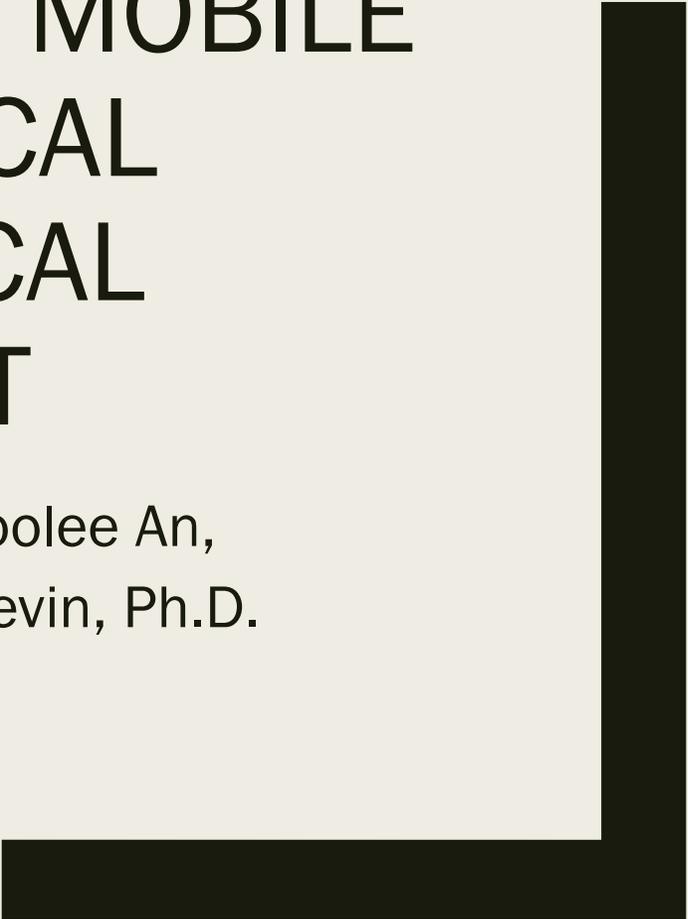


EXAMINING A PROTOTYPE MOBILE APP FOR SELF-CRITICAL THOUGHTS: A CLINICAL COMPONENT TEST

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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

