

Abstract

Outcomes From an Emotion Regulation Intervention: A Comparison of Levels of Care

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Background. Comorbid psychiatric diagnoses are common in adolescents and are associated with increased difficulties regulating emotions. Adolescents have heightened mental health needs, but are the least likely to seek it, noting personal and structural barriers to treatment. Mindfulness-based interventions (MBIs) have shown efficacy in reducing mental and physical health symptoms in psychiatric adolescent samples. The COVID-19 pandemic required treatment transitions to online facilitation, however, no studies to date have examined acceptability and feasibility of online MBI's for adolescent samples.

Objectives. The current study examined group differences in mental health and treatment outcomes for adolescents deemed at moderate- and high-risk. We explored how emotion regulation, mindfulness, mental and physical health symptoms differed by level of care following an online MBI. Additionally, we sought to understand the acceptability of an online MBI for adolescents during COVID-19.

Methods. 56 adolescents ($m = 14.5$ years, 66.1% female) participated in an 8-session MBI focused on observing non-judgmentally, attending to positivity, and self-soothing. Data was collected through an anonymous online survey at baseline and post-test. Paired samples t-tests examined individual growth, and independent samples t-tests examined group differences by level of care on key variables of interest. Stepwise regressions assessed relationships between mindfulness facet use and mental and physical health symptoms.

Results. Significant reductions are evident in depression, anxiety and somatic symptoms, with increases in self-efficacy and adaptive emotion regulation strategy use. Those deemed at moderate-risk reported more significant growth during the intervention, in addition to higher rates of retention and acceptability than those in the high-risk group. Stepwise regressions revealed mindfulness facets of Non-Judging of Inner Experience and Describing as the most significant predictors of adaptive mental and physical health outcomes.

Conclusion. This study highlights the feasibility and acceptability of an online MBI for adolescents to bolster adaptive outcomes, particularly those deemed as moderate-risk. Findings suggest the importance of paying attention to treatment engagement for those deemed at higher-risk, as they may need a high-touch intervention compared to those in the moderate-risk group, who may be more likely to find online MBIs acceptable. Future practice of adjunctive MBIs with adolescents should focus on treatment attendance and mental health outcomes over longer periods of time, with particular attention paid to repeated practice of *Non-Judging of Inner Experience* and *Describing* to produce the most robust outcomes for effective adolescent treatment options.