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Empirical Relationships among Trauma Exposure, Anxiety Sensitivity, and Post Traumatic Stress Disorder

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Background

- Despite findings that over half of the general population will be exposed to a traumatic event within their lifetime, fewer than 10% of people go on to develop symptoms consistent with Post-traumatic stress disorder (PTSD)
- PTSD** is a psychiatric disorder characterized by four primary symptom clusters including intrusion symptoms (e.g., nightmares, flashbacks), avoidance behaviors, negative alterations in cognition and mood, and hyperarousal following direct or indirect exposure to a potentially traumatizing event (PTE)
- A malleable cognitive factor that has emerged as a potential contributor to the development and maintenance of PTSD is an individual's unique level of anxiety sensitivity (AS)
- AS** is the fear of sensations related to anxiety (e.g., shortness of breath, rapid heart rate) due to the belief that these experiences will have harmful consequences.
- Although research has demonstrated that AS has strong relations to PTSD, there is no authoritative consensus on the nature of these relationships.

Aims

Understanding which theories about relationships among AS, PTEs, and PTSD have the most support will help guide efforts to understand the developmental psychopathology of PTSD as well as create new pathways for intervention development

- This review synthesized and critically reviewed empirical studies that assessed relationships among the variables of interest, with the goal of:
 - Providing guidance for future research.
 - Providing counsel for clinicians and practitioners that work with populations at risk for developing PTSD

