

Brief Report on Experiential Avoidance and Valuing in At-risk Adolescents

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Abstract

Approximately 20% of youth in the US have academic or behavioral difficulties that interfere with their daily lives, and some data indicate that these problems may be exacerbated by experiential avoidance (EA). While avoiding unpleasant experiences, youth preclude learning opportunities and contact with potential successes. Therefore, it has been theorized that the relationship between EA and adaptive, value-consistent behavior is tenuous. This correlation, however, had not been tested. Thus, seven participants, aged 11 and 12, were recruited to examine the relationship of EA and behavioral inconsistency with values as measured by the Acceptance and Fusion Questionnaire for Youth and the Bull's Eye Values Assessment, respectively. All participants met criteria for ADHD and/or an LD. Several participants were diagnosed with disruptive behavior disorders as well. Given the small sample size, statistical significance was not reached; however, approximately 22% of the variance was accounted for by the relationship between EA and values ($r(5) = .47, p = .143$).

Keywords

Acceptance and commitment therapy (ACT), experiential avoidance (EA), children, adolescents, values, AFQ-Y, Bulls-Eye

PREVALENCE AND RESPONSE TO YOUTH SUFFERING

Approximately 20% of the United States population has a mental disorder that began during their adolescence (Kessler, Demler, Chui, & Watkins, 2005). Attention Deficit Hyperactivity Disorder (ADHD), Conduct disorder (CD), and Oppositional Defiant Disorder (ODD), also known as disruptive behavior disorders, are among the most common childhood disorders. According to the American Academy of Child and Adolescent Psychiatry (2009), 3 to 5% of children are affected by ADHD, about 1 to 4% of children are diagnosed with CD, and 1 to 6% of children meet criteria for ODD. Learning disorders are also fairly common. According to the DSM-IV-TR, about 5% of the general school age population has been diagnosed with at least one learning problem (APA, 2000). These disorders are often co-morbid and can relate to significant problems for youth and others around them.

The quest to alleviate suffering is intense. Animals, including humans, typically make attempts to escape painful stimuli. If escape is not possible, a specific pattern of behavior called conditioned suppression or learned helplessness will often occur (Maier & Seligman, 1976). Unsuccessful attempts to control the occurrence of aversive events can lead to lack of responding such that there is a decrease in behavior. Consequently, an organism can become rigid and inflexible and have a lowered level of adaptability. Unlike other animals, humans will have similar response patterns to imagined consequences of events. As discussed by Hayes, Strosahl, and Wilson (1999), escape and avoidance behavior is conditioned through negative reinforcement. However, the initial relief may have detrimental long-term

consequences – especially if the avoidance keeps one away from valued activity (Soriano, Valverde, & Martinez, 2004).

EXPERIENTIAL AVOIDANCE

Experiential avoidance can be defined as the tendency to alter the form or frequency of thoughts, feelings, bodily sensations, or related events – even when doing so is problematic (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). There is now a good deal of evidence, at least in adult samples, that EA is related to a wide variety of emotional and behavioral difficulties. An in-depth review of the EA literature is beyond the scope of this paper. Data gathered in multiple studies reveals that EA predicts symptoms associated with a wide variety of anxiety and mood disorders, personality disorders, substance abuse, and other forms of psychological distress. Further, EA is associated with the exacerbation of symptoms after traumatic events and mediates relationships between other forms of coping and symptom expression. Treatment studies indicate that decreases in EA are related to improvements in functioning and quality of life (for review, consult the following: Chawla & Ostafin, 2007; Hayes et al., 1996; Kashdan, Barrios, Forsyth, & Steger, 2006).

Biglan, Hayes, & Pistorello (2008) propose two processes involved in the maintenance of EA that is reflected in mediation studies. The first process involves “stressful events making experiential avoidance more likely,” and the second process involves “experiential avoidance leading to poor outcomes (including more stress)” (Biglan et al., 2008, p. 141). There could be multiple explanations for this pattern. It is likely that while a person is engaging in EA, he or she fails to attend to private information. As a consequence, learning opportunities are missed and an individual does not make properly informed decisions about

how to behave in more adaptive ways when difficult life events arise again in the future (Hayes & Gifford, 1997) – causing a “snowball effect”. One treatment that specifically targets experiential avoidance is Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999).

