Acceptance and Commitment Therapy with Adolescents: A Randomized Trial of Group Therapy

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OBJECTIVE:

• To examine the efficacy of ACT delivered in group format to adolescents presenting to a community out-patient clinic and who are diagnostically heterogeneous.
• We are specifically interested in pre and post group differences in mindfulness, avoidance and valued living, as well as mood symptoms.

MINDFULNESS

• The Child Acceptance and Mindfulness Measure-(CAMM -Greco, Smith & Baer (2008)).
• Pre and Post group differences showed a significant increase in mindfulness, $t(29) = -3.37, p < .01$
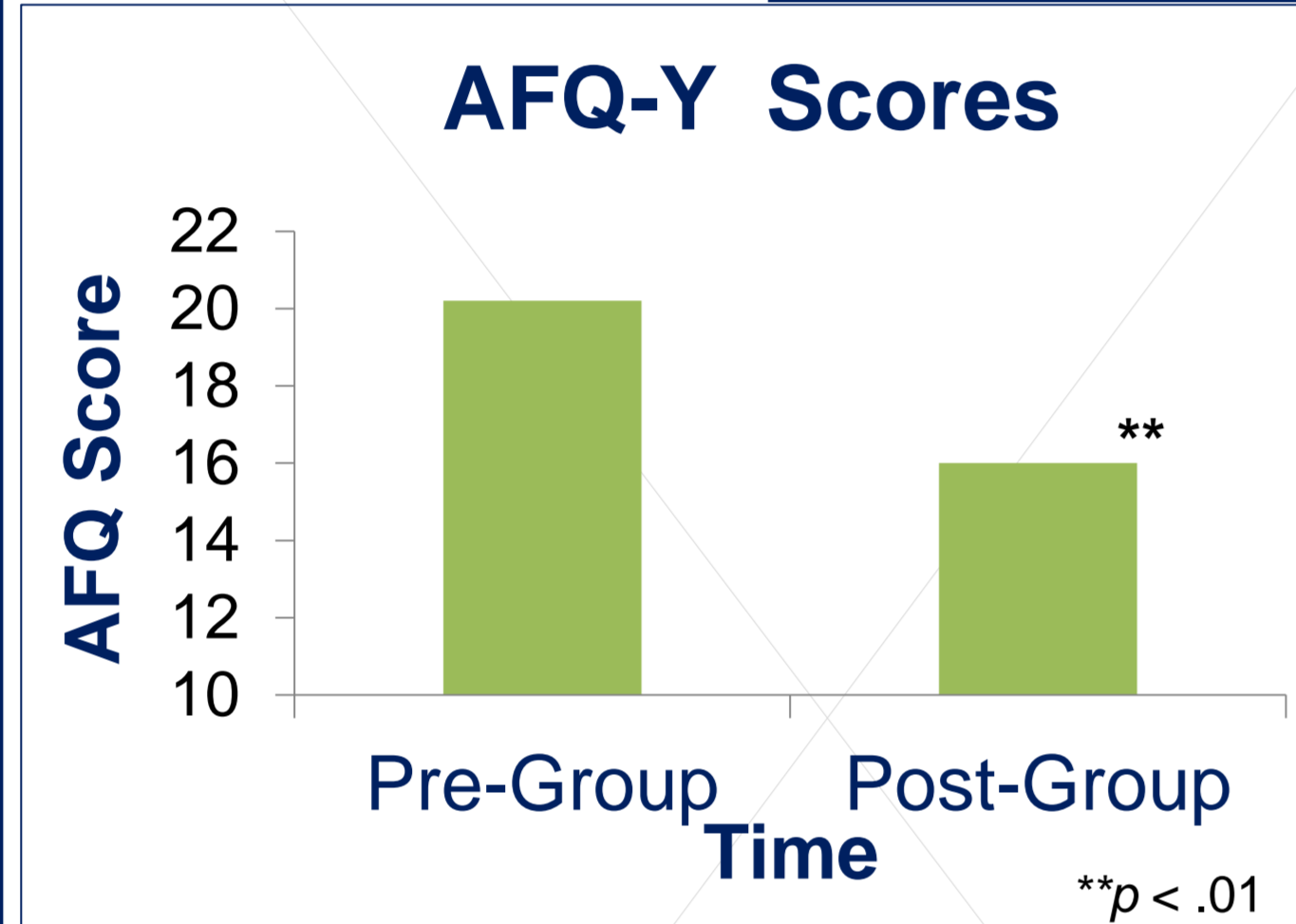
<u>Youth Comments</u>
•"Mindfulness has helped me to steer towards my values in life."
•"I can handle stuff better like being with friends, when I'm not stuck in my head."

