

WHEN WORRIERS AVOID THEIR THOUGHTS: COGNITIVE AVOIDANCE PREDICTS COMORBID SYMPTOMS

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Results

Generalized Anxiety Disorder

MCQ-30 NBW

MCQ-30 PBW

ACS Depression

*p < .05, **p < .01

IUS-18

5.73**

2.26*

3.24**

2.57*

.26

.11

.15

.12



Health Anxiety

3.28**

2.00*

2.17*

Obsessive-Compulsive

Disorder

4.99**

5 47**

4.41**

-2.28*

3.56**

2.68**

2.39*

2.49*

.16

.05

10

.23

21

.21

-.11

.17

.13

.11

.12

ACS Anxiety

Checking

MCQ-30 PBW

Ordering

MCQ-30 PBW

ACS Depression

Cleaning

MCQ-PBW

MCQ-NCT

CAQ

CAQ

CAQ

NPOQ

CAQ

Introduction

Generalized anxiety disorder (GAD) is characterized by excessive and uncontrol lable worry

Prior research:

GAD has been associated with several dysfunctional cognitive thinking styles and beliefs including:

- Metacognitive Beliefs (Hirsch et al., 2013)
- Intolerance of Uncertainty (Buhr & Dugas, 2006)
- Fear of Emotions (Buhr & Dugas, 2012)
- Cognitive Avoidance (Dugas et al., 2005)
- Negative Problem Orientation (Ladoucer et al., 1999)

Present study:

Examined whether these different thinking styles and beliefs common to GAD are also associated with symptoms of anxiety-related disorders, depression, and bipolar disorder a mongst high worriers

Methods

Data collection: Online survey through Qualtrics

Sample: 565 pre-screened high worry undergraduate MacEwan psychology students (Mage 21.2 years; 81% female)

Self-report measures:

- Generalized Anxiety Disorder-7 Item Scale
- Inventory of Depression and Anxiety Symptoms-II
- Short Health Anxiety Inventory
- Metacognitions Questionnaire-30 (MCQ-30)
- Intolerance of Uncertainty Scale-18 (IUS-18)
- Affective Control Scale (ACS)
- Negative Problem Orientation Questionnaire (NPOQ)
- Cognitive Avoidance Questionnaire (CAQ)

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In high worriers,
avoiding one's thoughts
was a consistent
predictor of emotional
disorder symptoms

Panic Disorder			
Measures	t	pr	
MCQ-30 NBW	3.34**	.16	
MCQ-30 CC	4.03**	.19	
ACS Depression	2.88**	.14	
ACS Anxiety	4.92**	.30	
CAO	2 22*	11	

Posttraumatic Stress		
Disorder		
umatic Avoidance		
sures	t	pr

MCQ-30 CSC 2.04* .10 CAQ 10.89** .46 Traumatic Intr

Traum

ACS Depression ACS Anxiety CAQ

Denression

•		
Measures	t	
MCQ-30 NBW	2.39*	.12
MCQ-30 CC	3.78**	.18
ACS Anxiety	2.23*	.11
ACS Depression	6.28**	.29
NPOQ	2.80**	.14
CAQ	2.14*	.10

Measures	t	pr
MCQ-30 NBW	-3.59**	17
MCQ-30 CC	2.54*	.12
IUS-18	2.62**	.12
ACS Anxiety	7.40**	.33
NPOQ	4.14**	.19
CAQ	3.13**	.15

013	ions t	pr
	3.91**	.18
	2.25*	.11
	5.38**	.25
~	scion	

Depression		
res	t	
0 NBW	2.39*	.12
0 CC	3.78**	.18
nxiety	2.23*	.11

Mania		
Measures	t	pr
MCQ-30 NBW	2.99**	.14
MCQ-30 PBW	4.26**	.20
MCQ-30 CSC	2.05*	.10
ACS Anxiety	3.60**	.17
CAQ	2.84**	.13

Implications

- Future research may wish to explore the role of cognitive avoidance in SAD, PD, HA, PTSD, OCD, depression, and bipolar disorder
- When treating these different disorders, or anxious clients with comorbid disorders, the rapists may wish to target cognitive avoidance

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Social Anxiety Disorder

Measures	t	p
MCQ-30 NBW	-3.59**	17
MCQ-30 CC	2.54*	.12
IUS-18	2.62**	.12
ACS Anxiety	7.40**	.33
NPOQ	4.14**	.19