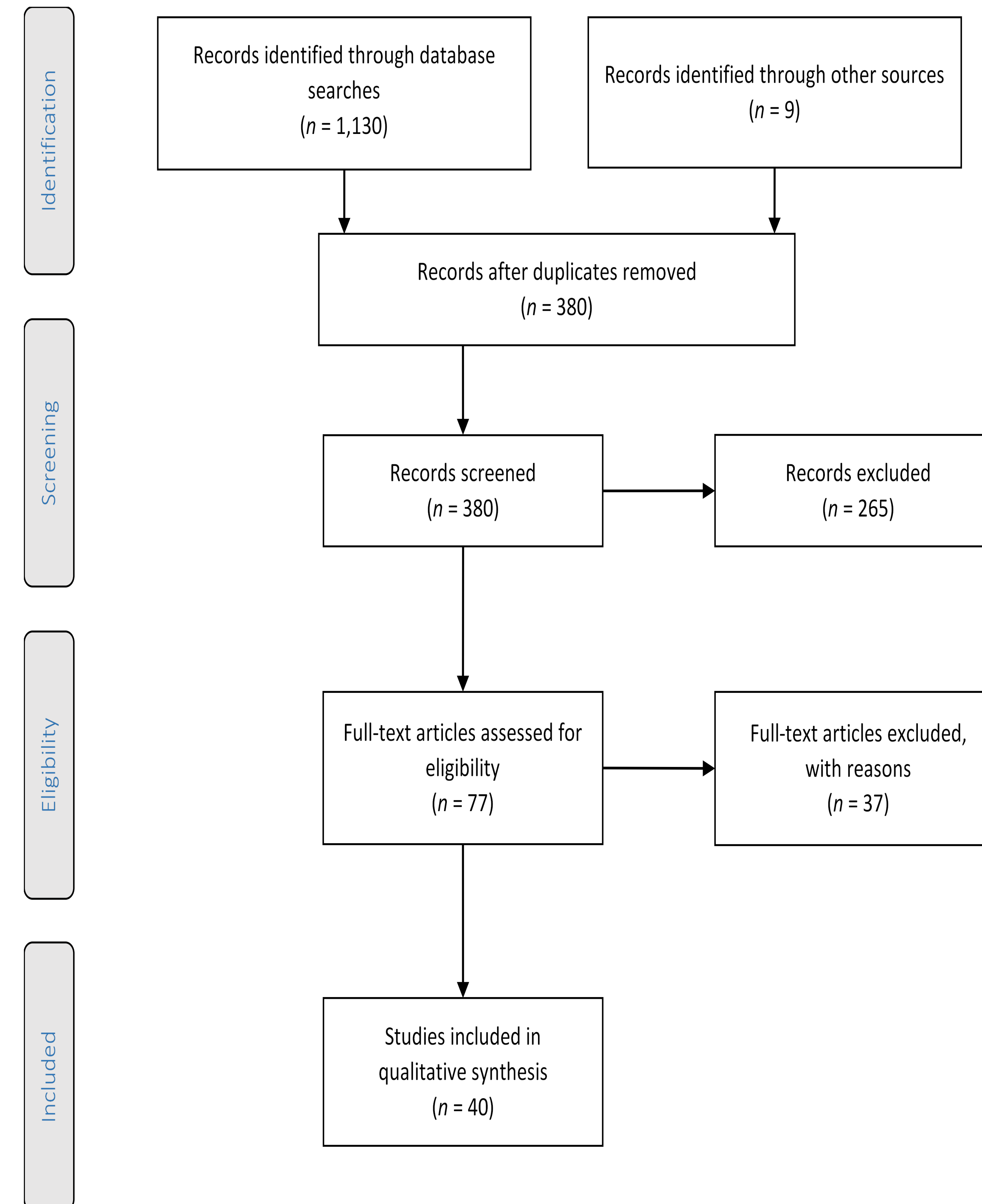
Method

- Relevant peer-reviewed articles were identified and selected based on comprehensive electronic searches conducted in Academic Search Complete, Google Scholar, PsycINFO, and PubMed in October 2019
- Searches included titles, abstracts, and articles consisting of the principal search term: "anxiety sensitivity", and the secondary search terms: "PTSD", "post traumatic stress", "traumatic stress disorder", "posttraumatic stress disorder", "posttraumatic stress symptoms", "PTSS", "traumatic stress", "trauma", "abuse", "adverse childhood experiences", "ACE", "childhood trauma", "maltreatment", "traumatic", "traumatic experience", "traumatic events", "trauma" history", natural disaster", "tornado", "hurricane", "tsunami", "accident", "injury", "flood", "tornado."

Procedure

- Studies in the present review met the following inclusion criteria: (a) publication is written or available in English; (b) sample is comprised of human subjects; (c) study included at least one measure of associations among trauma exposure, AS, and PTSD
- Review articles, meta-analyses, and scale evaluation or creation studies were excluded
- Except for cases classified as complicated or unusual (e.g., miscarriage), studies that identified pregnancy or childbirth as a traumatic event were excluded

PRISMA Flow Diagram



Results

- Across the literature, the prominent theory conceptualized AS as a causal risk factor within two competing models:
 - One model posited that individuals with dispositionally high AS prior to experiencing a PTE have a greater likelihood of developing PTSD after trauma exposure
 - The second model theorized that the introduction of a PTE raises an individual's baseline level of AS, leading to the development and maintenance of PTSD symptoms
- Emerging research highlighted the possibility of reciprocal relationships, as well as moderating and mediating variables (e.g., age, gender) that cause differential relationships among the variables of interest.
- Most studies to date used a cross-sectional study design, and primarily relied on a descriptive approach that solely highlighted correlations between AS and PTSD. Consequently, the current state of the literature is still unable to authoritatively discern whether AS causes PTSD, PTSD increases AS, or if the two variables have a bidirectional relationship

Discussion

- Currently, research examining relationships among the variables of interest is underdeveloped and plagued by limitations related to assessment, methodology, and sampling
- In the next stage of research, a focus on longitudinal and laboratory-based research, as well as the examination of interventions designed to ameliorate AS should be prioritized
- Promising avenues include examining the influence of moderating or mediating variables and replicating current findings within homogenous samples, particularly those that have high rates of trauma exposure (e.g., military personnel)

Clinical Implications

- Extant literature has highlighted the role of AS as a transdiagnostic target for the treatment of post traumatic stress symptoms
- Although the exact relations among the variables of interest are still unclear, research has found that individuals with PTSD report elevated AS, and AS is able to predict treatment outcomes in trauma-exposed populations
- Current findings identified several interventions that have demonstrated success in reducing AS including:
 - Psychoeducation (e.g., providing factual information about the mechanisms associated with anxiety to reduce fear),
 - Cognitive restructuring (e.g., engaging in the process of changing irrational or unhelpful cognitions about anxiety-related sensations;),
 - Interoceptive exposure (e.g., exposure methods used to desensitize individuals to distress associated with anxiety-related sensations)