



Avoidance behaviour of patients with posttraumatic stress disorder. Initial development of a questionnaire, psychometric properties and treatment sensitivity

Agnes van Minnen^{a,*}, Muriel A. Hagenaars^b

^a Department of Clinical Psychology, Radboud University Nijmegen, Overwaal Center for Anxiety Disorders, Pastoor van Laakstraat 48, 6663 CB Lent, Nijmegen, The Netherlands

^b Department of Clinical, Health, and Neuropsychology, Leiden University, PO Box 9555, 2300 RB Leiden, The Netherlands

ARTICLE INFO

Article history:

Received 20 January 2009

Received in revised form

23 December 2009

Accepted 5 January 2010

Keywords:

PTSD

Avoidance

Trauma

Exposure

Anxiety

ABSTRACT

In this study, the development of the Posttraumatic Avoidance Behaviour Questionnaire (PABQ) is described and validated in 437 participants; PTSD patients ($N = 75$), clinical controls (patients with panic disorder with agoraphobia; PDA) ($N = 50$), and non-clinical traumatized controls ($N = 312$). Item reduction and exploratory factor analyses yielded 25 items reflecting seven factors. Internal consistency, test–retest reliability, convergent and discriminative validity of the PABQ proved adequate. In a second study, the PABQ showed to be sensitive to change due to exposure treatment outcome ($N = 26$).

© 2010 Elsevier Ltd. All rights reserved.

1. Introduction

Avoidance behaviour is one of the key features of anxiety disorders. In posttraumatic stress disorder (PTSD), patients typically avoid stimuli associated with the trauma. In the DSM-IV criteria for PTSD (APA, 1994), symptoms of avoidance behaviour are clustered along with numbing symptoms. However, recent research suggests that avoidance and numbing are distinct symptoms in PTSD (Asmundson, Stapleton, & Taylor, 2004; DuHamel et al., 2004; Feuer, Nishith, & Resick, 2005). When numbing symptoms are excluded, only two diagnostic DSM-IV criteria address avoidance behaviour, namely C1 “efforts to avoid thoughts, feelings, or conversations associated with the trauma” and C2 “efforts to avoid activities, places, or people that arouse recollections of the trauma”, items that refer to effortful or active avoidance behaviour. Given that avoidance behaviour is among the key features of both the development and maintenance of PTSD, it deserves to be specified in more detail for both clinical and theoretical purposes (see also Asmundson et al., 2004). To this end, we have developed the Posttraumatic Avoidance Behaviour

Questionnaire (PABQ), which is introduced and psychometrically tested in the first study. In a second study, data are provided about the questionnaire’s sensitivity to measure exposure treatment changes in PTSD patients.

Theoretically, avoidance behaviour is considered to play a key role in the maintenance of PTSD. Following the emotional processing theory (Foa, Huppert, & Cahill, 2006; Foa & Kozak, 1986), avoidance behaviour prevents PTSD patients to fully and emotionally engage in the processing of anxiety, thereby preventing them from changing their fear structure. In line with this, in their cognitive model, Ehlers and Clark (2000) propose that avoidance behaviour prevents changes in the negative appraisal of the trauma and its sequelae. Consistent with theories, the lack of emotional engagement (Foa, Riggs, Massie, & Yarczower, 1995; Jaycox, Foa, & Morral, 1998; Van Minnen & Hagenaars, 2002) and the use of several cognitive avoidant control strategies such as thought suppression and rumination (Ehlers & Clark, 2000; Ehling, Ehlers, & Glucksman, 2008) have been shown to predict PTSD symptom persistence. Further evidence for the central role of avoidance in the maintenance of PTSD comes from treatment effect studies. Trauma-focused treatment approaches that include approach rather than avoidance of trauma-related stimuli, such as exposure and cognitive techniques, were shown to be highly effective in patients with PTSD (Foa et al., 1999; Marks, Lovell, Noshirvani, Livanou, & Thrasher, 1998; Resick, Nishith, Weaver,

* Corresponding author. Tel.: +31 243225170.

E-mail addresses: avminnen@overwaal.nl (A. van Minnen), mhagenaars@fsw.leidenuniv.nl (M.A. Hagenaars).

Astin, & Feuer, 2002). Exposure therapy was, in comparison with EMDR and relaxation therapy, found to be highly effective and fast in reducing avoidance symptoms (Taylor et al., 2003). What is more, a decrease in symptoms of avoidance after exposure therapy preceded a decrease in other PTSD symptoms, such as hyperarousal, numbing and re-experiencing. Vice versa, a lack of improvement in avoidance behaviour was related to a lack of improvement in other PTSD symptoms (Şalcioğlu, Başoğlu, & Livanou, 2007), stressing the central role of avoidance in PTSD maintenance. In addition, exposure treatment is mainly based on extinction learning, and fear extinction has been found to be context dependent (e.g. Effting & Kindt, 2007), stressing the importance of addressing several contexts within exposure therapy.

To gain more insight in the specific situations PTSD patients avoid, we developed a questionnaire, the Posttraumatic Avoidance Behaviour Questionnaire (PABQ). The present study describes the development of the PABQ and explores its reliability and validity, and its relationship with exposure treatment outcome.

One major goal of developing this questionnaire was to measure typical situations PTSD patients avoid. For the development of the questionnaire, following the suggestion of Asmundson et al. (2004), we first broke down the components of the two DSM-IV effortful avoidance criteria in several parts (avoidance of thoughts, feelings, conversations, activities, places, and people). In addition, to gather more detailed information about the avoidance behaviour, we asked patients, several trauma therapists and trauma experts to list as many situations and stimuli that PTSD patients were avoiding. After data-collection and factor analyses, the items were limited to those items that were most relevant and reliable. This process of data-reduction and reliability analyses is described in detail in the Results section.

