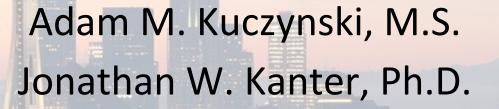
Predictive Validity of Awareness, Courage, and Responsiveness (ACR) in a General Psychiatric Sample and Non-psychiatric Dyads

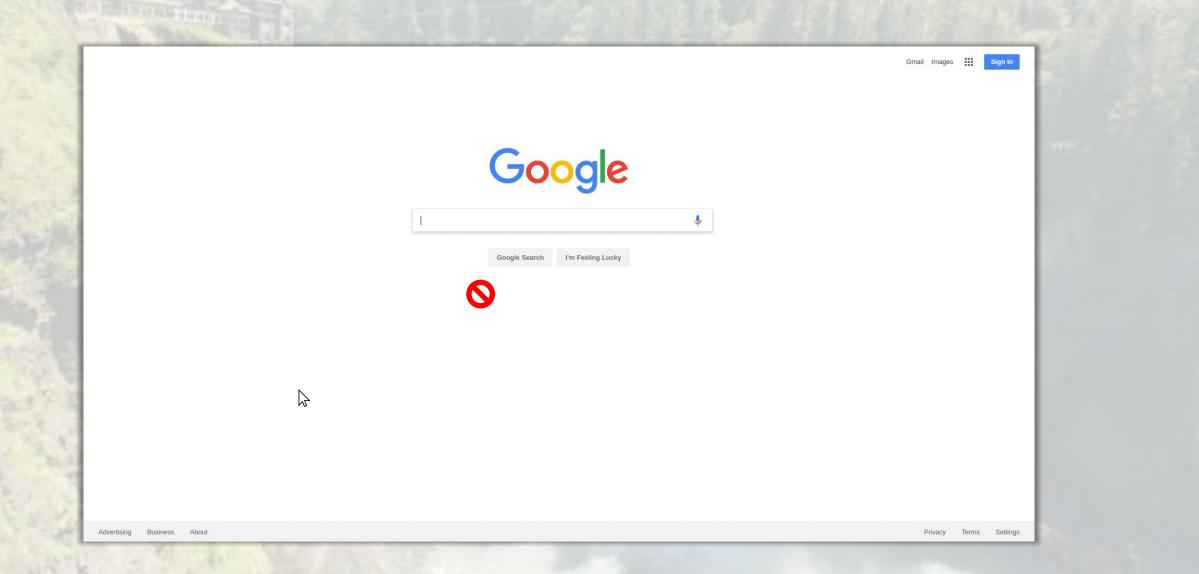


CENTER FOR THE SCIENCE OF SOCIAL CONNECTION





What is FAP?



What is FAP?



Therapist helps client through the discriminative, reinforcing, and eliciting functions of what the therapist does

These stimulus functions will have their strongest effects on client behavior occurring during the session

A review of FAP research indicates that issues related to intimacy are the most common treatment targets (Maitland et al., 2017)

Clinically Relevant Behavior (CRB)



