms of psychopathology, research suggests the correlation between symptom severity and functional impairment is moderate and this relationship varies across studies. These findings suggest a continued need to identify variables that explain unique variance in functional outcomes over and above PTS symptomology, as well as those that moderate this association. One such variable may be valued living, a primary treatment target in contextual behavioral approaches such as Acceptance and Commitment Therapy (ACT). The present study sought to investigate the association between valued living, PTSD symptomology, and functional impairment in a trauma-exposed sample, as well as the moderating effect of valued living in the relationship between symptom severity and functioning. Results confirmed valued living is associated with functional impairment after controlling for PTSD symptom severity and other covariates, and valued living does moderate the link between symptoms and impairment in functioning. Findings highlight the importance of the interplay between valued living and symptomology in understanding impairment among trauma-exposed individuals.

1. Introduction

Trauma is ubiquitous, as most adults will be exposed to at least one potentially traumatic event over the course of their lives (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). While most people adapt well following exposure to a potentially traumatic event (Bonanno & Mancini, 2012), posttraumatic stress (PTS) symptoms persist in a subset of individuals. One possible outcome is posttraumatic stress disorder (PTSD), a debilitating condition with a lifetime prevalence of 6.8% (Kessler & Wang, 2008). A diagnosis of PTSD is based on prior exposure to actual or threatened death, serious injury, or sexual violence (referred to as a Criterion A potentially traumatic event), as well as the presence of symptomology in each of four symptom clusters: re-experiencing symptoms, avoidance symptoms, negative alterations in mood and cognition, and alterations in arousal and reactivity (American Psychiatric Association, 2013). Etiological models of PTSD emphasize the roles of classical and operant conditioning, in that environmental stimuli associated with a traumatic event come to elicit strong distress responses in the individual, resulting in the persistent avoidance of these cues (Keane & Barlow, 2002). Both PTSD and

subthreshold PTS symptomology are therefore associated with a range of negative functional outcomes (Marshall et al., 2001).

1.1. The Link between Symptoms and Functional Impairment

In psychopathology, symptoms are generally cognitive, emotional, or behavioral patterns that give rise to distress and impairment, and symptom severity refers to the cumulative total of symptoms and their severity ratings (McKnight, Montfort, Kashdan, Blalock, & Calton, 2016). Functional impairment refers to the interference that occurs in one's life because of symptomology (APA, 2013). The association between symptoms and impairment is embedded in the psychiatric nosology, as diagnoses in the DSM-5 require the presence of symptom-related disability, defined as "clinically significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 2013, p. 21). Symptom severity is a clear indicator of the presence of psychopathology, and meta-analyses reveal moderate to strong associations between functional impairment and both depressive ($Mr = .50$; McKnight & Kashdan, 2009) and anxiety symptom severity ($Mr = .34$; McKnight et al., 2016). Regarding PTS symptomol-

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ogy specifically, the association with global functioning is moderate ($Mr = .33$), with a relatively stronger association found in the occupational domain ($Mr = .44$; McKnight et al., 2016). These findings suggest that while symptom severity is important in understanding one's functioning, substantial variance remains unexplained.

Given the frequency with which symptom severity is defined as the primary outcome in clinical trials and the more infrequent use of functional outcomes (see Becker, Chorpita, & Daleiden, 2011; Watts et al., 2013; Zimmerman et al., 2008), deconstructing the association between symptoms and functioning is of critical importance. When examining psychopathology broadly, variability in these associations appears to be the rule, rather than the exception. While an exhaustive review of symptom-impairment associations is beyond the scope of this article, examples from the anxiety and mood disorders literature highlight this point. Numerous studies show a strong association between depressive symptom severity and impairment (see McKnight & Kashdan, 2009), though much smaller correlations have been found in other samples (Koivumaa-Honkanen et al., 2008). Social anxiety symptom severity has exhibited moderate to strong relationships with impairment (Hambrick, Turk, Heimberg, Schneier, & Liebowitz, 2003), however attenuated associations have also been demonstrated (Hebert, Fales, Nangle, Papadakis, & Grover, 2013). Finally, the link between PTS symptomology and functional impairment is well established across several domains including social and family functioning (Sayers, Farrow, Ross, & Oslin, 2009; Stein, Walker, Hazen, & Forde, 1997), occupational functioning (Stein, McQuaid, Pedrelli, Lenox, & McCahill, 2000), and physical functioning (Vasterling et al., 2008). And yet consistent with the variability found in other disorders, small to moderate associations between symptom severity and functional outcomes have also been demonstrated (Berz, Taft, Watkins, & Monson, 2008; Renshaw, Rodrigues, & Jones, 2008). Taken together, this transdiagnostic variability suggests a continued need to identify moderator variables that influence the association between symptom severity and impairment. One potential moderator may be that of valued living.

