

The Use of Acceptance and Commitment Therapy to Promote Mental Health and School Engagement in University Students: A Multisite Randomized Controlled Trial

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The aim of this multisite randomized controlled trial was to determine whether an intervention based on Acceptance and Commitment Therapy (ACT) was efficacious in improving university students' psychological flexibility, mental health, and school engagement. Students were recruited in four Canadian universities and randomly assigned to an intervention ($n = 72$) or a wait-list control group ($n = 72$). Students in the intervention group took part in four 2.5-hour workshops during a 4-week period and were asked to do exercises at home (e.g., meditation, observation grids). Wait-list students received the intervention soon after the post measurements. MANCOVAs and ANCOVAs revealed that students in the intervention group showed greater psychological flexibility at postintervention than those in the control group. They also reported greater well-being and school engagement, and lower stress, anxiety, and depression symptoms. Taken together,

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results of this study suggest that an ACT-based intervention offers a valuable way to promote mental health and school engagement in postsecondary settings.

Keywords: acceptance and commitment therapy; psychological flexibility; mental health; school engagement; university students

IN CANADA, a significant number of college and university students experience mental health problems. According to a survey conducted in 2016 within 48 Canadian postsecondary institutions, 18.4% of students were diagnosed or treated for anxiety within the last 12 months and 14.7% were diagnosed or treated for depression. A sizeable proportion of students reported feeling sad (24.8%), hopeless (23.4%), lonely (22.8%), exhausted (17.1%), and under a tremendous amount of stress (14.4%; [American College Health Association, 2016](#)). More important, research suggests that the prevalence of anxiety and depression is slowly rising on campus ([Center for Collegiate Mental Health, 2016](#)) and that postsecondary students are more likely to report mental illness symptoms than nonuniversity youth (42% compared with 17%; [Ontario College Health Association, 2009](#)).

Mental health problems can have a profound influence on students' quality of life and have a negative impact on their academic performance, school engagement, and graduation rate. In fact, students report that stress (42.2%), anxiety (32.5%),

sleep difficulties (28.4%), and depression (20.9%) are among the leading factors that affect their learning and academic performance (American College Health Association, 2016). Moreover, students with mental health problems have lower grade point averages and lower rates of graduation than those not suffering from such problems (Byrd & McKinney, 2012).

Many colleges and universities offer counselling services to their students (MacKean, 2011), but the professionals who provide these services (e.g., psychologists, social workers) are often understaffed and overwhelmed by student demands (Jaworska, De Somma, Fonseca, Heck, & MacQueen, 2016). In a survey done within 93 counselling centers in postsecondary institutions, the Center for Collegiate Mental Health (2016) concluded that the demand for counselling center services had significantly increased over the last few years, outpacing the growth of institutional enrollment.

Taken together, these findings emphasize the importance of implementing programs aimed at helping postsecondary students to cope with issues of stress, anxiety, and depression. According to the Canadian Association of College and University Student Services (MacKean, 2011), these programs should be preventive, cost-effective, and easily accessible. They should also enable students to develop a range of skills that could help them maintain good mental health and sustain self-care. Following these recommendations, our team developed an intervention in 2012 based on Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 2012) to promote mental health and school engagement among university students and help them cultivate skills such as psychological flexibility (Grégoire, Lachance, Bouffard, Hontoy, & De Mondehare, 2016). In the next section, ACT is briefly described as well as recent studies assessing its efficacy in college and university institutions. We then describe the multisite randomized controlled trial we have put forward to assess the effects of our intervention.

WHAT IS ACT?

ACT is a transdiagnostic psychotherapeutic intervention, based on a theoretical model called Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001). It is a “third wave” cognitive behavioral therapy (CBT) that does not specifically target symptom reduction (e.g., anxiety, negative thoughts) but rather encourages participants to engage in values-based actions regardless of the presence or absence of symptoms. The overall aim of ACT is to increase psychological flexibility, which is the ability to be mindful of experiences in the present moment, in an accepting and nonjudgmental way, while behaving consistently with one’s values, even when

one’s thoughts and feelings oppose taking valued action (Levin, Pistorello, Seeley, & Hayes, 2014). To foster psychological flexibility, ACT relies on six interrelated and overlapping processes: *acceptance* (i.e., willingness to open fully to unwanted experiences such as difficult thoughts, memories, or emotions), *contact with the present moment* (i.e., being mindful and aware of one’s experiences), *self as context* (i.e., maintaining perspective about oneself within one’s experiences), *cognitive defusion* (i.e., being able to step back from unwanted experiences without getting stuck in them), *committed action* (i.e., engaging in actions that move toward important aspects of life), and *values* (i.e., staying connected to personal values or areas of life that are important).

Meta-analyses show that ACT is efficacious in promoting both psychological flexibility and mental health (A-Tjak et al., 2015; Öst, 2008, 2014; Powers, Zum Vörde Sive Vörding, & Emmelkamp, 2009; Ruiz, 2012). The most recent meta-analysis included 39 randomized controlled trials and a total of 1,821 patients with mental disorders or somatic health problems (A-Tjak et al., 2015). It shows that ACT outperformed control conditions on both primary (e.g., anxiety, depression) and secondary (e.g., quality of life) outcome measures at posttreatment and follow-up assessments. The authors concluded that ACT is more effective than treatment as usual or placebo, and that it may be as effective as established psychological interventions in treating chronic pain, anxiety disorders, depression, and addiction.

ACT IN POSTSECONDARY SETTINGS

Over the last 5 years, ACT has also been offered to college and university students. According to Levin, Haeger, Pierce, and Twohig (2016), the transdiagnostic nature of ACT is particularly well suited to postsecondary settings. Although students may experience specific mental health disorders, many of them struggle with problems (e.g., stress, relationship issues, discrimination) that do not have any specific diagnosis. Levin et al. (2016) claim that ACT can be useful for a diversity of psychological problems that college and university students typically experience and can help them increase their psychological flexibility.

Some of the ACT interventions implemented in postsecondary settings were web-based. For example, Levin et al. (2016) offered a 4-week online intervention to college students in the United States. The results of their randomized controlled trial show that, compared to those on the wait-list, participants receiving the ACT intervention improved on overall distress, general anxiety, social anxiety, depression, academic concerns, and positive mental health. Räsänen et al. (2016) offered a 7-week online

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