CAMM Scores — bar chart, CAMM Scores vs Time (Pre-Group, Post-Group), Post-Group marked **. **p < .01
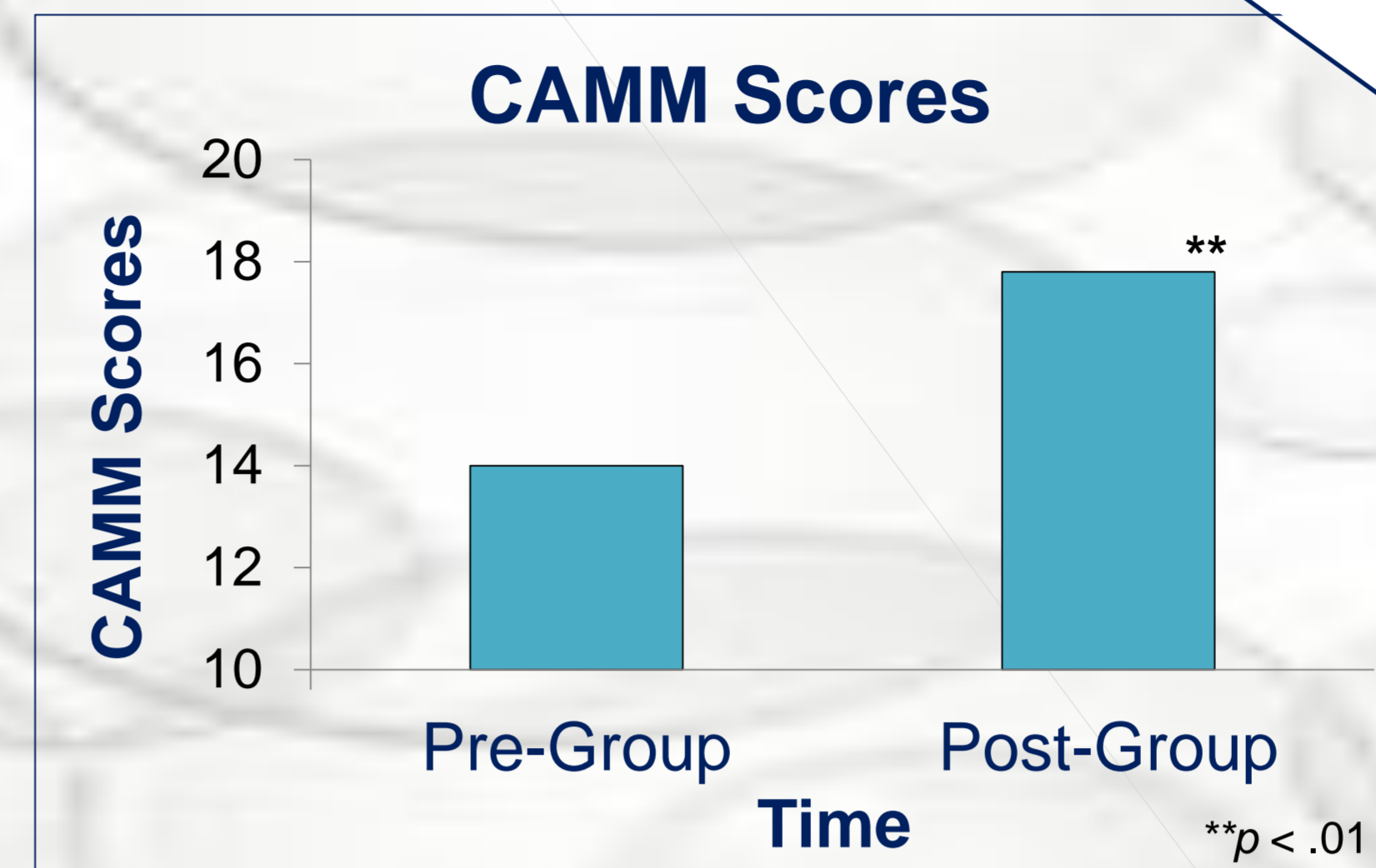
DESIGN:

• Participants randomized to an **Immediate Group** or a **Delayed Treatment Group** (waitlist as usual), the later of whom began ACT 10 weeks after being on the wait list.
• All groups ran for 10 sessions and covered all 6 processes of the hexaflex in a flexible manner consistent with group members' needs.

ACCEPTANCE

AFQ-Y Scores — bar chart, AFQ Score vs Time (Pre-Group, Post-Group), Post-Group marked **. **p < .01

• Avoidance and Fusion Questionnaire for Youth –(AFQ-Y Greco, Ball, Dew, Lambert & Baer, 2005).
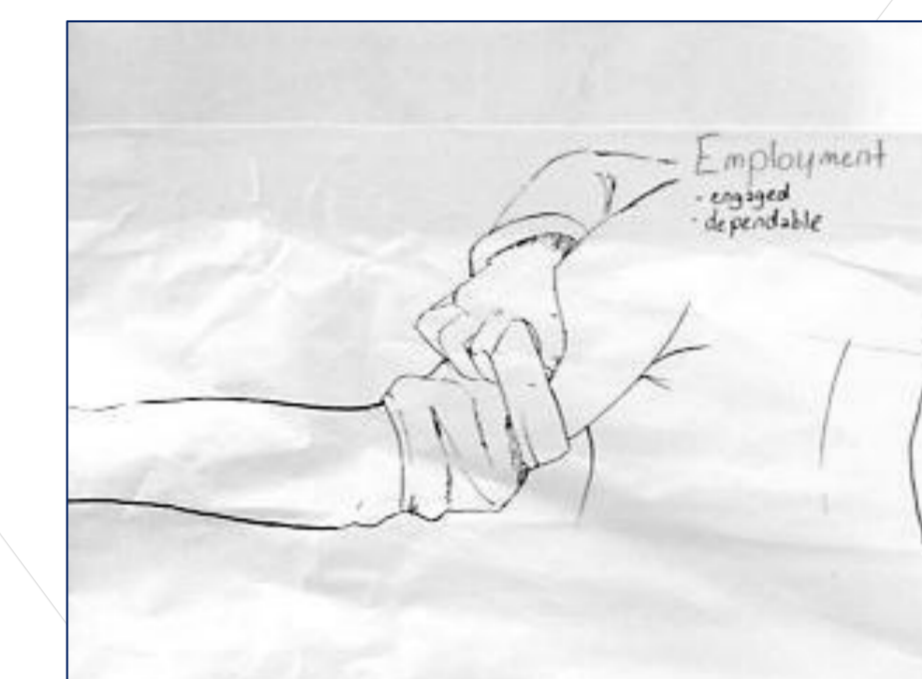• Avoidance and Fusion decreased significantly over time, $t(29) = 3.14, p < .01$