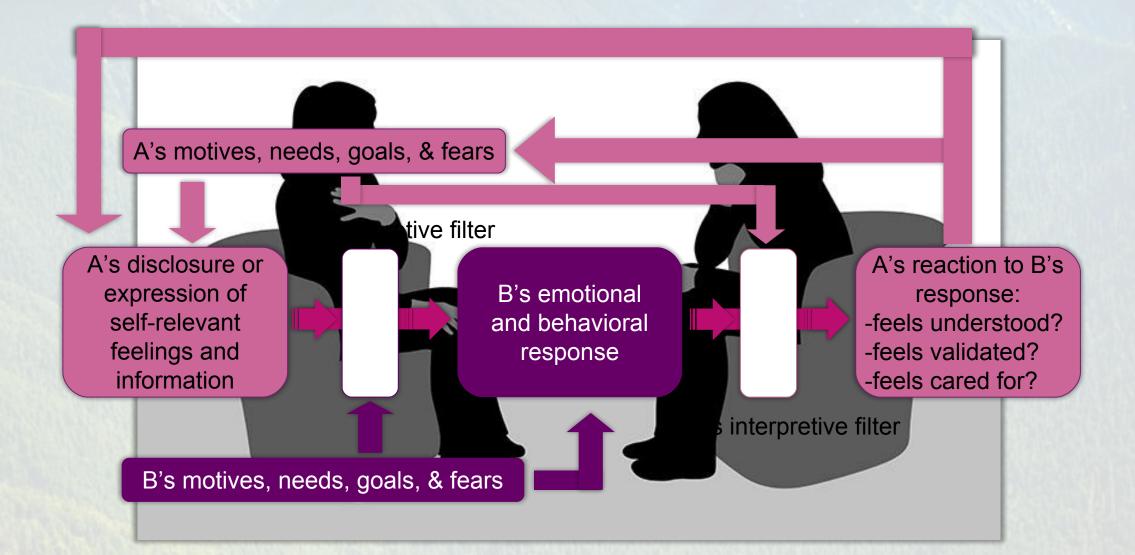
Clinically Relevant Behavior (CRB)

CRB is defined *functionally*

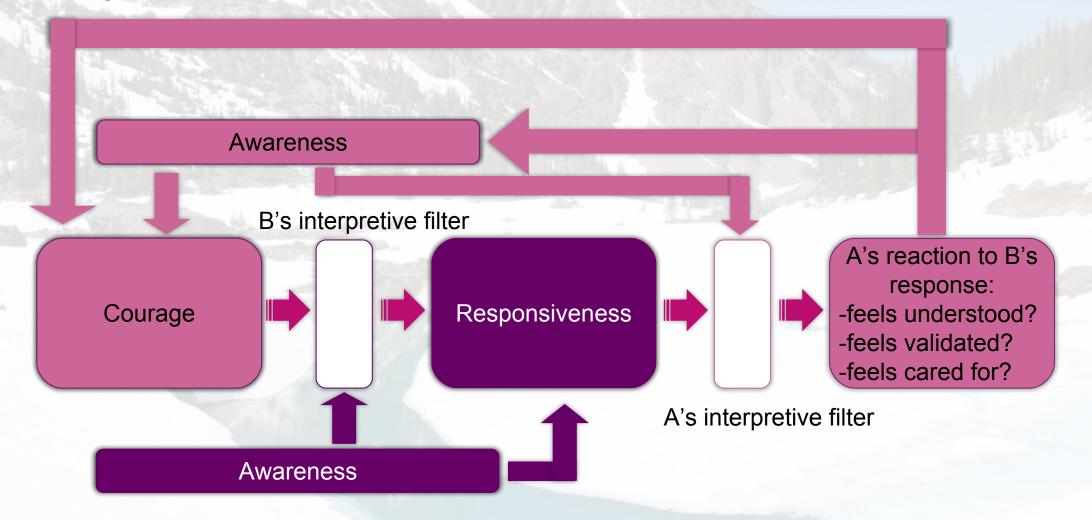
- Client cries while telling therapist about her difficult week
- Client tolerates therapist pushing her hard in-session
- Client asks therapist to reschedule the session assertively



A model of Intimacy



Awareness, Courage, and Responsiveness (ACR)



Method: Samples & Procedure



N = 1,897 for initial scale construction and validation

N = 70 for validation with sample of dyads

N = 50 for validation with clinical sample

Method: Data Analyses

- Item reduction with sequential CFAs
 - On all samples but Curtin University
 - Estimated with full information maximum likelihood
- Examine global and local fit
- Cross validation (measurement invariance) with Curtin University sample
- Examination of convergent validity measures (correlations)
 - Missing data imputed using amelia

Results: Factor Structure

I ask questions of others to understand exactly what is happening for them in that moment.