ACCEPTANCE AND COMMITMENT THERAPY

The ACT model will only be briefly mentioned here, as this paper is not directly treatment related. Interested readers should consult the Association for Contextual Behavioral Science at www.contextualpsychology.org for additional information. ACT clinicians focus on increasing psychological flexibility through six processes: acceptance, cognitive defusion, self as context, contact with the present moment, valuing, and committed action (Hayes, et al., 2004). Psychological flexibility can be defined as becoming aware of the current context (including external environmental and internal factors, such as thoughts and feelings) and responding to it mindfully based on values. For the purpose of this paper we will briefly discuss the two components of ACT that most directly address avoidance and the corresponding restriction of behavioral flexibility and reinforcement: acceptance and values. Readers should note that the importance of clinicians remaining flexible with clients, and with their own experiences, and rely on the following descriptions, only as examples of processes – not as definitions as the way to approach the work.

Acceptance can be defined as “a fundamental openness to experience” without moving to alter difficult experiences (Greco & Eifert, 2004). It is often considered at the opposite end of a continuum with experiential avoidance. In essence, acceptance is embracing all of your history, your current circumstances and whatever thoughts and feelings you have about your imagined future as well. Acceptance does not equate to tolerance or to emotional wallowing. This willingness is advocated when control or change efforts have been unsuccessful, and when embrace of experience would likely increase values-based action. In therapy with youth, physically enacting metaphors is a beneficial way to illustrate acceptance. For example, a chair with wheels can be labeled with the thoughts, feelings, or experiences that the child or adolescents has been struggling to get rid of. The clinician can model that the chair is difficult to carry around and that it is hard to pass by, but if the youth is willing to make contact with the chair, and the content it symbolizes, the wheels allow for more easy and flexible movement around the room (and life). The clinician can tie this in directly to values by labeling the door, or some other marker across the room, with information about values.

Values, or valuing, is the process in which clients identify what is important to them. Values are often talked about in terms of motivation, or reinforcement. It is important to note that values are intended to be directional, and they do not have endpoints. However, determining what matters to a client helps you set goals, which do have endpoints, to use as markers for treatment progress. Additionally, from an ACT perspective, valuing is not tied to a feeling state. A teen could, for example, feel angry and tell her sibling that she is sorry because she values their relationship.

A clinician might assess values by asking a child who or what they care about the most. Doing so in concrete, active ways – such as making a treasure chest collage and filling it with symbols of values is often useful. Valuing determines the course of therapy as well as life direction. In the ACT model, clinicians and clients often talk about how consistent behavior has been with respect to values within a certain period of time. Using a concrete target, or bulls-eye, has been used with youth to determine if behavior is “on the mark” (Murrell & Wilson, 2002; Murrell, Coyne, & Wilson, 2004). More recently, a paper and pencil bull-eye measure was developed to assess values with adults. We wanted to test its utility with youth while examining the relationship between EA and valuing in this population.

HYPOTHESES

1. We expected that the youth, with assistance in reading (given that they had LD’s in reading), would understand and respond appropriately to the paper and pencil values measure.
2. As previously stated, the processes of experiential avoidance and problems in valuing appear to be related. Thus, we hypothesized that youth who reported greater experiential avoidance would report more values-inconsistent behavior. The Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco, Murrell, & Coyne, 2005) measures avoidance at increasing levels: the higher the score, the greater the prevalence of EA. The Bull’s Eye Values Assessment (Lundgren & Dahl, 2006) measures behavior with respect to values; the farther the distance from the center, the lower the prevalence of values-consistent behavior. Therefore, a positive correlation was expected with the AFQ-Y scores and the Bull’s Eye scores.

METHOD

PARTICIPANTS AND PROCEDURE

Participants were recruited from a charter school for youth with learning disorders, located in a large city in the South Central region of United States. A total of seven participants (ages 11-12) were included. Six of the participants were African American, one participant was Mexican American. Four of the participants were females and three were males. All of them had been diagnosed with Attention Deficit Hyperactivity Disorder and a Learning Disorder (primarily Reading Disorder). Several of the participants had been diagnosed with either Oppositional Defiant Disorder or Conduct Disorder as well.

All participation was voluntary, as youth assented in addition to parental consent. The participants were removed from a study hall class or extracurricular class period, for a period of about 30 minutes. All data collection was done in a small, quiet testing room – one on one, with a researcher who read the questionnaire instructions to the children and then allowed the youth to complete the measures on their own. Three of the youth asked for additional assistance in completing the measures; in those cases, the researchers read the items and responses choices to the youth and the participants completed the forms on their own. Those responses did not appear different from the others

in any meaningful way. Small incentives, including a snack and stickers were given to each youth at the end of the data collection.

