







SOCIAL ANXIETY - ACCEPTANCE AND ACTION QUESTIONNAIRE: ADAPTATION AND VALIDATION IN A PORTUGUESE ADOLESCENT SAMPLE

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INTRODUCTION

Empirical support for ACT interventions with youth includes the successful treatment of a wide range of disorders, including social anxiety disorder (Salvador, 2009). As the empirical evidence for these approaches continues to grow, the importance of examining the mechanisms by which mindfulness and acceptancebased interventions lead to beneficial outcomes is increasingly acknowledged. In order to assess whether these treatments mediate the improvements observed, it is essential to develop and study acceptance and mindfulness related measures (Greco, Baer, & Smith, 2011). MacKenzie and Kocovski (2010) developed the Social Anxiety - Acceptance and Action Questionnaire (SA-AAQ). This adaptation of the original AAQ, designed to be a context specific version of this questionnaire, measures the acceptance of social anxiety symptoms. This study aimed to examine the psychometric properties of this measure in the adolescent population.

METHOD

Participants

	Males	Females	Total
N (%)	235 (39.2)	364 (60.8)	599
Age (SD)	15.5 (1.2)	15.5 (1.1)	15.5 (1.2)

Statistical Analysis Plan

Confirmatory factor analysis (CFA) was performed to assess the structure of the SA-AAQ-A, using the maximum likelihood estimation method. Skewness and Kurtosis values did not presented a serious bias to normal distribution. Twenty-three outliers (3.8%) were identified using Mahalanobis distance. Outliers were not excluded as there were no differences in the results with and without the outliers. Additonal psychometric properties of internal consistency, temporal stability (4 weeks), as well as convergent and divergent validities were also examined.

Measures

SA-AAQ-A: Social Anxiety – Acceptance and Action Questionnaire for Adolescents (MacKenzie & Kocovski, 2010)

CAMM: Child and Adolescent Mindfulness Measure (Greco et al., 2011; Cunha et al., 2013)

SAS-A: Social Anxiety Scale for adolescents (LaGreca & Lopez, 1998; Cunha et al., 2004)

MASC: Multidimensional Anxiety Scale for Children (March et al., 1997; Salvador et al., 2015)

CDI: Children's Depression Inventory (Kovacs, 1985; Dias & Gonçalves, 1999)

RESULTS

SA-AAQ-A items1

SA-AAQ-A Items ¹
1. Life under control despite anxiety in social situations
2. Remaining in a social situation even when feeling anxious
3. Continuing activities when anxious in a social situation
4. Going on with life even when socially anxious
5. Being socially anxious makes living a valuable life difficult
6. Willing to sacrifice important things to stop being socially anxious
7. Worrying about feeling anxious in social situations
8. Worrying about not being able to control social anxiety
9. Keeping on persuing goals even when feeling socially anxious
10. Wanting social anxiety to decrease before moving towards important goals
11. Social anxiety not interfering with the way live is lived
12. Thinking a lot about social anxiety
13. Fighting oneself about social anxiety
14. Being caught up in thoughts about social anxiety
15. Believing thoughts about social anxiety should not be there
16. Criticizing oneself for having social anxiety
17. Believing that thougths about social anxiety are not normal and should not be there
18. Wondering if thoughts about social anxiety are good or bad

