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Development, Acceptability, and Effectiveness of an Acceptance-Based Behavioral Stress/Anxiety Management Workshop for University Students

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College is a critical time in which individuals experience transition and stress, and may experience subthreshold or clinical symptoms of anxiety and depression. In addition, educational contexts offer a unique opportunity to serve the needs of a diverse group of students who may experience additional stressors related to experiences with discrimination; acculturative stress; financial strain; and balancing family, work, and school demands. Therefore, college appears to be an ideal time for students to learn about evidence-based skills to use in response to anxiety and depression.

However, there are multiple barriers that may make it less likely that evidence-based skills and services are available to or utilized by students, including lack of funding and services available on campus, as well as concerns about mental health stigma. This study examines the preliminary acceptability and effectiveness of an acceptance-based behavioral stress/anxiety management workshop for university students on a diverse urban campus. Results indicate that participants found the workshop to be acceptable and helpful. Mixed-effect regression models examining symptom and impairment measures at preworkshop, 1-week follow-up, and 4-week follow-up showed a significant effect for time on anxious arousal, general anxiety symptoms, and social anxiety, but no significant effect for time on impairment. Implications and future directions for mindfulness and acceptance-based approaches in educational contexts are discussed.

COLLEGE is a critical time in which individuals experience transition and stress. Although some college students arrive with significant mental health issues including clinical anxiety and/or depression (Guntham, Iocin, & Despina, 2010; Sieben, 2011), others may experience an exacerbation of subthreshold symptoms, and others without previous histories will likely experience some symptoms of anxiety and depression during this period (Kadison & DiGeronimo, 2004), which may persist (Zivin, Eisenberg, Gollust, & Golberstein, 2009). In addition, educational contexts offer a unique opportunity to serve the needs of diverse students who may experience additional stressors related to experiences with discrimination; acculturative stress; financial strain; and balancing family, work, and school demands. Therefore, college appears to be an ideal time for students to learn about evidence-based skills to use in response to anxiety and depression.

Many colleges and universities currently face funding problems, and therefore may not be able to meet all the

psychological needs of their students across varying levels of distress. This impact is compounded by the lack of access to evidence-based treatments in many communities (Stewart & Chambless, 2007; Kessler et al., 2003). Students may also be reluctant to seek out mental health prevention and intervention services due to the deleterious impact of stigma such as shame and secrecy for experiencing a mental health problem, social withdrawal (Corrigan & Matthews, 2003; Watson, Corrigan, Larson, & Sells, 2007), and other barriers to help-seeking behavior, such as negative beliefs about mental health treatments and treatment seeking (Vogel, Wester, Wei, & Boysen, 2005). Given the increased demand for evidence-based services and the myriad of challenges and barriers, many students may not receive or have access to evidence-based prevention or intervention services for distressing and/or impairing symptoms, or the prevention of clinical distress and/or impairment.

However, short-term and time-limited cognitive-behavioral preventions and interventions have been shown to reduce symptoms of anxiety, stress, and depression in educational contexts with college student samples (Deckro et al., 2002; Steinhart & Dolbier, 2008; Vázquez et al., 2012). Mindfulness and acceptance-based treatments that have also been shown to reduce anxiety, stress, and

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comorbid depression symptoms among individuals with higher levels of anxiety (Hayes-Skelton, Roemer, & Orsillo, 2013; Hoffman, Sawyer, Witt, & Oh, 2010; Roemer, Orsillo, & Salters-Pedneault, 2008) may also be suitable for adaptation to on-campus prevention short-term group psychoeducation and discussion formats. These forms of delivery may be stigma reducing due to their inclusion of psychoeducational/knowledge- (enhancing individual knowledge about mental health problems) and contact-based (enhancing individuals' contact with others experiencing similar challenges) components, which are aspects of antistigma interventions hypothesized to reduce mental health stigma (Corrigan et al., 2001). These formats may also be more accessible for students struggling with a broad range of stressors including educational stressors, balancing commitments, financial strain, acculturative stress, discrimination, and symptoms of anxiety and depression, who may not have access to other services. Prevention-based approaches that target the student population may also lead to earlier identification of anxiety and depression, before they become more clinically significant and impairing.

