The Impact of Change in Self-Compassion, Psychological Inflexibility, and Interpersonal Courage in PTSD Treatment

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Despite numerous advances in the field’s understanding of the development and maintenance of posttraumatic stress disorder (PTSD), current treatments are often limited in effectiveness due to a narrow focus on symptom reduction (Cloitre, 2015; Yehuda et al., 2015). One reason for this issue is that the impact of PTSD extends into areas such as interpersonal relationships, pursuit of valued activities, and acceptance of the self (Cloitre, 2015). These processes appear to be especially relevant in chronic/complex PTSD, which is rarely represented in controlled trials (Cloitre, Miranda, Stovall-McClough, & Han, 2005). As such, PTSD research with an expanded focus beyond symptom reduction, especially research conducted in clinical settings, is likely to be especially relevant to both PTSD researchers and clinicians working in the field. To that end, this study examined the impact of change in self-compassion, psychological inflexibility, and interpersonal courage on PTSD symptom reduction, trauma-related shame, quality of life, and valued living in an exposure-based PTSD partial hospitalization program (n = 537; 75% White; 83% Female; mean age = 36). Latent growth curves, including intercepts and slopes (linear, quadratic, cubic, and spline), were estimated for all variables under study. All measures except for interpersonal courage showed clinically meaningful change over the course of the program. At p < .001, latent regressions showed that only admission psychological inflexibility scores predicted discharge PTSD symptoms and that only admission interpersonal courage (p = .032) was related to discharge quality of life. For the latent growth curves, three-piece spline models were retained for PTSD symptoms, self-compassion, and valued living. Linear models were retained for psychological inflexibility, quality of life, interpersonal courage, and trauma-related shame. For the three PTSD slopes and three valued living slopes, only the three self-compassion slopes were significant predictors (p < .001). The psychological inflexibility slope predicted both the quality of life slope (p < .001), while the interpersonal courage slope predicted the trauma-related shame slope (p < .001). Results demonstrate that focusing on processes such as psychological inflexibility, self-compassion, and interpersonal courage might increase the efficacy of PTSD treatment in addressing the broad range of concerns present in the disorder.