I am aware of what makes me feel vulnerable.

I let other people know that I understand how they feel when they are struggling.

Results: Model Fit

X²(246, N = 1457) = 863.393
CFI = .94 TLI = .94
$$X^2/df = 3.48$$

RMSEA = .048 CI₉₀ = .044, .051



Results: Convergent Validity

Construct	ACRS Component					
	ACRS Total	Other-awareness	Self-awareness	Courage	Responsiveness	
Social connectedness ^A	.33 [.29, .38] .54 [.36, .72]	.29 [.24, .34] .42 [.17, .68]	.20 [.15, .25] .40 [.19, .61]	.27 [.22, .32] .37 [.18, .56]	.34 [.30, .39] .55 [.38, .72]	
Loneliness ^B	41 [46,37]	36 [41,32]	25 [30,20]	37 [41,32]	39 [43,35]	
Emotional intelligence ^C	.74 [.72, .77] .68 [.50, .86]	.65 [.62, .68] .55 <i>[.36, .74]</i>	.58 [.55, .62] .56 [.40, .72]	.58 [.54, .61] .39 <i>[.19, .59]</i>	.67 [.64, .70] .69 [.49, .90]	
Social support ^D	.55 [.51, .58]	.46 [.42, .50]	.37 [.33, .42]	.43 [.38, .47]	.54 [.51, .58]	
Intimacy-related behaviors ^E	.39 [.35, .43] .45 [.26, .64]	.33 [.28, .37] .21 [.01, .42]	.28 [.23, .32] .30 [.12, .49]	.28 [.23, .33] .42 [.24, .59]	.40 [.36, .44] .48 [.31, .65]	
Intimacy ^F	.46 [.39, .52]	.38 [.31, .45]	.31 [.24, .38]	.38 [.31, .45]	.48 [.42, .54]	
Perspective taking ^G	.46 [.41, .50]	.42 [.38, .46]	.36 [.31, .40]	.36 [.31, .40]	.39 [.35, .43]	
FFMQ Observing ^H	.39 [.34, .43]	.34 [.29, .38]	.35 [.31, .40]	.31 [.26, .36]	.31 [.27, .36]	
General Disclosiveness ^I	.30 [.08, .52]	.19 [03, .42]	.27 [.09, .44]	.33 [.13, .53]	.16 [10, .43]	
Fear-of-intimacy ^J	51 [55,47] 37 [57,18]	40 [44,36] 20 [40, .00]	31 [35,26] 25 [41,10]	49 [53,45] 35 [55,14]	49 [53,45] 37 [59,16]	
Empathic concern ^K	.52 [.49, .56]	.44 [.39, .48]	.38 [.34, .43]	.33 [.28, .38]	.56 [.53, .60]	

Validity with Sample of Dyads: Method

- N = 70 participants (35 dyads)
- Participants recruited to participate in intervention to improve their relationships
 - Partner of their own choosing

18-65 years (*M* = 31.22, *SD* = 12.26)

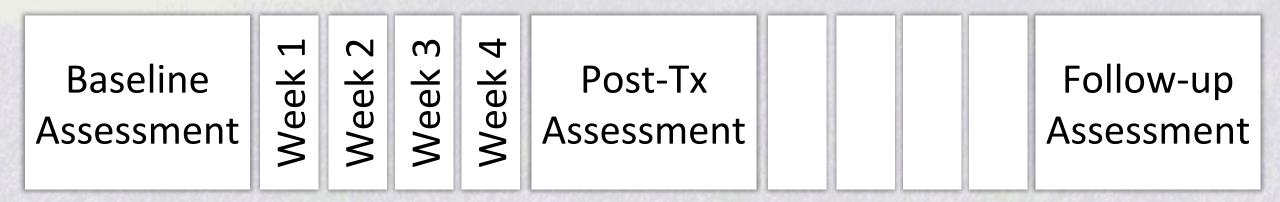
Majority white (63%) Female (54%)

