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Rational Beliefs as Cognitive Protective Factors against Posttraumatic Stress Symptoms



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Introduction

Contemporary models of PTSD focus on role of **dysfunctional cognitions** in development of posttraumatic stress symptoms (PTS: Ehlers & Clark, 2000).

Little known about the types of **functional cognitions** that may **protect** against development of PTSD.

Rational Emotive Behaviour Therapy

(David et al., 2010)

Model of psychopathology (irrational beliefs) and psychological health (rational beliefs).

- Rational beliefs (**Preferences, Non-Catastrophizing, High Frustration Tolerance, and Acceptance**) hypothesised to act as cognitive protective factors in development of psychological distress.

Evidence to support REBT model of psychopathology in the context of PTS (Hyland et al., 2014a).

Rational beliefs can moderate impact of irrational beliefs on PTS (Hyland et al., 2014b).

Research Aims

- Provide first **empirical test of REBT** theory of psychological health in the context of PTS responses.
- Contribute to PTSD literature by identifying important **cognitive protective factors** against PTS symptoms.

Methods

Opportunistic sample of 309 **trauma-exposed** police officers, soldiers, and emergency workers

- Recruited from **Ireland** and **Kosovo** – EULEX Mission



Most common traumatic events: serious accident (60.4%), assault by a stranger (56.9%), and military combat (42.5%).

Measures

PTS: **Posttraumatic Stress Diagnostic Scale** (Foa, Cashman, Jaycox, & Perry, 1997)

Rational Beliefs: **Abbreviated Version of the Attitudes and Belief Scale 2** (Hyland, Shevlin, Adamson, & Boduszek, 2014c)

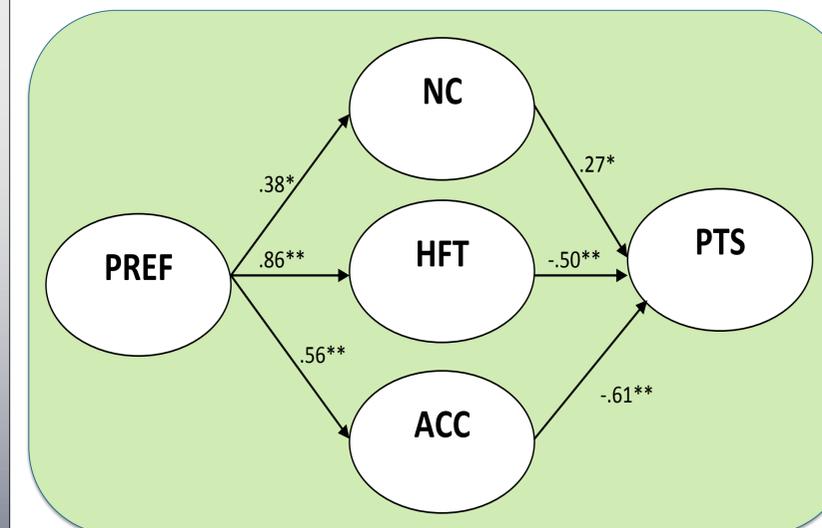
Structural equation modelling (SEM) conducted in Mplus 6.0 (Muthen & Muthen, 1998 – 2010) with Robust Maximum Likelihood estimation.

Results

Levels of PTS low-to-moderate (M = 11.36, SD = 10.76). Rational beliefs were moderate-to-high.

PTS latent factor derived from **4 subscales** (Simms et al., 2002). Each rational belief process measured via 3 items. **Factor loadings all > 0.40 (p < .001)**.

The REBT model was a satisfactory fit of the data ($\chi^2 = 199.99$, df = 94, p < .001; RMSEA = .06 (CI 90% = .05/.08); SRMR = .05; CFI = .93; TLI = .91).



Rational beliefs explained 76% of variance in PTS.

Acceptance beliefs were the strongest (negative) predictor of PTS symptoms.

Conclusions

REBT theory of psychological health found to be a good model of posttraumatic stress responses.

Previous study found that irrational beliefs explained 50-67% of variance in PTS symptoms (Hyland et al., 2014).

High level of explained variance likely due to the **use of a non-clinical sample**

Greater levels of self-acceptance following exposure to a trauma associated with a lowered likelihood of experiencing PTS symptoms.

More an individual is capable of cultivating beliefs in their own resilience to withstand traumatic life events, the less affected they are (Vujanovic et al., 2011).

Positive association between **non-catastrophizing** beliefs and PTS possibly due to the PDS failing to discriminate between functional and dysfunctional symptoms (DiLorenzo et al., 2011).

References

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