<u>Youth Comments</u>
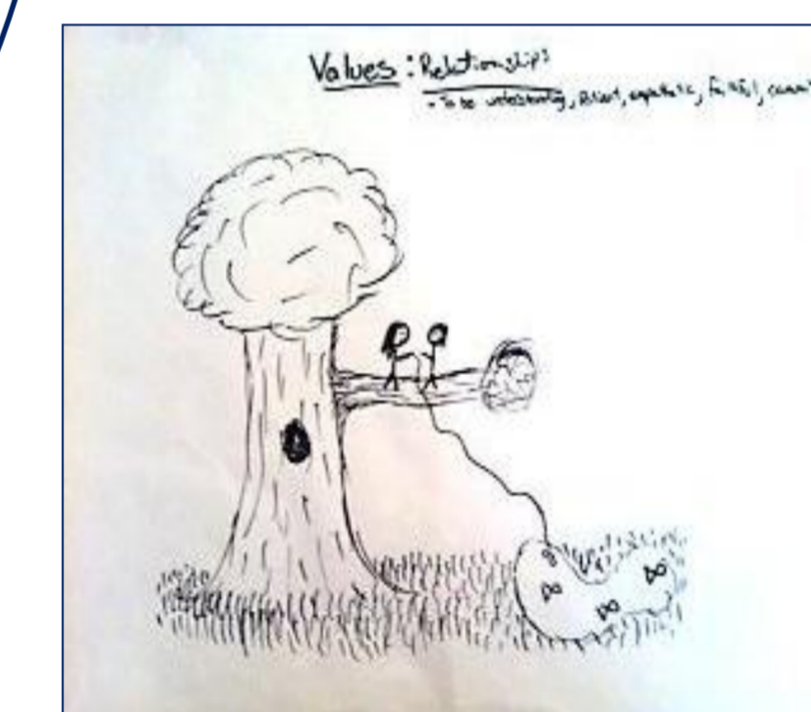• "ultimately, accepting what's inside is easier than trying to change it."

Is ACT Helpful with Adolescents in an Out-Patient Clinic?

VALUED LIVING

•The Valued Living Questionnaire – (VLQ Wilson & Groom, 2002).
•Youth reported their lives were more fulfilling by the last group, $t(29) = -2.75, p < .05$

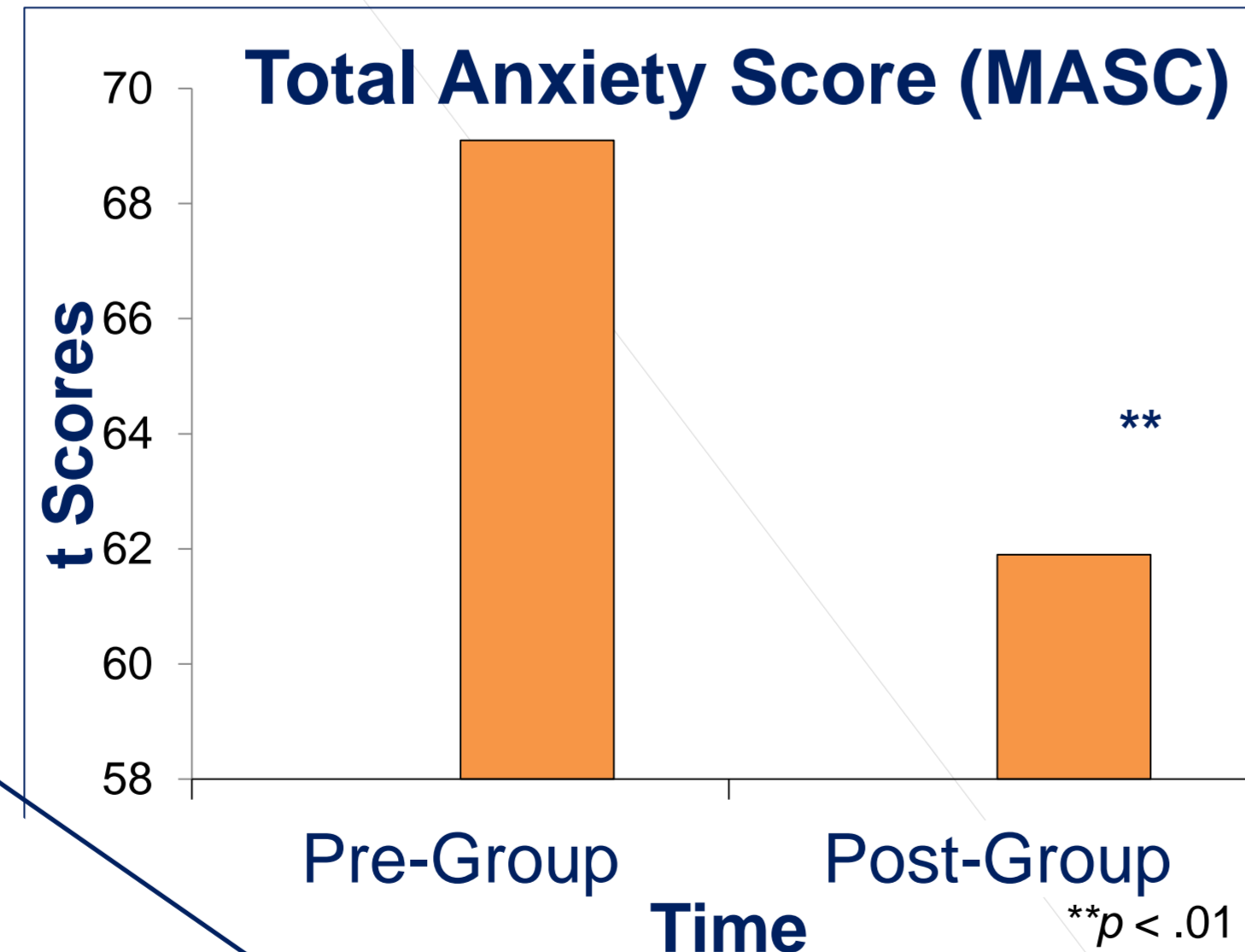•Youth were asked to draw the Values that were guiding their behavior.

