

ABSTRACT  
EFFECTS OF POSTTRAUMATIC COGNITIONS, WORKING ALLIANCE, AND  
RELATIONAL INTIMACY SKILLS IN PTSD TREATMENT

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Cognitive theories have been proposed to explain the development and maintenance of posttraumatic stress disorder (PTSD). Social-cognitive theories, as one of two major categories of cognitive theories (Brewin et al., 1996), emphasize the role of trauma-related beliefs in the development of PTSD, which led to the incorporation of modifying maladaptive trauma-related cognitions in psychological treatments of PTSD. Although extant studies have provided empirical evidence for the efficacy of these treatments, questions regarding active therapeutic components still exist. To that end, this study examined the effects of social-cognitive factors (i.e., posttraumatic cognitions, relational intimacy skills, and working alliance) on PTSD symptomatology in an exposure-based treatment program.

Data collected from 697 participants were included in this study. First, a serial mediation analysis was conducted. The results showed posttraumatic cognitions were directly associated with PTSD severity rather than through relational intimacy skills and working alliance at admission. Second, reliable change indices were calculated, suggesting posttraumatic cognitions and PTSD severity decreased from admission to discharge. Third, after the measurement models of four variables were tested through confirmatory factor analyses, latent regressions were estimated to examine if posttraumatic cognitions, relational intimacy skills, and working alliance at admission predicted the severity of PTSD symptom clusters at discharge. Negative cognitions about self and the world, interpersonal courage, and overall working alliance were identified as significant predictors. Last, latent growth curves, including intercepts and slopes (linear and quadratic), were estimated for posttraumatic cognitions, relational intimacy skills, and PTSD severity. Quadratic models were retained for posttraumatic cognitions and PTSD severity, and the linear model was retained for relational intimacy skills. Latent growth regressions showed the linear coefficients of posttraumatic cognitions and relational intimacy skills were significant predictors for the linear coefficient of PTSD severity.

These findings suggest posttraumatic cognitions play critical roles in initial PTSD severity and the efficacy of treatment in symptom reduction. Although relational intimacy skills did not predict PTSD severity prior to treatment, the rate of increase in those skills predicted the rate of decrease in PTSD severity throughout treatment. Lastly, the findings indicate that working alliance established early in treatment predicted PTSD severity at discharge.