MEASURES

Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco, Murrell, & Coyne, 2005). The AFQ-Y is a self-report measure that is answered on a 0-4 Likert-type scale, ranging from 0 (“Not At All True”) to 4 (“Very True”). The measure includes 17 items that measure cognitive fusion and experiential avoidance in children and adolescents. The measure has evidenced good internal consistency with multiple child and adolescent samples (alphas ranging from .85-.95). It correlates positively with child-reported anxiety ($r(511) = .37, p < .001$), somatic complaints ($r(673) = .45, p < .001$), internalizing and external problem behavior ($r(673) = .64, p > .001$), and negatively with overall quality of life ($r(673) = -.39, p < .001$) (Greco, Lambert, Baer, 2008). The alpha in this sample was computed; despite small sample size, it was acceptable (.83). The standard error of the measure in this sample was 4.83.

The Bull's Eye Values Assessment Murrell & Wilson, 2002; Murrell et al., 2005; Lundgren & Dahl, 2006). An ACT-consistent experiential exercise to assess values in children was originally developed in a 10-session ‘ACT for Kids’ group (Murrell, & Wilson, 2002). It was described as a measureable task in a chapter in 2005 but not actually developed as a paper and pencil version until 2006. This paper and pencil measure, like the exercise, helps participants identify values and assess the extent to which they are living consistently with their values. The measure consists of three targets that correspond to three value domains. On each target, the participant places an X, depending on how consistently he or she has been living in relation to that value during the last week: that is, the extent to which their behavior has been in line with that value. An X placed directly in the center of the bull's eye means they are living consistently, right on target, with that value. The farther the distance away from the center of the target the X is indicates behavior that has been less consistent (or

more inconsistent) with values. The distance from the center of the target to the X is measured in millimeters. A consistency index is calculated by averaging these three scores. The participant is asked to record barriers to valued living after the three targets. The measure also has a separate target that assesses overall persistency or willingness. At the end of the measure, there are questions that ask about how long it requires to complete the measure and if the participant requires assistance in completing the form.

Preliminary studies have revealed solid psychometric properties. The authors reported a good validity and test-retest reliability of .86 (Lundgren, 2006; Lundgren, Dahl, & Hayes, 2008).

In the original validation study, correlations with previously existing ACT-consistent measures of values as well as measures of distress were used to assess convergent and discriminant properties. The standard error of the measure was 5.72. Prior to this study, the paper and pencil version has only been used with an adult population; therefore, in order to assess developmental appropriateness as well as relationship to EA, the researchers asked questions about understandability and utility and recorded qualitative responses. No adaptations were made to the measure itself; however, there were some cases in which participants needed assistance with its completion. Details about this process are discussed below.

RESULTS

To test hypothesis one, qualitative information was gathered about the understandability and utility of the paper and pencil version on the bull's eye measure. Four of the participants were able to complete the measure without assistance from the researchers. These four youth described the task as generally understandable. Two of these participants did note that it was somewhat difficult to list barriers and to describe persistence/willingness across three valued domains, as opposed to having response options for each target. On average, it took them just over 5 minutes to complete the measure. Three of the four re-

