



International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



BRIEF REPORT

Trajectories of anxiety symptoms in adolescents: Testing the model of emotional inertia

Xavier Bornas, Alejandro de la Torre-Luque*, Aina Fiol-Veny, Maria Balle

Research Institute of Health Sciences. Uversitat Illes Balears, Spain

Received 25 October 2016; accepted 2 January 2017

KEYWORDS

Trajectory;
Anxiety;
Emotional inertia;
Treatment energy;
Ex post facto study

Abstract

Background/Objective: Two predictions derived from a recently introduced model of psychotherapy outcome were tested, assuming the dynamical relationship between the individual's emotional trajectory and the force of intervention necessary to change this trajectory: (a) only a high intensity treatment would succeed to lower the increasing trajectory of anxiety, and (b) high as well as low intensity treatments would equivalently lower the non-increasing trajectory of anxiety. *Methods:* Seventy-four adolescents (58.40% girls; $M = 14.65$ years, $SD = 0.53$) were randomly assigned to a high intensity treatment condition, a low intensity treatment condition, or a waiting list condition. *Results:* Only the high intensity treatment reduced the anxiety when participants showed an increasing trajectory ($p < .01$). None of the treatments reduced anxiety when a previously non-increasing trajectory was shown. *Conclusions:* These findings support the theoretical predictions and underscore the need to consider not only how severe the anxiety is but also the time course of anxiety in applied treatment settings.

© 2017 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

PALABRAS CLAVE

Trayectoria;
ansiedad;
inercia emocional;
energía del
tratamiento;
estudio ex post facto

Trayectoria de la sintomatología ansiosa en adolescentes: poniendo a prueba el modelo de la inercia emocional

Resumen

Introducción/Objetivos: Este informe breve tiene por objetivo poner a prueba dos predicciones derivadas de un reciente modelo sobre los resultados en psicoterapia: (a) solo un tratamiento de alta intensidad sería capaz de cambiar de dirección una trayectoria ascendente de ansiedad, y (b) tanto un tratamiento de alta como de baja intensidad podrían influir en una trayectoria no-ascendente de ansiedad. *Método:* Setenta y cuatro adolescentes (58,40% chicas; $M = 14,65$ años,

* Corresponding author: Research Institute of Health Science, Scientific-Technical Services and University Research Institutes, University of the Balearic Islands, Valldemossa Road, km. 7.5, 07122 Palma, Balearic Islands, Spain.

E-mail address: a.delatorre@uib.es (A. de la Torre-Luque).

<http://dx.doi.org/10.1016/j.ijchp.2017.01.002>

1697-2600/© 2017 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article in press as: Bornas, X., et al. Trajectories of anxiety symptoms in adolescents: Testing the model of emotional inertia. *International Journal of Clinical and Health Psychology* (2017), <http://dx.doi.org/10.1016/j.ijchp.2017.01.002>

$DT=0,53$) fueron asignados aleatoriamente a una de estas condiciones: tratamiento de alta intensidad, tratamiento de baja intensidad o lista de espera. *Resultados:* Solo la aplicación del tratamiento de alta intensidad permitió reducir los niveles de ansiedad en los adolescentes con trayectoria creciente de dicha sintomatología ($p < 0,01$). Además, ambos tratamientos redujeron de forma equivalente la sintomatología en individuos con trayectoria no ascendente de ansiedad. *Conclusiones:* Estos resultados apoyan las predicciones teóricas propuestas y subrayan la necesidad de considerar no solamente la magnitud de la sintomatología ansiosa sino también su curso temporal, en contextos clínicos.

© 2017 Asociación Española de Psicología Conductual. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

In this brief report we used unpublished data from a treatment study to statistically test two main hypotheses derived from the theoretical model on therapy outcomes introduced by Bornas, Noguera, Pincus, and Buéla-Casal (2014). The treatment study was carried out within a longitudinal research project (see Bornas, Llabres, Balle, de la Torre-Luque, & Fiol-Veny, 2014; de la Torre-Luque, Fiol-Veny, Balle, & Bornas, 2016) focused on the trajectories of anxious symptomatology in adolescents. According to that model, treatment outcome depends upon the interaction between the emotional inertia (or resistance to change, Kuppens, Oravecz, & Tuerlinckx, 2010; see also Kuppens, Allen, & Sheeber, 2010) and the treatment's energy (the force a treatment has to overcome inertia). In Physics, inertia is formally defined as "the property of matter by which it retains [...] its velocity along a straight line so long as it is not acted upon by an external force". Similarly, emotional inertia would be the property of human emotion by which it retains its course so long as it is not acted upon by an external (e.g. environmental or cognitive) force. One core statement of the theoretical model is that "the stronger the pull is toward a negative attractor region (...) the more power that is needed to return some flexibility to the system" (Bornas, Noguera et al., 2014, p. 235). Much like more energy is required to down a balloon that is ascending, more forceful treatments are required to down the anxiety when it is increasing.

Based on this model two testable predictions were made. First, only a high intensity treatment would succeed to lower the increasing (or ascending) trajectory of anxiety, since the pull toward a negative attractor region is stronger when anxiety increases; the change induced by a low intensity treatment would not be significant/meaningful. Second, high as well as low intensity treatments would equivalently lower the non-increasing trajectory of anxiety.

Anxiety trajectories were determined from two assessment points (T1 and T2) with a 6-month interval between them. Participants whose anxiety scores were higher at the second point were labeled as 'increasing anxiety' (IA) adolescents. The rest of them were labeled as 'non-increasing anxiety' (NIA) adolescents. There is no robust classification of psychological treatments based on its energy but some guidelines were proposed by the British National Institute

for Health and Care Excellence, NICE (see, for instance, National Institute for Health and Care Excellence, NICE, 2011, pp. 95-96 and pp. 135-137). Likewise, clinicians would probably agree that evidence-based treatments have more energy and clearer protocols (e.g., exposure in Taboas, Ojserkis, & McKay, 2015) than psychoeducation or self-help strategies (see Bornas, Noguera et al., 2014). Treatments in this study were chosen based on these criteria.

Methods

Participants

Seventy-four Spanish adolescents (58.40% girls; $M = 14.65$ years, $SD = 0.53$) participating into the TrAns study were randomly assigned to one of these three conditions: treatment ($n = 27$, 48.27% with increasing anxiety), placebo ($n = 23$, 56.52% with increasing anxiety), and waiting list (WL, $n = 24$, 50% with increasing anxiety). No significant differences were found regarding gender, age and anxiety at the pre-treatment assessment. When the trajectory of anxiety was taken into account, six groups were made up (see Table 1) and submitted to statistical analysis.

Measures

The Revised Child Anxiety and Depression Scale (RCADS; Chorpita, Yim, Moffitt, Umemoto, & Francis, 2000) is a 47-item self-report questionnaire, to evaluate symptomatology of anxiety disorders (separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder) and major depressive disorder. Moreover, an overall scale as a total level of anxiety symptoms can be obtained. The internal consistency of the overall anxiety scale was ranged from $\alpha = .94$ and $\alpha = .95$ within our sample, across assessments.

Procedure

The University Bioethics Committee approved all the study procedures, and participants and their parents/tutors provided written consent.

Download English Version:

<https://daneshyari.com/en/article/7240404>

Download Persian Version:

<https://daneshyari.com/article/7240404>

[Daneshyari.com](https://daneshyari.com)