



Rebounding from Stress with Psychological Flexibility

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Introduction

Adolescence is a time of stress (Allen & Hiebert, 1991). Livheim et al. (2014) found Acceptance and Commitment Therapy (ACT) significantly lowered levels of stress, psychological inflexibility, and anxiety for adolescents. ACT also has resulted in significant changes in ratings of depression, quality of life, activation, and avoidance ratings for minority adolescents who often face additional stressors (Petts et al., 2018). Using a group format is one method for teaching ACT skills that is efficient and may help build social connection. This study sought to examine the effectiveness of teaching psychological flexibility skills with an underrepresented adolescent population in a group therapy format. The novel ACT protocol incorporated diverse popular culture references in an attempt to improve content relatability and increase perception of cultural relevance.

Methods

Participant Recruitment: Students were recruited from a local public high school in Michigan. To be eligible, students had to indicate experiencing at least one stressful experience from the Traumatic Antecedents Questionnaire (TAQ). Four participants completed the acute treatment, and two participants also completed the optional booster sessions. Two participants withdrew during ACT.

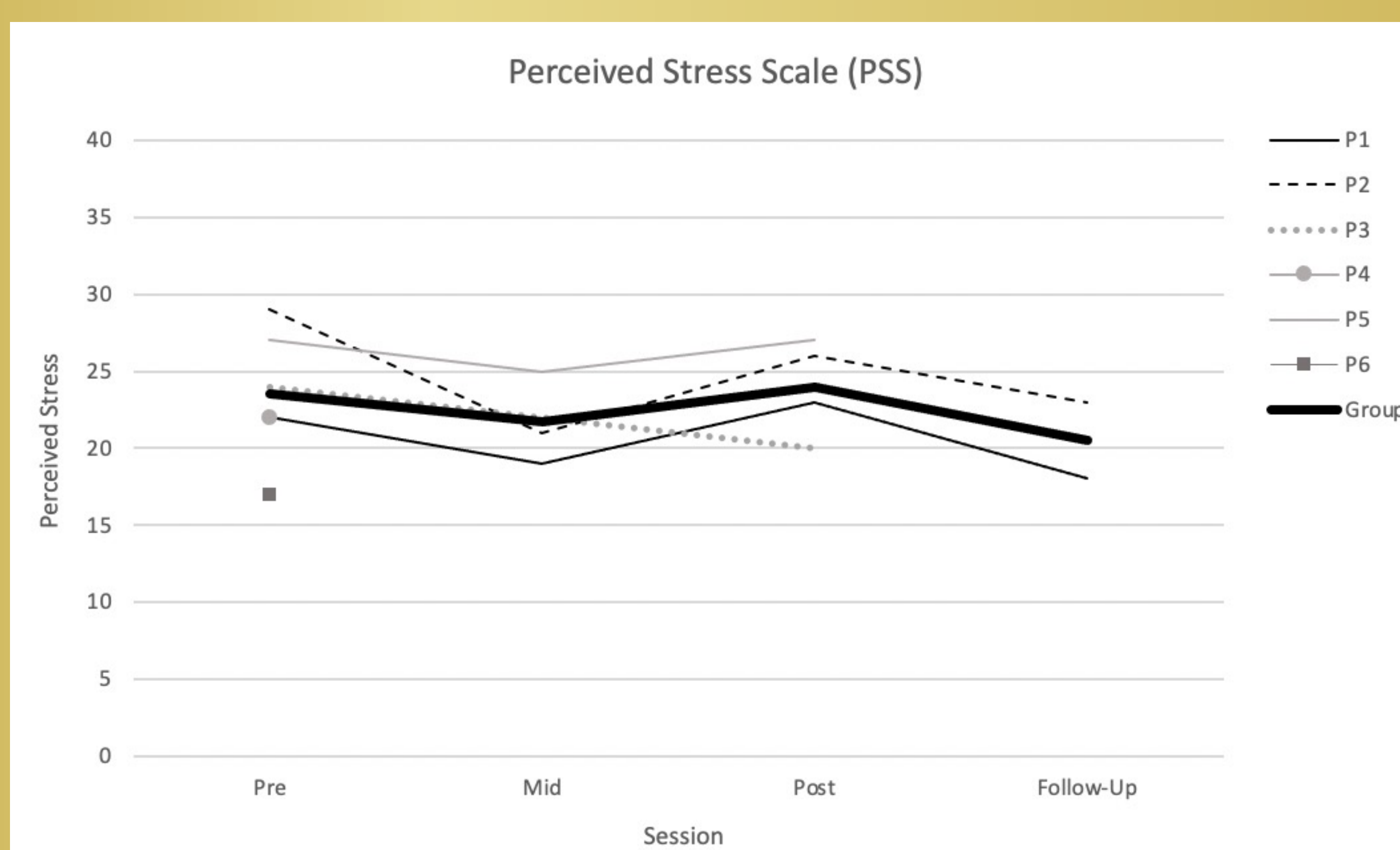
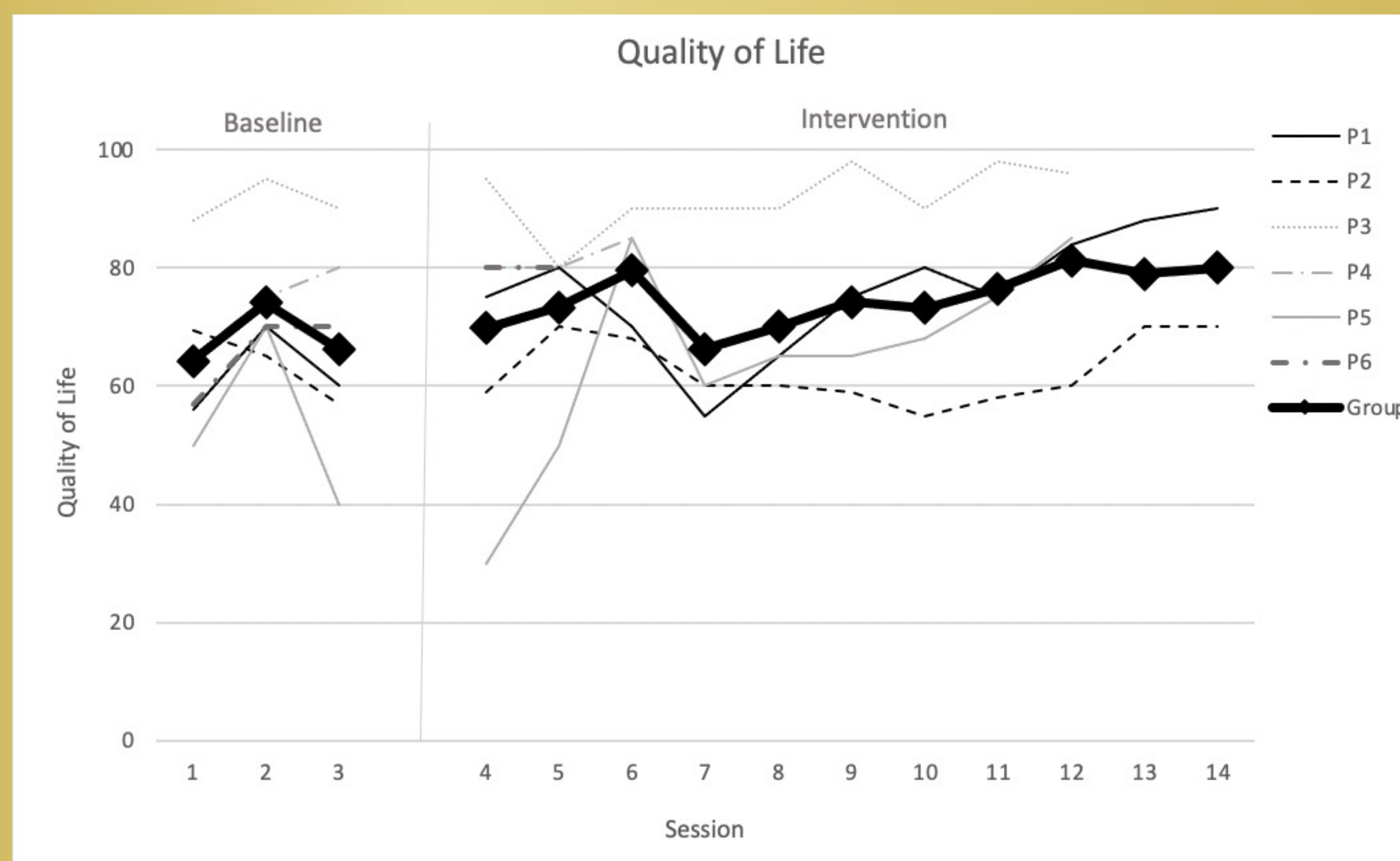
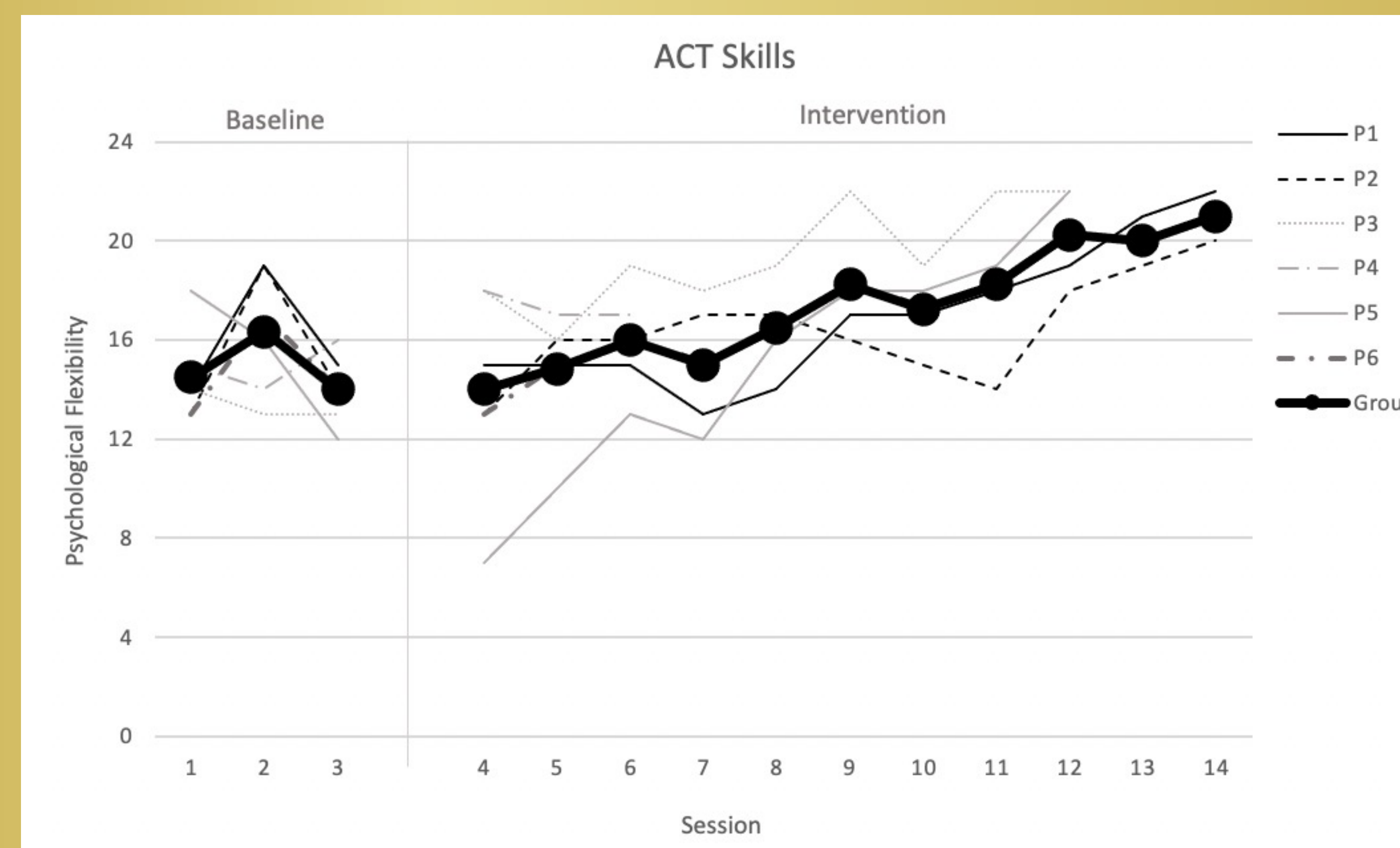
Demographics: All participants were 12th grade students. Majority of the sample was female (n=4, 66.7%) and all of Hispanic or Latinx ethnicity (n=6, 100%).

