Overview of the Avoidance and Fusion Questionnaire for Youth (AFQ-Y)
- And Psychological Inflexibility in Adolescence

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Overview of presentation:
1. Why measure psychological in/flexibility?
2. What is psychological in/flexibility?
3. Psychometric Properties of the Avoidance and Fusion Questionnaire for Youth (AFQ-Y)
4. Next step, in an on-going study see if:
   a) Are there higher levels of Psychological inflexibility among inpatient youth?
   b) Can a short ACT-group-treatment help inpatient youth?
   c) Are improvements mediated by increased psychological flexibility?

Why measure psychological in/flexibility?
There are many good reasons for identifying a theoretically driven construct that mediates improvements, some are;
1. It makes it possible to demonstrate by which process an intervention is effective (i.e. psychological in/flexibility)
2. When we know what processes makes a treatment effective, this gives theoretical indications for how a treatment might be improved.
3. If we can identify a stable theoretically driven construct, we can better identify and help existing populations with burdened children and adolescents.

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Experiential avoidance as a core process

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Psychological flexibility is...

... the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends.

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Why test AFQ-Y again?

- The results have not yet been replicated by an independent group of researchers.
- Two (independent) publications in peer-reviewed journals is a standard for high quality.
- To test the generalizability to another country and its language and culture (Sweden).
Setting and participants

- All adolescents included in the study were admitted to inpatient units at The National Board of Institutional Care (NBIC).
- NBIC, a Swedish government agency that delivers institutional care and treatment for young people (12-20 yrs.) with problems where other interventions have proved insufficient.

- 160 adolescents with ages 15-20 years (mean of 17.2)
- Recruited to a quasi-experimental outcome study examining the possible effects of an ACT group-intervention as an addition to treatment as usual (TAU).
- A total of nine units located all over Sweden recruited participants, 5 ACT, 4 TAU
- Males 59%, females 41%
- 91 adolescents got ACT+TAU, 59 got TAU without ACT.

Reliability – Does AFY-Q measure in consistent way

1. Test-retest to check stability (2 weeks apart)
   Results show high reliability;
   AFQ-Y17, r = 0.86, p < 0.001
   AFQ-Y8, r = 0.83, p < 0.001

2. Internal consistency by Cronbach’s alpha
   The AFQ-Y demonstrated a good level of internal consistency;
   AFQ-Y17 had an alpha value of 0.93
   AFQ-Y8 had an alpha value of 0.90

Reliability versus Validity

A questionnaire can measure in a reliable way, **BUT** measure something totally different from what we are interested in.

Does AFQ-Y measure what it is intended to measure? (psychological inflexibility)

Validity – Does AFY-Q measure psychological inflexibility

<table>
<thead>
<tr>
<th></th>
<th>AAQ-II</th>
<th>BDI-Y</th>
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<tr>
<td>AFQ-Y</td>
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*** = p < 0.001

Highest correlation with AAQ-II which assess the same construct (concurrent validity)
Validity – Does AFY-Q measure psychological inflexibility

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Overlaps with depression and anxiety, but is not same as depression or anxiety. Under 0.3 = no overlap, over 0.9 = same as. (convergent validity)

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AFQ-Y correlates negatively with “good self-concept”, meaning, AFQ-Y measures something different/opposite. (discriminant validity)

Conclusion - Psychometric Properties of the AFQ

This validation of the AFQ-Y17 and AFQ-Y8 by independent researchers shows:
1. Both AFQ-Y17 and AFQ-Y8 measures in a reliable way (reliability).
2. Both AFQ-Y17 and AFQ-Y8 captures a latent construct we call Psychological inflexibility (validity)
4. AFQ-Y8, had almost as good psychometric properties as the 17-item scale, the short version is recommended for application where the length of measure is a concern.
5. The AFQ-Y (both 8- and 17 items) may be a valuable clinical tool in reflecting changes in psychological inflexibility among adolescents.

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ACT- Living life full out

Session 1: What do I consider important in life?
Session 2: What do I consider important in life?
Session 3: What’s stopping me? How to deal with this?
Session 4: What’s stopping me? How to deal with this?
Session 5: To be kind to myself
Session 6: How can I create the life I want to live? How to deal with difficulties on the way?
ACT- living life full out
have a detailed protocol and ways to train trainers

Times we have measured

✓ Before interventions
    During interventions (2 weeks in)
    During interventions (4 weeks in)
✓ After interventions
✓ 1.5 years after interventions (long term follow up)

Outcome measures

✓ Becks youth scales
  ✓ Anxiety
  ✓ Depression
  ✓ Anger
  ✓ Antisocial behaviour
  ✓ Self concept
✓ Alcohol use (AUDIT), Drug use (DUDIT), Objective measures?
✓ Experiential avoidance (Acceptance and Action Questionnaire, AAQ)
✓ AFQ-Y, 17 items, (Avoidance and Fusion Questionnaire for Youth)
✓ SDQ (Strength and difficulties Questionnaire, teacher & student)
✓ SRD (Self Reported Delinquency)
✓ Loads of background variables

Registers as outcome measures inpatient (SiS)
(1.5 years after inclusion)

✓ Outpatient register (kontakter med vård + mer eller mindre valda diagnoser)
✓ Inpatient register (om man dricker i, vårdbilder rent)
✓ The crime register (domstolsbevis, "ställar" 1.5 år)
✓ Social services for youth (LTV, registrering av kliniska mm)
✓ Drugs and medication register

Thank you!

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