¹ Items presented here were rephrased

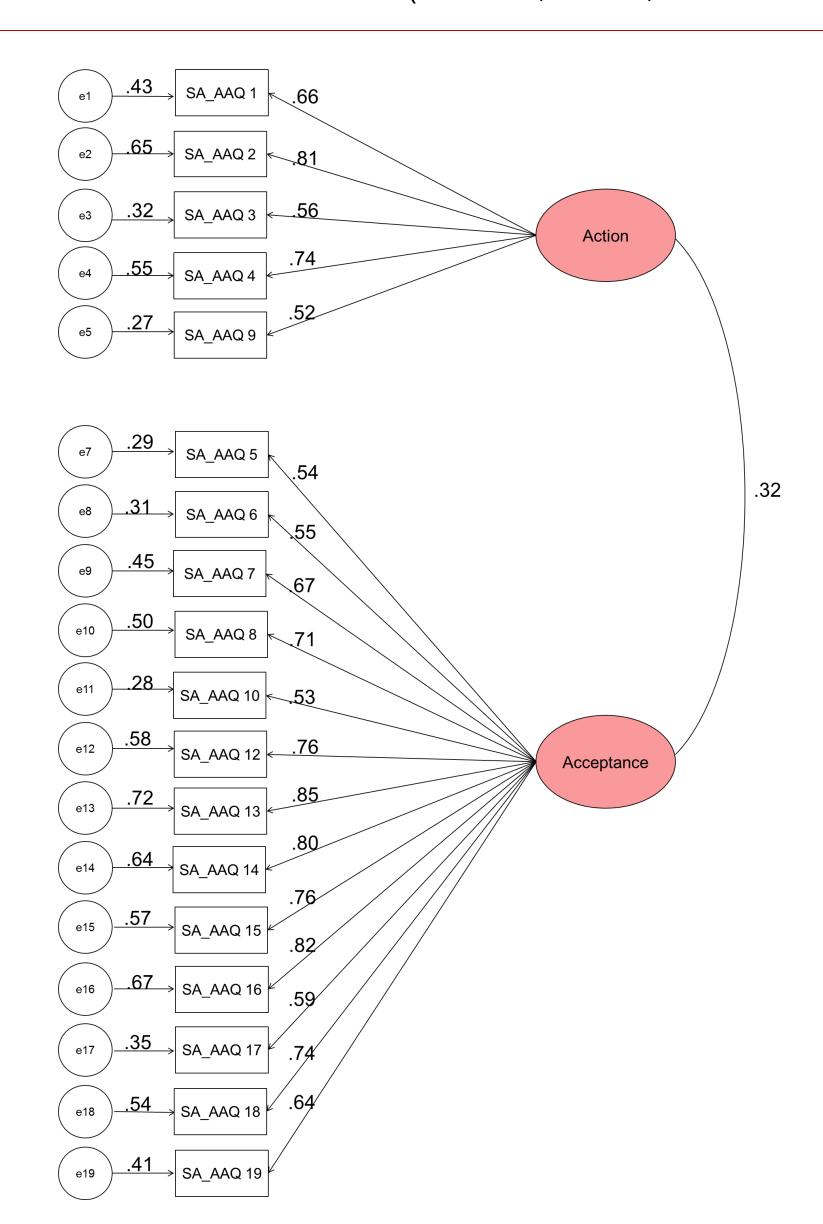
Confirmatory Factor Analysis

19. Thinking that feeling socially anxious means doing something wrong

Indexes for the 3 models tested.

	χ2	df	p	CFI	TLI	SRMR	RMSEA
Original model: 1 factor	1373.2	152	<.001	.77	.74	.11	.12 (95% IC=.1112)
2 factors with item 11	607.0	151	<.001	.92	.90	.05	.07 (95% IC=.0708)
2 factores witout item	562.2	134	<.001	.92	.91	.05	07 (95% IC=.0708)

Due to overall poor inter-item correlations, low factor loading and squared multiple correlations (factor loading=.38, r^2 =.14), item 11 was removed.



Graphical representation of the SA-AAQ-A final factor structure.

Internal Consistency

	Alpha Cronbach
Acceptance	.92
Action	.78

Temporal Validity (N=145)

	r	t
Acceptance	.63	t(144) = -0.86, p = .393
Action	.61	t(144) = 0.04, p = .972

Convergent and Divergent Validity

CAM			MASC				
	CAMM		Social Anxiety	Physical Symptoms	Separation Anxiety	Danger Avoidance	CDI
Acceptance	.44	54	50	50	36	26	43
Action	.19	41	25	21	17	.07	44

CONCLUSION

A two-factor solution - Acceptance and Action - showed the best fit to the data.

Both subscales showed a good internal consistency, temporal validity, as well as convergent and divergent validity.

These results support the use of a social anxiety specific measure of acceptance in the adolescent population.

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