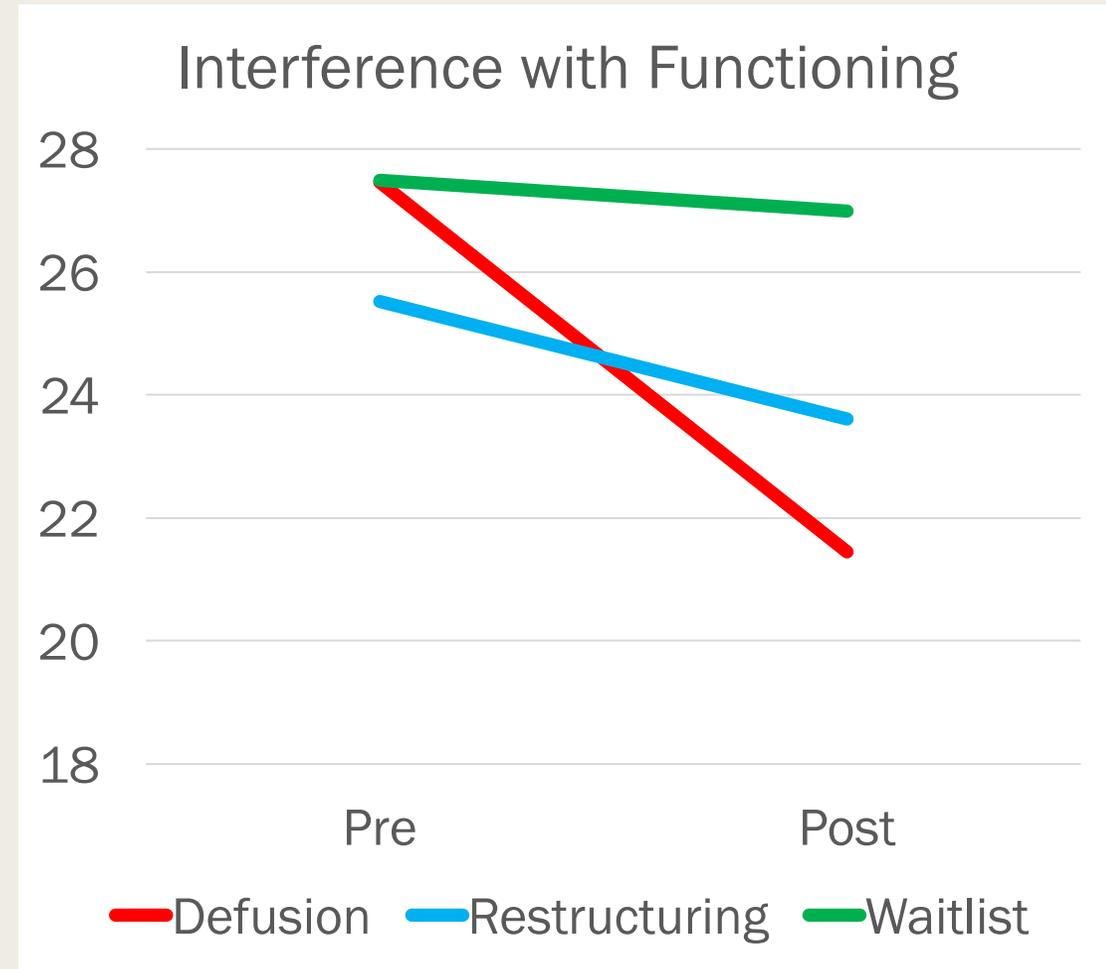
- Three random check-in notifications and a daily diary notification each day
- If participant reported struggling with difficult thoughts, skills were suggested
- Participants could access a library of tools at any time, including “Quick tips,” “Reflect on a thought” and “Work with a current thought”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