EXPERIENTIAL AVOIDANCE AND INCONSISTENCY WITH VALUES

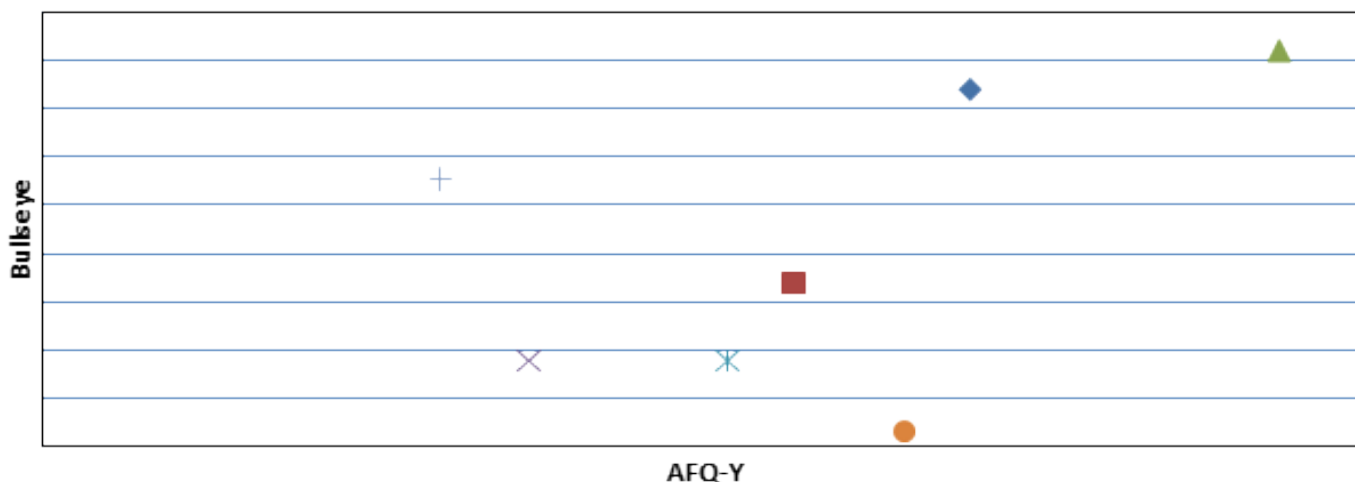


Figure 1. Figure 1. Scatterplot of AFQ scores and Bullseye scores

ported that the completion of the measure was helpful to them in thinking about their feelings and behavior. The three students who needed assistance with the measure generally requested help because of reading concerns, rather than problems in comprehending the concept behind the bull's eye measure. However, all three of them did require prompts from the researchers to complete detailed information about barriers to valued actions. Nonetheless, all of these participants stated that the measure was useful. The average completion time for these participants was just over 7 minutes.

The Means and Standard Deviations of the AFQ-Y and Bull's Eye measures were $M = 34.57$; $SD = 12.78$ and $M = 20.33$; $SD = 15.14$, respectively. In order to explore the relationship between the level of experiential avoidance and values-inconsistent behavior in children, a Pearson product moment correlation was conducted using scores from the AFQ-Y and the Bull's Eye Values Assessment, respectively. The total score from the AFQ and the consistency index from the Bull's Eye were used. Results were not statistically significant, but the effect size was large. Specifically, the results of the one-tailed Pearson product moment were $r(7) = .47$, $p = .143$. A scatterplot of the scores can be viewed in Figure 1. Since there were only 7 participants included in the analysis, and because the effect size was large (approximately 22% of variance accounted for by the relationship) but not statistically significant, a repeated random re-sampling approach was used. The 95% confidence interval was calculated for each variable. The AFQ-Y CI was 9.76 – 33.34 and the CI of the Bull's Eye was 8.24 – 28.14. A random number generator was used to create hypothetical data within this interval for an additional sample with 7 participants. The same Pearson correlation analysis was run, with this sample and with a larger sample with all these participants combined. The generated data resulted in a significant positive correlation, $r(7) = .68$, $p < .05$. The sample with 14 participants also resulted in a significant positive correlation, $r(14) = .46$, $p < .05$. These results may indicate that learning disordered adolescents engaging in experiential avoidance also report more values inconsistent behavior.

■ DISCUSSION

The bull's eye measure may need to be slightly adapted for use with youth. Perhaps, given the feedback obtained from the youth, there should be separate questions assessing barriers and persistence for each valued domain, listed after each target. Additionally, the concurrent use of the experiential exercise may be a good way to help children and adolescents maintain focus and motivation and strengthen the utility of the paper and pencil format. With respect to the relationship between valuing and avoidance, while the initial finding was not statistically significant, the hypothesis was generally supported. It does appear that youth are limiting their opportunities to engage in values based on avoidance.

LIMITATIONS AND FUTURE DIRECTIONS

The greatest limitation of this study is the very small sample size. The study was originally designed to be a classroom based project, with about three times the number of participants that we had. Had the researchers known ahead of time that there would only be seven youth included, we would have used a different

design and measures. Further, the group composition was not well varied and thus generalizability is limited. It is possible, especially given these limitations associated with the sample, that the effect size is a random statistical effect. However, given the results of the correlation analysis with the re-sampled data, this does not seem particularly likely. Future studies should include more participants to address this concern. Another limitation is that we only have self-report. A packet of parent and teacher assessments were distributed but not completed. Future studies could either include larger sample or use alternative measurements. For example, a small group analysis with more qualitative feedback would be a good way to examine the relationship between avoidance and valuing. A multiple baseline intervention study would be ideal. Tracking behavior via observation, utilizing clinicians, teachers, and parents as informants would also be helpful. Lastly, even though validity studies on the scales have been done, a Rasch Analysis would be done to examine if each scale was truly one dimensional.

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