Support for Educational Context

Recently, some have begun to examine mindfulness and acceptance-based approaches in educational settings including college counseling centers (Pistorello, 2013). For example, studies conducted in college counseling centers have examined the effectiveness of dialectical behavior therapy (DBT), mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and acceptance and commitment therapy (ACT) groups ranging from 6 to 24 sessions (Hayes, Strosahl, & Wilson, 2011; Kabat-Zinn, 1990; Linehan, 1993; Segal, Williams, & Teasdale, 2013). Collectively, these studies found significant reductions in psychological distress and stress, depression, suicidality, and nonsuicidal self-injury, increases in acceptance and mindfulness, and high ratings for group satisfaction (Boone & Canicci, 2013; Murphy, 2013; Oman, Shapiro, Thorensen, Plante, & Flinders, 2008; Pistorello, Fruzzetti, MacLane, Gallop, & Iverson, 2012a; Renner & Foley, 2013). These results provide evidence that mindfulness and acceptance-based approaches can be implemented in educational contexts including college counseling centers, and provide preliminary evidence that mindfulness and acceptance-based approaches may be acceptable and effective interventions and preventions for college students.

Targeting Prevention in Educational Contexts

Pistorello and colleagues (Pistorello, Hayes, Lillis, Villatte, & Long, 2012b; Pistorello et al., 2013) examined the acceptability and perceived usefulness of ACT as a primary prevention-based first-year seminar for college students compared with a traditional first-year seminar for

adjusting to college (didactic presentations about time management, career choices, campus resources, and psychoeducation about mental health problems). Students reported high satisfaction with the ACT seminar and that it would be useful over the next year. There were no differences between the ACT and comparison condition with regard to satisfaction and perceived usefulness at postseminar, but students in the ACT seminar were significantly more likely to report the ACT seminar as having been useful at 1-year follow-up (Pistorello et al., 2012b, 2013).

In addition to long-term or multiple-session interventions, others have examined one- or two-session intervention and prevention workshops in educational settings. For example, Miyake and colleagues (2010) found that completing a values affirmation writing exercise twice at the beginning of a 15-week college course reduced the male–female performance gap in a college-level physics course. Brown and colleagues (2011) compared a 2-hour cognitive therapy (CT) and acceptance-based behavioral therapy (ABBT) workshop for test anxiety, and found that those in the ABBT condition improved on test performance, measured by exam scores, while those in the CT condition demonstrated a reduction in test performance. Danitz and Orsillo (2014) compared a one-session 90-minute ABBT workshop targeting psychological wellness, “The Mindful Way Through the Semester,” followed by three “tips” via e-mail or text over the course of the semester as reminders to practice the skills discussed in the workshop to a wait-list control condition in first-year undergraduate and first-year law school students. Students who received the intervention reported significantly lower depression and higher acceptance at 3-month follow-up, indicating gains were maintained after a single-session workshop (Danitz & Orsillo, 2014). However, there were no significant differences in reported anxiety or stress symptoms in this study. Together, these studies provide initial evidence that a one- to two-session prevention or intervention can impact academic and mental health outcomes.

Conceptual Model of ABBTs Used in This Study

Effective adaptation of evidence-based interventions to prevention contexts draws from the conceptual basis for those interventions. ABBTs are based in a conceptual model that focuses on three related elements that contribute to the etiology and maintenance of distress (Roemer & Orsillo, 2009). First, clinical and subclinical difficulties are seen as stemming from the relationship individuals have with their internal experiences, which is often “fused” (Hayes et al., 2011), leading to an overidentification with thoughts, feelings, and memories. The second element is experiential avoidance, which refers to rigid attempts to control or avoid distressing internal experiences regardless of behavioral consequences

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