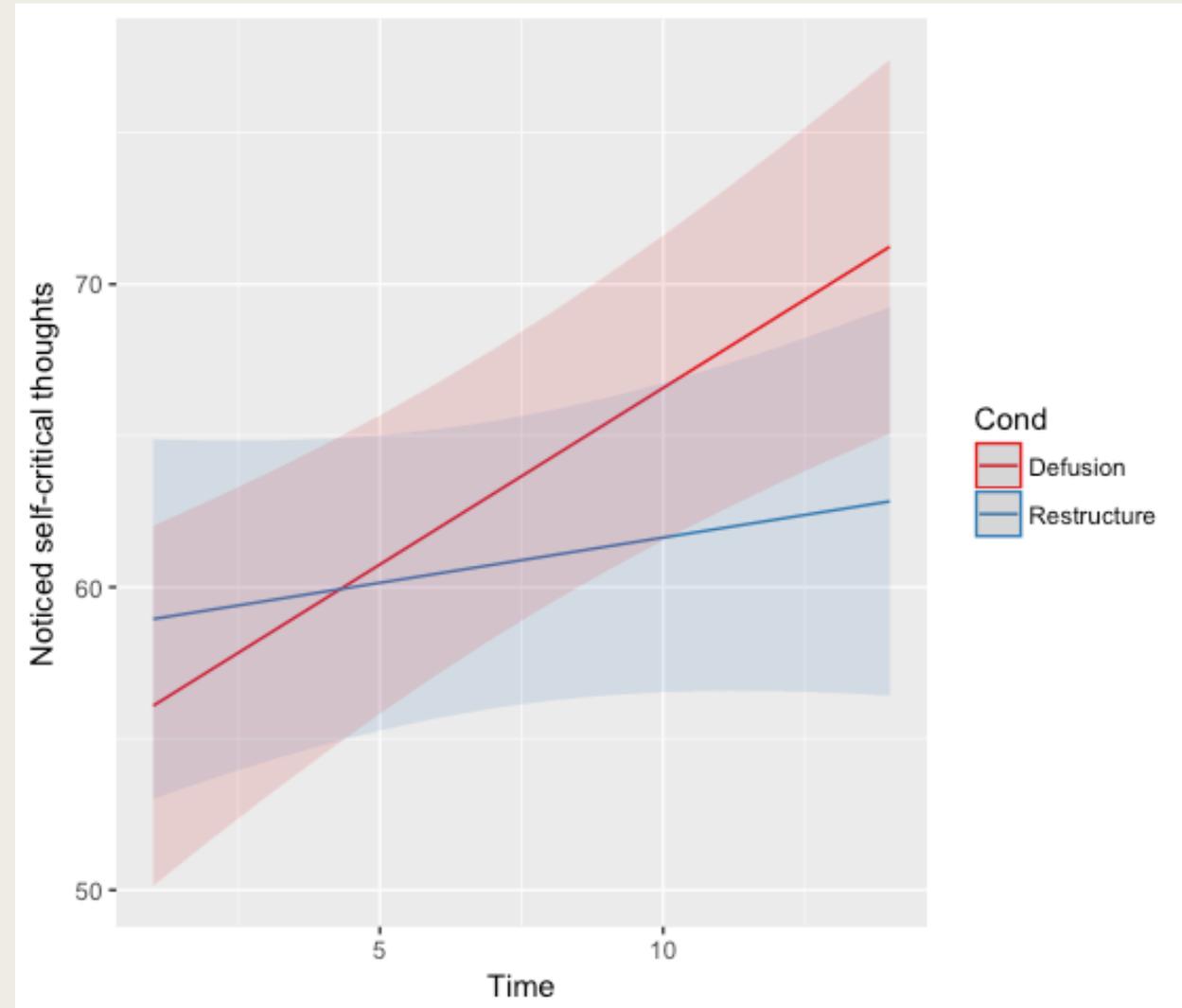
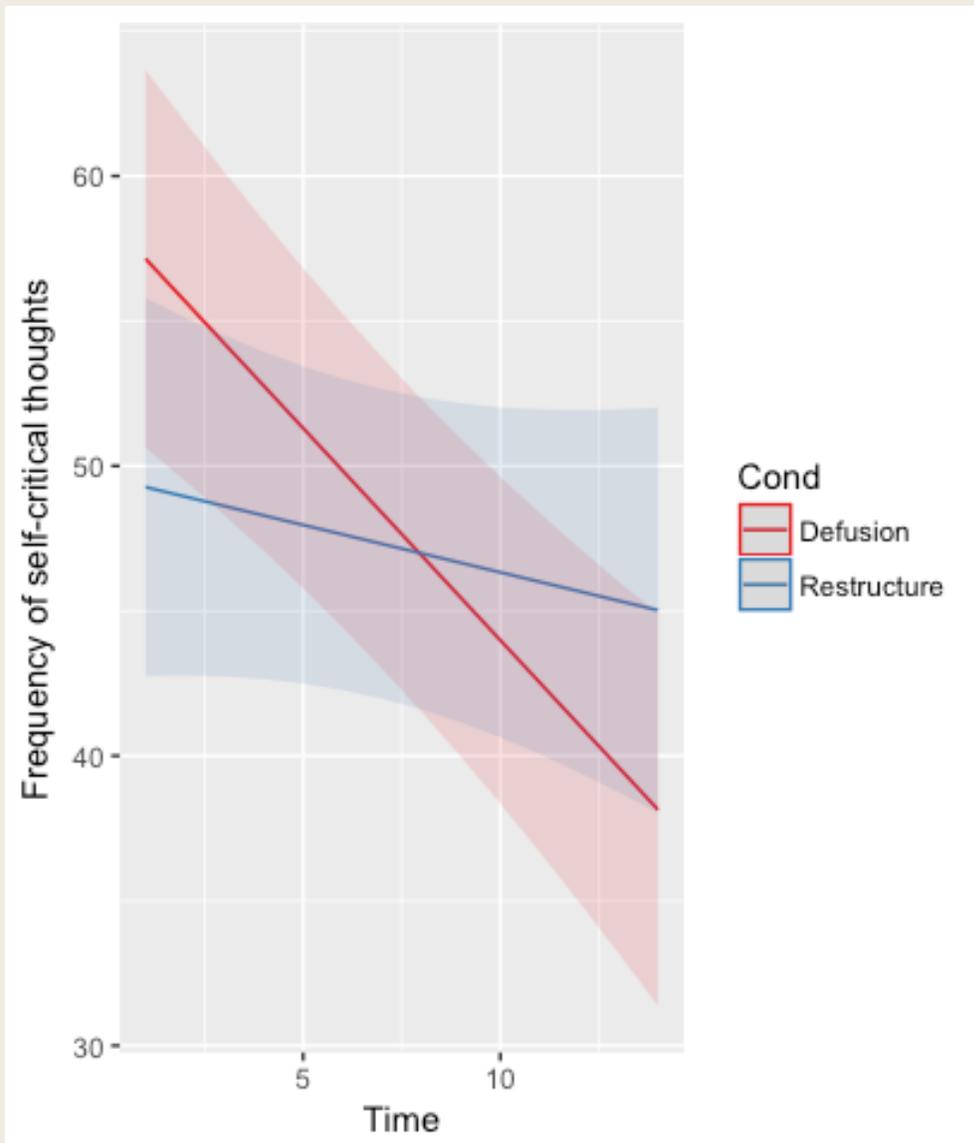
Results