Concerning its discriminative value, we expected that PTSD patients would show more avoidance behaviour than persons who experienced a trauma but did not develop PTSD, that is, the non-clinical control group. What is more, to be a helpful diagnostic tool, we expected PTSD patients' avoidance behaviour to be specific, and thus to be different from that of other anxiety disordered patients. In studies comparing all anxiety disorders, PTSD patients and patients with panic disorder with agoraphobia (PDA) showed the most intense and generalized anxiety (e.g. Cuthbert et al., 2003). PDA patients are also known to engage in intense avoidance behaviour (Kamphuis & Telch, 1998; Lohr, Olatunji, & Sawchuk, 2007). Because of these similarities, we included PDA patients as our clinical control group.

With respect to validity, we expected the questionnaire to be related to PTSD symptom severity and avoidance behaviour in general. In addition, we expected the questionnaire to be related with specific maladaptive avoidance strategies aimed at the prevention of recollections, such as distraction of thoughts. We also expected the scale to be related to the trait to experience anxiety symptoms in general, because of people with high trait anxiety have a tendency to more often perceive and misinterpret safe situations as dangerous, and are therefore more likely to engage in avoidance behaviour. Also, because depressive persons also have a tendency to avoid certain situations, and to engage in cognitive avoidance strategies (see f.i. Williams & Moulds, 2007), we controlled for depression.

A second goal of this questionnaire was to have a valid instrument for changes in avoidance behaviour as a result of treatment in PTSD patients. Because avoidance behaviour is an important factor in the maintenance of PTSD, it is important for the PABQ to be sensitive to treatment changes. Therefore, in Study 2, we tested the sensitivity of the questionnaire to changes in treatment.

2. Study 1

2.1. Method

2.1.1. PABQ item generation

For the avoidance behaviour item generation, the six avoidance components of the DSM-IV criteria (avoidance of thoughts, feelings, conversations, activities, places, and people) were taken as a basis and several items within each of these six components were formulated. The items covered the following six areas: the DSM-IV criterion C1 "efforts to avoid *thoughts* associated with the trauma", (2) the DSM-IV criterion C1 "efforts to avoid *feelings* associated with the trauma", (3) the DSM-IV criterion C1 "efforts to avoid *conversations* associated with the trauma", (4) the DSM-IV criterion C2 "efforts to avoid *activities* that arouse recollections of the trauma", (5) the DSM-IV criterion C2 "efforts to avoid *places* that arouse recollections of the trauma", (6) the DSM-IV criterion C2 "efforts to avoid *people* that arouse recollections of the trauma".

Also, items were derived from information about avoidance behaviour in the literature. In addition, item generation was based on the authors' clinical, therapeutic experiences with PTSD patients suffering from various traumas. First, the files of 73 PTSD patients treated with prolonged exposure therapy were reviewed retrospectively, and all in-vivo assignments provided during therapy were noted. Second, we approached 44 PTSD therapists registered with the NIP, the Dutch professional association of psychologists, 20% of whom responded, for examples of avoidance behaviour in their PTSD patients. Last, the generated items were reviewed by an international expert on PTSD and exposure therapy, which led to the exclusion or rewording of several items and the addition of some new items. The respondents rated each item on a 4-point Likert scale ranging from 1 (almost never) to 4 (almost always).

2.1.2. Participants

The PABQ was tested on a total of 437 adults: 75 patients seeking treatment for PTSD and 50 patients seeking treatment for PDA, all having been referred to a Dutch outpatient clinic for the treatment of anxiety disorders, and 312 controls who had experienced a traumatic event, but had not developed PTSD.

Patients with PTSD were only included if they met the DSM-IV criteria for PTSD and not the DSM-IV criteria for (current or lifetime) PDA (see Measures section). Their mean score on the Posttraumatic Stress Disorder Symptom Scale Self-Report (PSS-SR; Foa, Riggs, Dancu, & Rothbaum, 1993) was 24.2 (SD = 8.3). About one third (29.2%) of the PTSD patients was male and the group's mean age was 36.1 years (SD = 11.1). The traumatic events comprised a road traffic accident ($n = 9$), sexual assault, including childhood sexual abuse ($n = 27$), violent non-sexual assault ($n = 22$), war ($n = 3$), or miscellaneous ($n = 14$).

Patients with PDA all met the DSM-IV criteria for Panic Disorder with Agoraphobia and not the DSM-IV criteria for (current or lifetime) PTSD and their mean score on the Panic and Agoraphobia Scale (PAS; Bandelow, 1999) was 21.0 (SD = 8.8). Here, 38% was male, with the group's mean age being 37.1 (SD = 11.8).

The control group was recruited via university campus advertisements and advertisements in local newspapers. Controls were included if they ever experienced an overwhelming frightful experience that had occurred at least one month ago, and if they indicated on two questions referring to the DSM-IV A1 and A2 diagnostic criteria of PTSD that this experience had been traumatic. Of the 324 eligible candidates 12 scored above 14 on the PSS-SR (Wohlfarth, Van den Brink, Winkel, & Ter Smitten, 2003) or reported to have panic attacks on the PAS and were subsequently excluded. The reported traumatic events included road traffic accident ($n = 74$), disaster ($n = 15$), sexual assault ($n = 15$), violent

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات