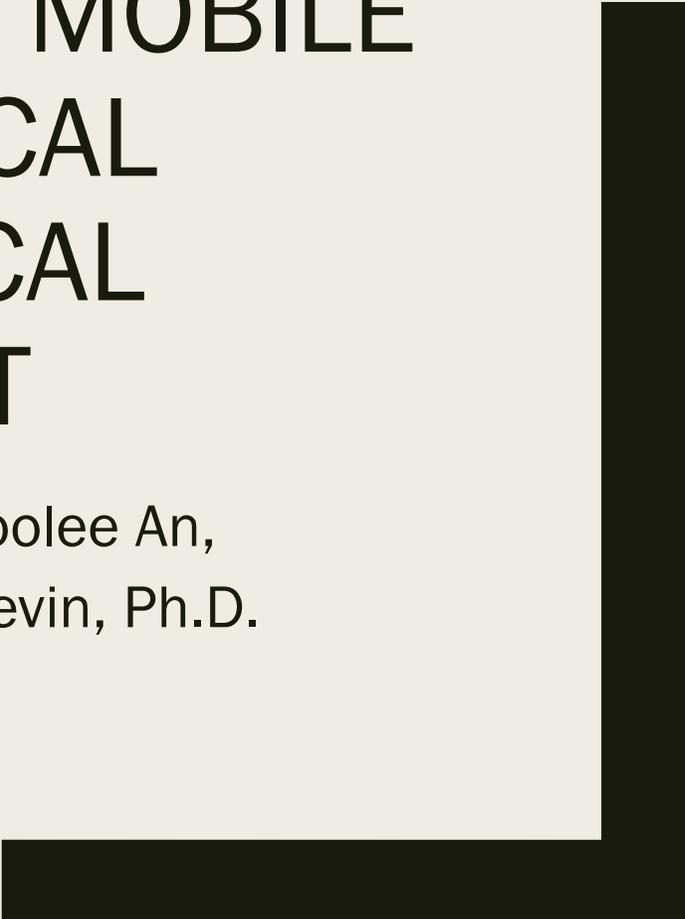


EXAMINING A PROTOTYPE MOBILE APP FOR SELF-CRITICAL THOUGHTS: A CLINICAL COMPONENT TEST

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Disclosure

- We have not received and will not receive any commercial support related to this study or presentation.

Background

- Contextual CBTs and traditional CBTs both address impact of thoughts on psychopathology and well-being, but with different procedures and processes
- Both restructuring and defusion have led to improvements on specified outcomes in some studies (Deacon et al., 2011; Yovel et al., 2014)
- Other studies have found some stronger effects for defusion (Larsson et al., 2016; Moffitt et al., 2012) and others found different mediators (Deacon et al., 2011; Yovel et al., 2014)

Background

- Past studies have mostly been brief, single-intervention (Deacon et al., 2011; Larsson et al. 2016; Yovel et al., 2014), and used unscreened samples (Larsson et al. 2016; Moffitt et al., 2012; Yovel et al., 2014)
- Mobile apps are a promising way to do clinical component testing
- Chose to target those high in self-criticism

Study Design

- All procedures online
- Baseline assessment & randomization
 - *Defusion mobile app, restructuring mobile app, or waitlist*
- Active conditions given 20-min tutorial and encouraged to use mobile app for next two weeks
- Post assessment after two weeks

Participants & Procedures

- 87 adults high in self-criticism (“inadequate-self” subscale of FSCRS) participated
- 68.9% female, mean age 22.76, 91% White non-Hispanic
- Mean FSCRS score was 35.02
 - *One SD above mean in clinical samples (Baiao et al., 2015)*

Intervention

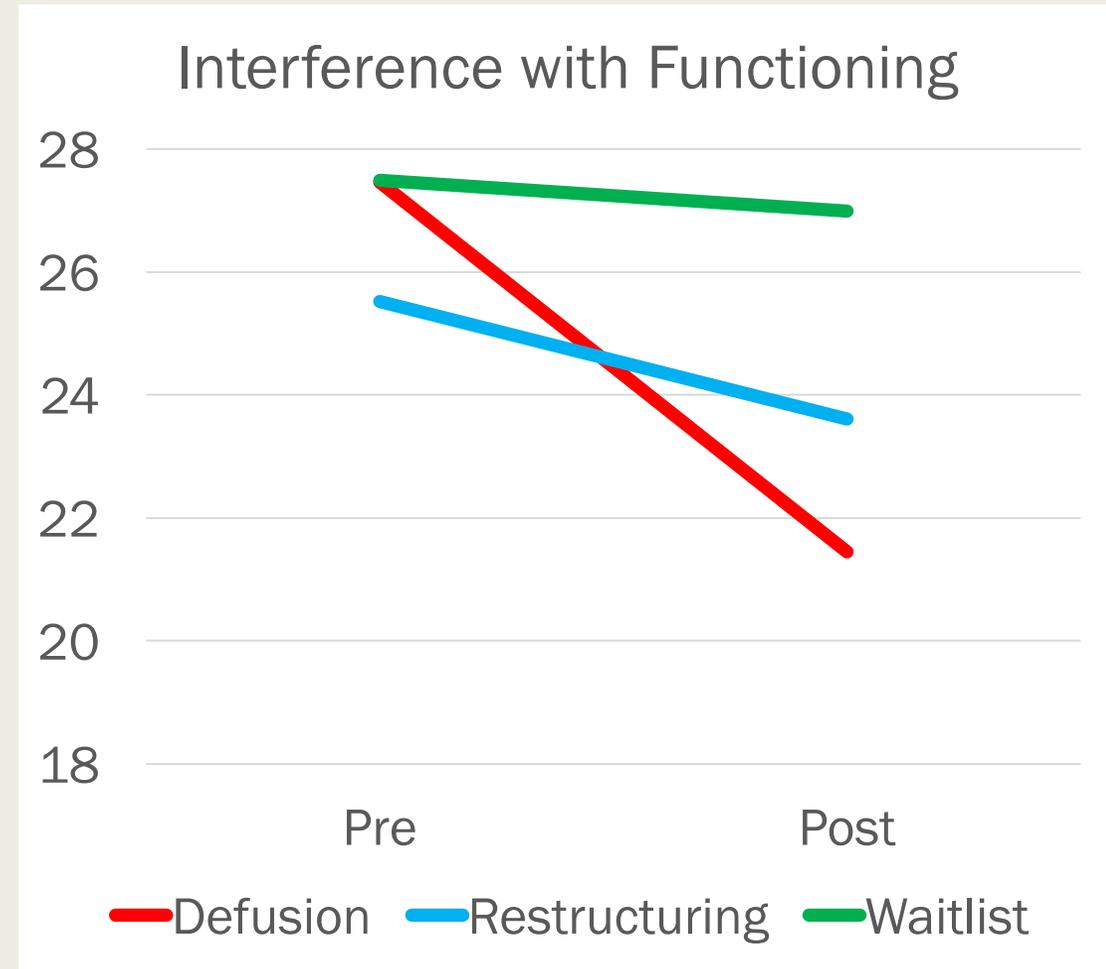
- Three random check-in notifications and a daily diary notification each day
- If participant reported struggling with difficult thoughts, skills were suggested
- Participants could access a library of tools at any time, including “Quick tips,” “Reflect on a thought” and “Work with a current thought”
- Some unique skills included in each condition

Results

	Defusion	Restructuring	Benchmark
Completion rate	77%	79%	
Used app at least once	90%	93%	
App sessions completed (M)	48	42	Notified 56 times for sessions
Overall usability rating (SUS)	81	81	72.75 = Good 85.58 = Excellent
Helpful	3.91	4.13	1 - 5 Scale 4 = "Mostly Agree"

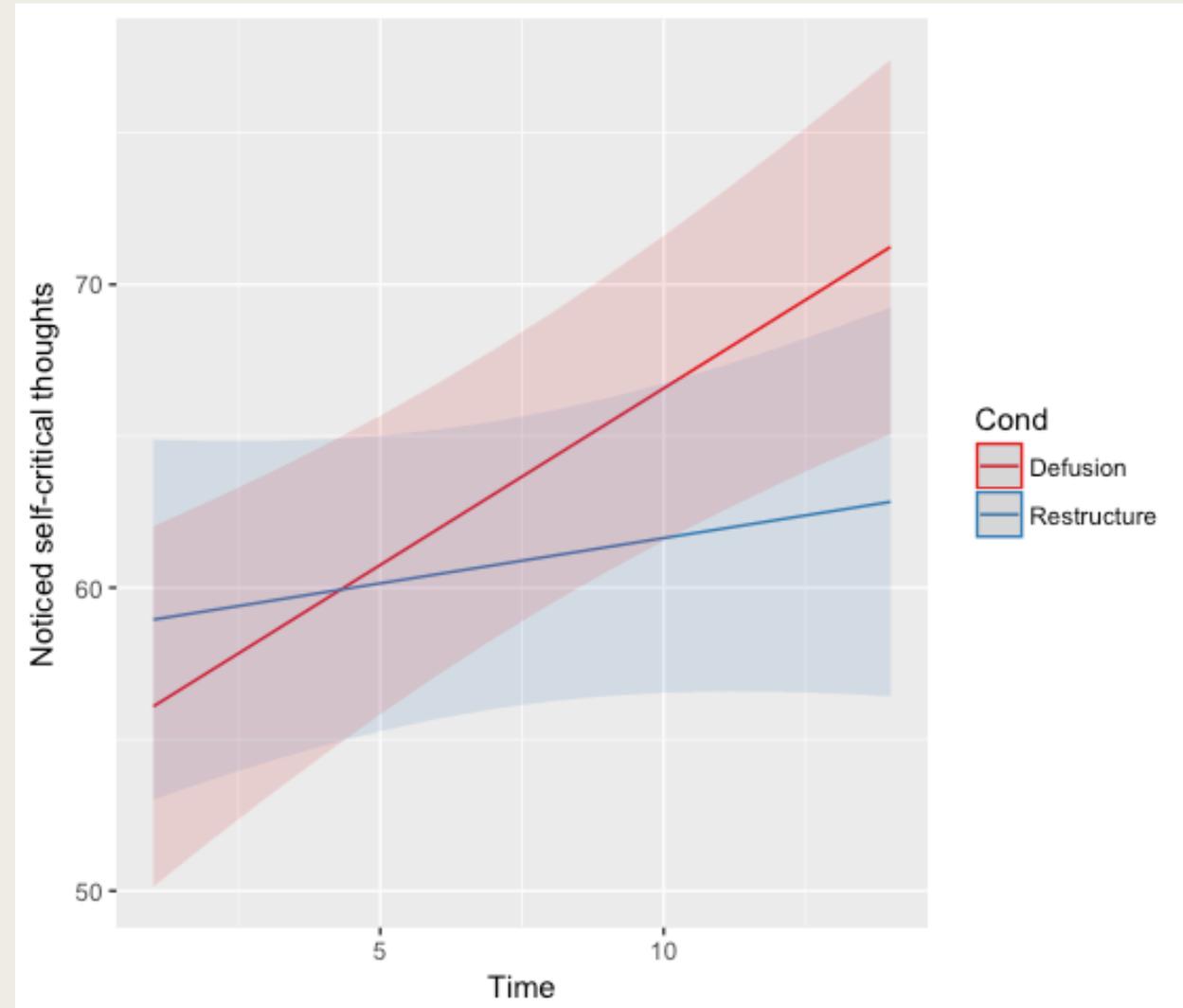
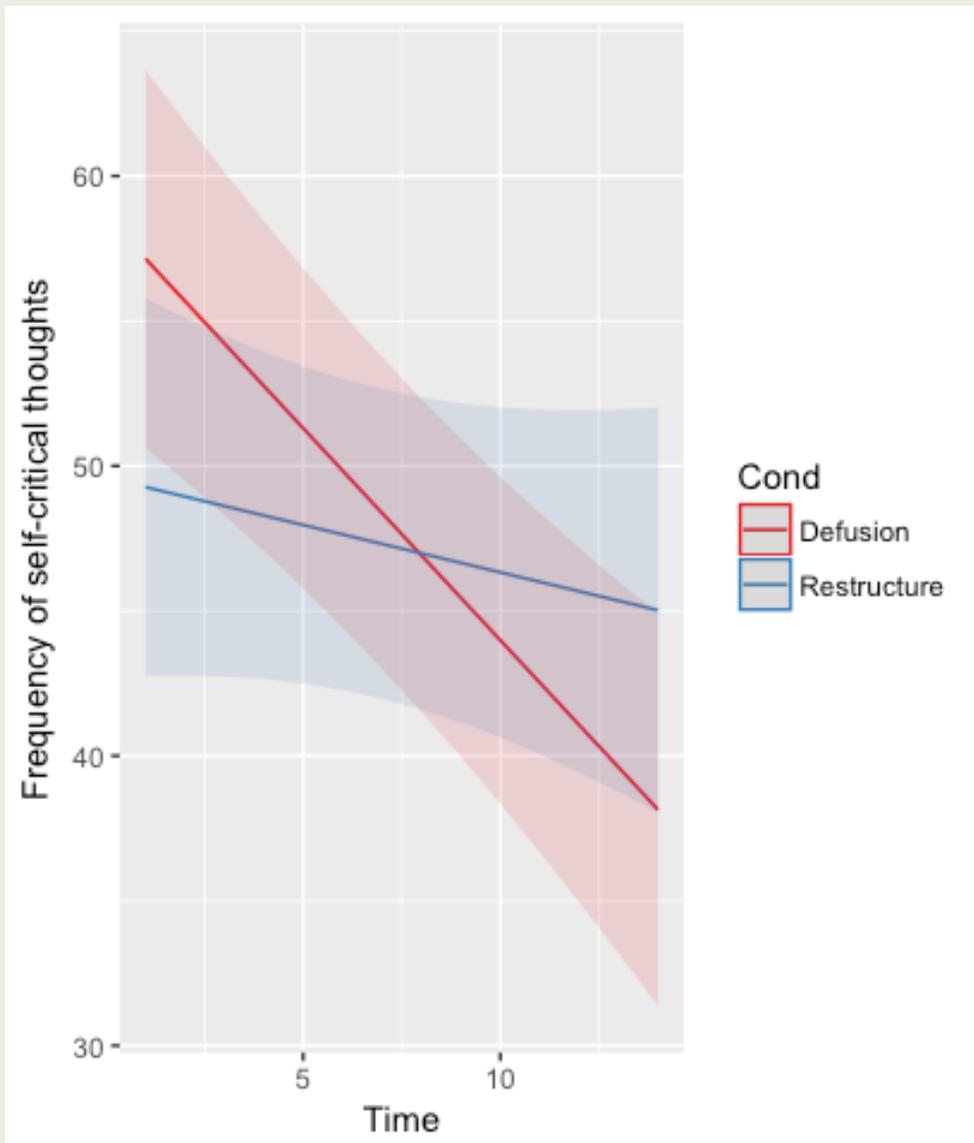
Results

- Defusion condition outperformed waitlist on hatred self-criticism, self-reassurance, distress, and interference with functioning with effect sizes from $d = 0.61$ to $d = 1.23$
- Cognitive restructuring outperformed waitlist on self-reassurance ($d = 0.92$) and distress ($d = 0.99$)
- But, no significant difference when comparing cognitive defusion and restructuring on any outcome



Daily Diary Results

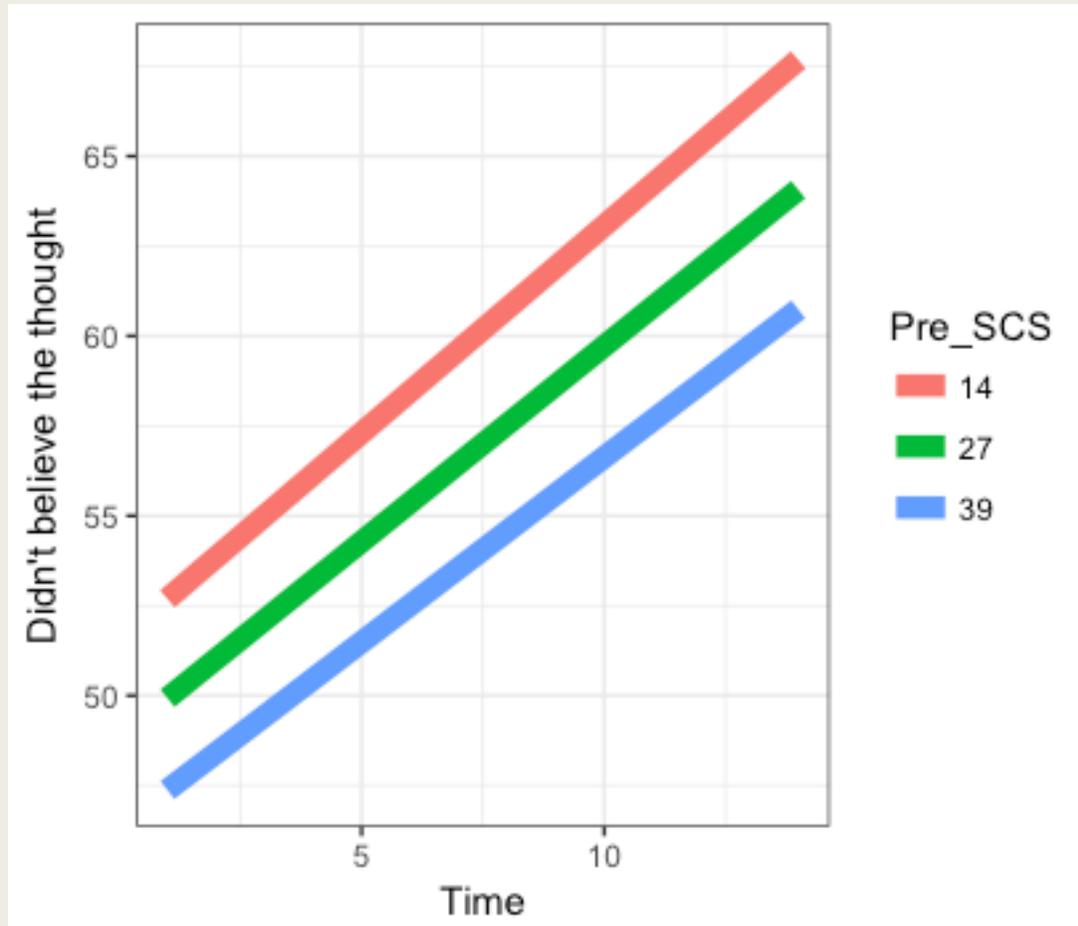
- Defusion condition improved significantly on frequency of thoughts and noticing thoughts over time and restructuring condition did not



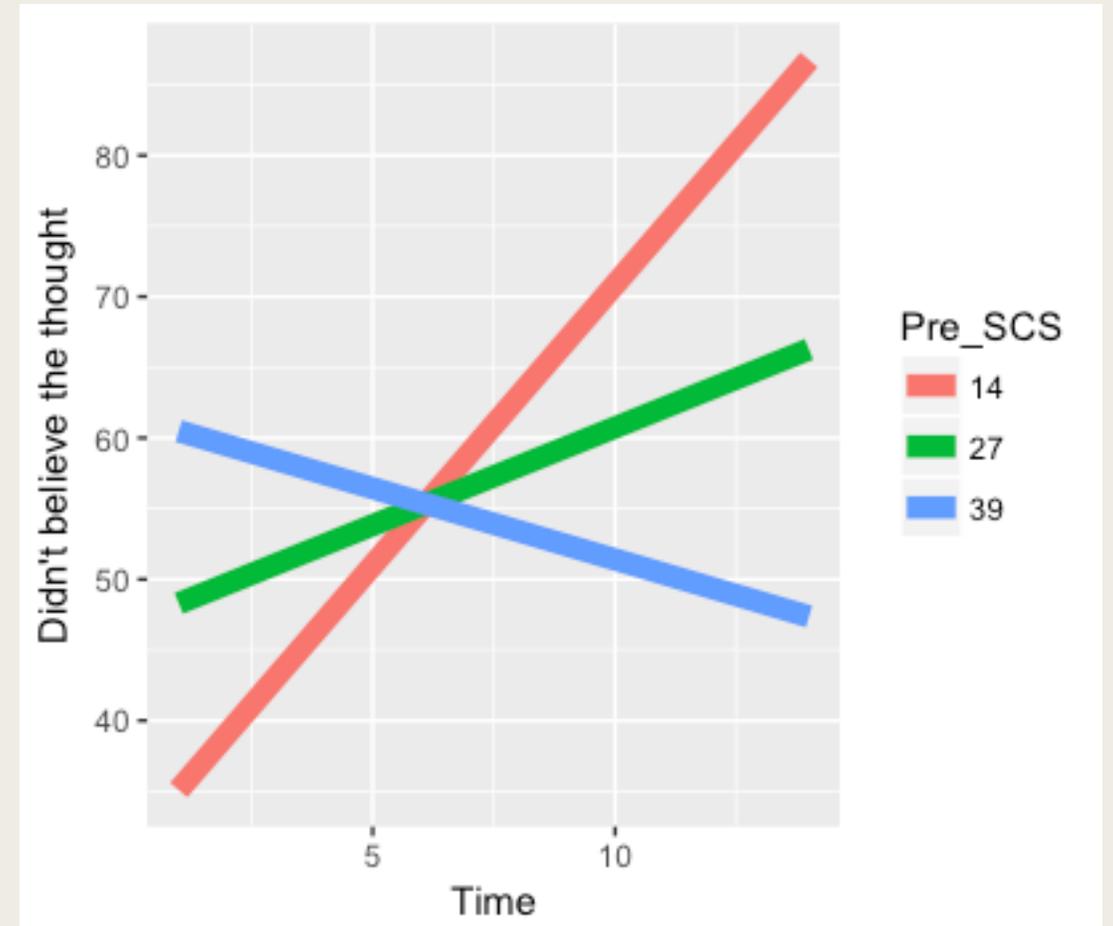
Results

- Baseline self-compassion interacted with time and condition in predicting frequency, noticing, believing
- Self-compassion interacted with time in restructuring but not defusion condition

Defusion:



Restructuring:



Discussion

- Fairly simple 2-week intervention but high usage and acceptability
- No significant differences between defusion and restructuring on main pre-post outcomes, but defusion did impact more outcomes compared to waitlist

Discussion

- In daily diary data, those in defusion condition improved significantly on frequency and noticing while those in restructuring did not
- Defusion intervention did not depend on baseline self-compassion, but restructuring did

Next steps

- Replication in more diverse sample
- Replication in more typical clinical setting
- More timepoints
- Collaboration with CBT experts
- Continued clinical component testing
 - *Comparisons and additive designs*
 - *Connecting processes to context – what works, for who, when, for what outcomes*

References

- Arch, J. J., & Craske, M. G. (2008). Acceptance and commitment therapy and cognitive behavioral therapy for anxiety disorders: Different treatments, similar mechanisms? *Clinical Psychology: Science and Practice*, *15*, 263–279.
- Baiao, R., Gilbert, P., McEwan, K. & Carvalho, S. (2015). Forms of self-criticising/attacking & self-reassuring scale: Psychometric properties and normative study. *Psychology and Psychotherapy: Theory, Research and Practice*, *88*, 438-452.
- Deacon, B.J., Fawzy, T.I., Lickel, J.J. & Wolitzky-Taylor, K.B. (2011). Cognitive defusion versus cognitive restructuring in the treatment of negative self-referential thoughts: An investigation of process and outcome. *Journal of Cognitive Psychotherapy: An International Quarterly*, *25*, 218-232.
- de Graaf, I.E., Roelofs, J. & Hubers, M.J.H. (2009). Measuring dysfunctional attitudes in the general population: The dysfunctional attitude scale (form a) revised. *Cognitive Therapy and Research*, *33*, 345-355.
- Gilbert, P., Clark, M., Hempel, S., Miles, J.N.V. & Irons, C. (2004) Criticising and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, *43*, 31-50.
- Gillanders, D.T., Bolderston, H., Bond, F.W., Dempster, M., Flaxman, P.E., Campbell, L., ... Remington, B. (2014). The development and initial validation of the cognitive fusion questionnaire. *Behavior Therapy*, *45*, 83-101.
- Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*, 348-362.
- Hayes, S.C. & Hofmann, S.G. (2018). *Process-Based CBT: The Science and Core Clinical Competencies of Cognitive Behavioral Therapy*. New Harbinger.
- Larsson, A., Hooper, N., Osborne, L.A., Bennett, P. & McHugh, L. (2016). Using brief cognitive restructuring and cognitive defusion techniques to cope with negative thoughts. *Behavior Modification*, *40*, 452-482.
- Lovibond, P.F. & Lovibond, S.H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, *33*, 335-343.
- Moffitt, R., Brinkworth, G., Noakes, M. & Mohr, P. (2012). A comparison of cognitive restructuring and cognitive defusion strategies for resisting a craving food. *Psychology & Health*, *27*, 74-90.
- Mundt, J.C., Marks, I.M., Shear, M.K. & Greist, J.H. (2002). The work and social adjustment scale: A simple measure of impairment in functioning. *British Journal of Psychiatry*, *180*, 461-464.
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*, 250-255.
- Tullis, T., & Albert, W. (2008). *Measuring the user experience*. San Francisco, CA: Morgan Kaufmann.
- Yovel, I., Mor, N. & Shakarov, H. (2014). Examination of the core cognitive components of cognitive behavioral therapy and acceptance and commitment therapy: An analogue investigation. *Behavior Therapy*, *45*, 482-494.