<u>Youth Comments</u>
•"I finished high school and I am so proud of myself, I took my anxiety with me and got all my work done."
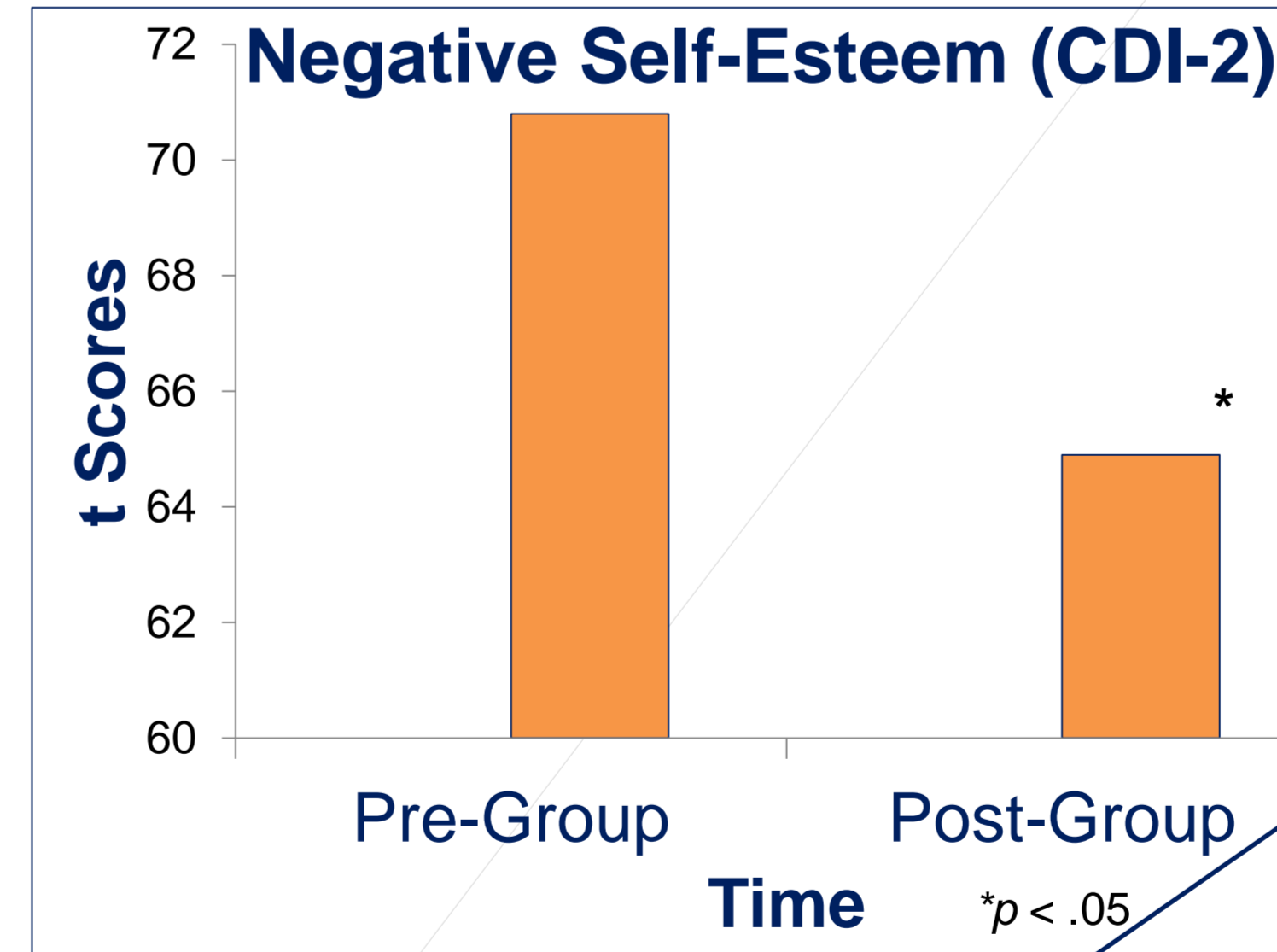
PARTICIPANTS:

•**Immediate Group**: 16
•**Delay Treatment Group**: 19
•27 Females, 8 males
•Majority in Grades 10 and 11 (69%)
•Most Common diagnoses: GAD (31%) and Depression (37%)
•89% participated in previous treatment,
   •50% of which was Cognitive Behavior Therapy

• Multidimensional Anxiety Scale for Children (MASC, March, 1997).

Total Anxiety Score (MASC) — bar chart, t Scores vs Time (Pre-Group, Post-Group), Post-Group marked **. **p < .01

MOOD

Post –group Total Anxiety Score and Negative Self-esteem showed significant reductions, $t(28) = 3.10, p < .01$ and $t(29) = 2.52, p < .05$, respectively.

Negative Self-Esteem (CDI-2) — bar chart, t Scores vs Time (Pre-Group, Post-Group), Post-Group marked *. *p < .05

• Children's Depression Inventory-2 (CDI-2, Kovacs, 2011).

DATA COLLECTION:

• **Immediate Group**: data collected during the first and last group, and at 3 month follow-up.
• **Delay-Group**: data was collected at the time of group assignment, during the first and last groups and at 3 month follow-up.
• As there were no between group differences at the first group session (Pre-Group), the data from both groups was collapsed and analyzed together to determine effects of treatment (Pre-Group vs. Post-Group), not group.

3 Month Follow-up

• Increased mindfulness and valued living, reduced avoidance, anxiety and negative self-esteem were all maintained at 3 Month Follow-up.

References
• Greco, L. A., Ball, S. M., Dew, S. E., Lambert, W., and Baer, R. A. (2005). Avoidance and Fusion Questionnaire for Youth.
• Greco, L. A., Smith, and Baer, R. A. (2008)   The Child Acceptance and Mindfulness Measure.
• Kovacs, M. (2011). The Children's Depression Inventory Second Edition.
• Marsh, J. S. (1997). The Multidimensional Anxiety Scale for Children.
• Wilson, K. G., & Groom, J. (2002). The Valued Living Questionnaire.