- 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

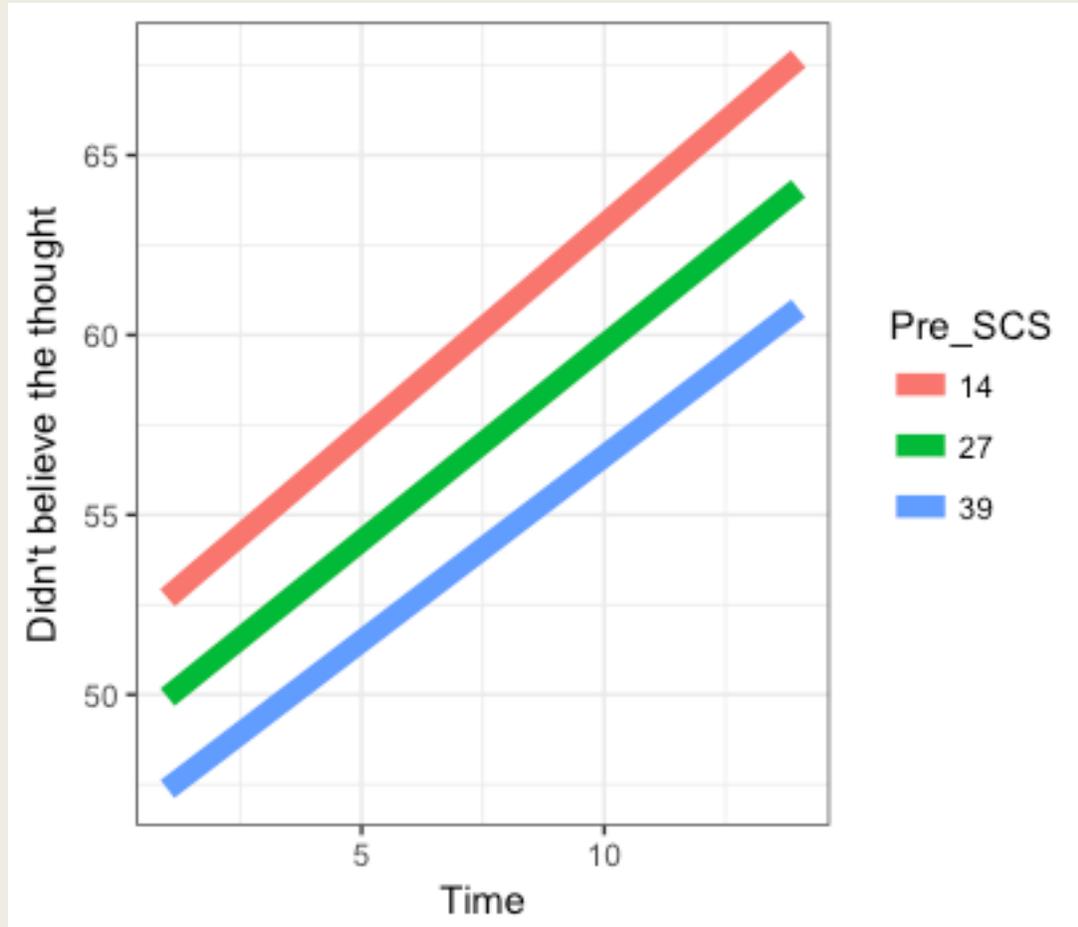
- Defusion condition improved significantly on frequency of thoughts and noticing thoughts over time and restructuring condition did not