1.2. The role of valued living

Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999, 2012) is a contextual behavioral treatment that emphasizes mindfulness, acceptance, and behavioral change processes in the service of promoting psychological flexibility. In ACT, the functional association between symptoms and impairment emphasizes the role of experiential avoidance (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Psychological symptoms result in functional impairment when a person engages in efforts to minimize or escape these experiences rather than engage in valued life domains. In other words, experiential avoidance is not inherently problematic, it is problematic to the extent that inflexible commitment to avoiding painful experiences often comes at the expense of engaging in activities that are important and meaningful (Wilson & Murrell, 2004). With ACT's emphasis on fostering psychological flexibility, symptom reduction is thereby considered secondary to valued living (Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013). As such, while ACT generally results in a reduction of symptoms across problem areas (Hayes, Luoma, Bond, Masuda, & Lillis, 2006), its underlying theory suggests that valued living may increase (and functional impairment thereby decrease) even in circumstances in which symptoms remain present. For example, in an ACT-based treatment for highly disabled patients with chronic pain, treatment was associated with significant and clinically meaningful changes on a variety of functional outcomes, however patients reported no significant reduction in pain intensity (McCracken, MacKichan, & Eccleston, 2007).

Values are defined as verbally constructed consequences of ongoing and dynamic patterns of activity, that are both chosen freely and intrinsically reinforcing (Wilson & Dufrene, 2009). Values are con-

sidered separate from goals, in that goals can be achieved, whereas values cannot. The compass metaphor is commonly used in ACT to exemplify this distinction: values provide us with direction like that of a compass, whereas goals refer to the points on the map (Hayes et al., 1999, 2012). We strive to move in valued directions; therefore, values establish the behavioral patterns that direct us toward our goals. Acting in the service of our values inevitably brings us in contact with painful and distressing experiences (Hayes et al., 1999, 2012). Consistent with the ACT conceptual model suggesting that rigid attempts to control, escape, or avoid these experiences are incongruent with valued living, research shows negative correlations between valued living and experiential avoidance in both community (Smout, Davies, Burns, & Christie, 2014; Wilson, Sandoz, Kitchens, & Roberts, 2010) and clinical samples (Michelson, Lee, Orsillo, & Roemer, 2011).

Research on constructs related to valued living has demonstrated consistent associations with both symptom severity and functional outcomes across various forms of psychopathology in community and clinical samples. In an undergraduate sample, values consistency (the degree to which a person engages in behaviors that allows them to contact their values) was negatively correlated with psychological distress and environmental difficulties (Wilson, Sandoz, Kitchens, & Roberts, 2010). Graham, West, and Roemer (2015) found valued living to be negatively correlated with anxious arousal, depressive symptoms, and general anxiety in a sample of black students. Additionally, valued living moderated the relationship between racist experiences and symptom severity in this study, as the link between racist experiences and symptomology was only significant at lower levels of valued living. Among treatment-seeking military veterans, increased values consistency was associated with a decreased likelihood of suicidal ideation after controlling for other suicide risk factors (Bahraimi et al., 2013). Also, in the treatment of Generalized Anxiety Disorder (GAD), changes in valued living predicted responder status over and above reductions in worry, the core symptom of this disorder (Hayes, Orsillo, & Roemer, 2010).

Regarding indices of well-being, values consistency has exhibited positive relationships with vitality, mental health, and domains relevant to overall functioning (Wilson et al., 2010). Also, in a community sample of college students and older adults, commitment to values was associated with increased satisfaction with life and positive affect (Ferssizidis et al., 2010). Using experience sampling methodology, Kashdan and McKnight (2013) found individuals with Social Anxiety Disorder reported greater self-esteem, meaning in life, and positive emotions on days they devoted effort toward a purpose in life. Overall, theoretical and empirical evidence support the notion that valued living is a behavioral process important in the understanding of psychopathology and well-being.

1.3. PTS symptom severity and valued living

An ACT-based conceptual model of PTSD suggests impairment among those exposed to potentially traumatic events should be reduced when individuals respond to trauma reminders with openness and acceptance, awareness, and committed value-driven actions (Orsillo & Batten, 2005). While there are limited studies documenting the link between PTS symptom severity and valued living using validated measures of values consistency or success, research does generally support this association. In a trauma-exposed sample of African-American adults, participants classified as resilient (defined as the absence of any lifetime DSM diagnosis) reported fewer total lifetime traumas, less avoidant coping, and an increased sense of purpose in life and meaning, as compared to participants with a current DSM disorder (81% of which were diagnosed with PTSD; Alim et al., 2008). Similarly, in a sample of trauma-exposed undergraduate students, Kashdan and Kane (2011) found experiential avoidance moderated the relationship between PTS symptom severity and posttraumatic growth, suggesting that greater distress is associated with increased growth and well-being

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