Design: This study used an AB design with weekly measurement of ACT skill use and quality of life collected prior to the start of each session. Perceived stress was measured at pre-, mid-, post-treatment, and follow-up.

Procedure: Participants attended sessions up to 14 weeks. Sessions 1-3 were baseline, sessions 1, 12, and 14 were assessment sessions, sessions 13-14 were optional sessions, and sessions 3-9 included the ACT intervention: Full Contact Living. Intervention sessions included a review of homework, skill introduction using a popular culture reference, skill description and engagement activity, and homework assignment. The focus of the ACT sessions were as follows:

- Contacting your cultural context, contacting your sense of self
- Contacting what matters, what is your why?
- Contacting what matters, engaging your why
- Contacting the present moment and doing your why
- Contacting negative thoughts and doing your why
- Contacting negative feelings and doing your why
- Full contact living

Results



Discussion

Group level improvements occurred in psychological flexibility and quality of life. Individually, changes were dependent on the participant, but most demonstrated positive changes.

- ACT skills improved for four participants, with one partial responder, and one non-responder.
- Quality of life improved for two participants, with two partial responders, one non-responder, and one ceiling effect.
- Improvement occurred despite no reliable changes in perceived stress.

The ACT protocol showed utility during real-world stressful circumstances (COVID-19). It is a promising treatment for adolescents.

Limitations

Small sample size and incomplete data due to the withdrawal of 2/6 participants from the protocol. (Although participants that withdrew were trending toward positive change).

Inconsistent baselines made interpretation and analysis at the individual level challenging.

Lack of control group or a constant series control leaves open possibility of influence of extraneous variables, passage of time, or act of engaging in repeated measurement.

References

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3. Petts, R. A., Duenas, J. A., & Gaynor, S. T. (2018). Acceptance and Commitment Therapy for adolescent depression: Application with a diverse and predominantly socioeconomically disadvantaged sample. *Journal of Contextual Behavioral Science*, 6(2), 134-144.