Majority of dyads were in a romantic relationship (66%)

Single/Never Married (64%)

Validity with Sample of Dyads: Method

- Subjects Randomized to ACL or Dyadic Behavioral Activation
 - ACL: Four one-hour interventions (1x/week) with study partner working on exercises to increase feelings of connection
 - **Dyadic BA:** Scheduled four one-hour time blocks (1x/week) to spend with their study partner
 - Used activity scheduling exercise from BA for depression



Results

- We computed an intraclass correlation coefficient for the total and subscale scores at baseline
 - Tells us how much variance in the score is shared within dyads

$$ICC_{Total} = 27\%$$
$$ICC_{OA} = 12\% \qquad ICC_{SA} = 36\%$$
$$ICC_{C} = 6\% \qquad ICC_{R} = 22\%$$

Results

8	ACRS Component						
Construct	ACRS Total	Other-awareness	Self-awareness	Courage	Responsiveness		
Social connectedness ^A	.33 [.29, .38] .54 [.36, .72]	.29 [.24, .34] . <mark>42 [.17, .68]</mark>	.20 [.15, .25] .40 [.19, .61]	.27 [.22, .32] <mark>.37 [.18, .56]</mark>	.34 [.30, .39] . <u>55 [.38, .72]</u>		
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Intimacy ^F	.46 [.39, .52]	.38 [.31, .45]	.31 [.24, .38]	.38 [.31, . <mark>4</mark> 5]	.48 [.42, .54]		
Perspective taking ^G	.46 [.41, .50]	.42 [.38, .46]	.36 [.31, .40]	.36 [.31, .40]	.39 [.35, .43]		
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Fear-of-intimacy ^J	51 [55,47] - <mark>.37 [</mark> <u>57,</u> <u>18]</u>	40 [44,36] - <mark>.20 [</mark> - <mark>.40, .00]</mark>	31 [35,26] - <mark>.25 [</mark> <u>41,</u> <u>10]</u>	49 [53,45] - <mark>.35 [55, -</mark> .14]	49 [53,45] - <mark>.<i>37 [59</i>,<i>16]</i></mark>		
Empathic concern ^K	.52 [.49, .56]	.44 [.39, .48]	.38 [.34, .43]	.33 [.28, .38]	.56 [.53, .60]		

Results

No condition × time interaction

Main effect at follow-up

Validity with a Clinical Sample: Method

- *N* = 50
- Participants recruited by their individual therapists (flyer in waiting room)
- Subjects from: North America (31), South America (7), Europe (10), and Australia (2)

Stress: 44%Depression: 60%Substance Abuse: 2%Interpersonal Problems: 48%Anxiety: 60%Other: 26%

Work Problems: 28% Total Sessions: 4 – 200 (*M* = 54, *SD* = 52)

Validity with a Clinical Sample: Results

- We used generalized estimating equations (GEE) to predict (a) quality-of-life and (b) general psychiatric distress
- ACRS Total was a strong predictor of psychiatric distress
 b = -4.53, Cl₉₅ = (-6.63, -2.43), SE = 1.07, p < .001
- ACRS Total was a strong predictor of quality-of-life
 b = 9.25, Cl₉₅ = (4.23, 14.30), SE = 2.56, p < .001
- However, when loneliness is added into the model for both of these outcomes, ACRS total becomes non-significant

Discussion

- The scale has relatively strong psychometric properties
- We expected to find similarity within dyads, and we found it
- Convergent validity looks good
- Does loneliness mediate the association between ACRS total scores and quality-of-life, psychiatric distress?

Thank you

- Research participants
- Jonathan Kanter, Ph.D. (advisor)
- Brian P. Flaherty, Ph.D.
- Robert J. Kohlenberg, Ph.D.
- Mavis Tsai, Ph.D.

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- Robert J. Kohlenberg, Ph.D.
- Glenn M. Callaghan, Ph.D.