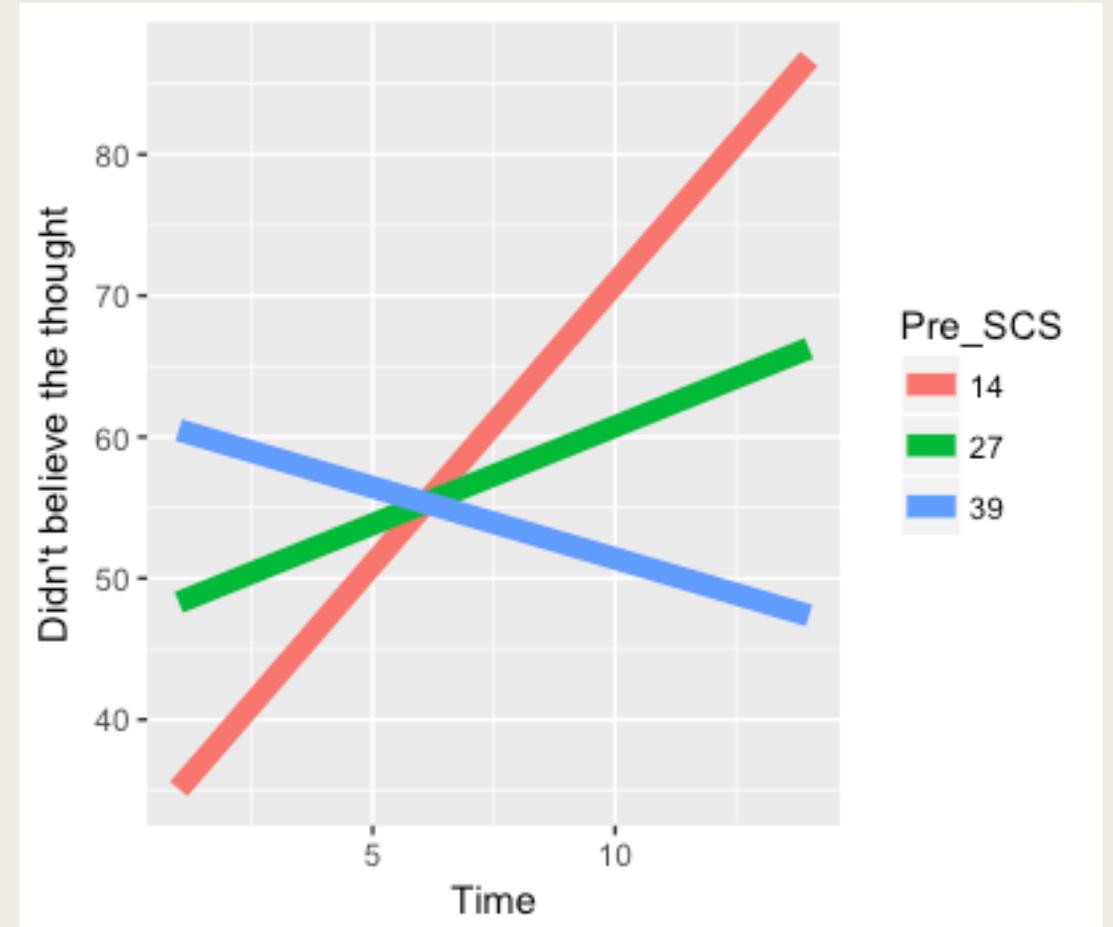
Results

- 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*

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