



WASAD

**World Association for
Stress Related and
Anxiety Disorders**

Prevention effects after six and twelve months of the transdiagnostic online CBT program “Learn to Manage your Emotions” (AMtE) on pathological worry, anxiety sensitivity, emotional avoidance and affect in adolescents with anxiety and/or depressive symptoms



WASAD CONFERENCE 2023
11-13 September
Zurich, Switzerland

**Julia C. Schmitt*, Rosa M. Valiente, Julia García-Escalera, Bonifacio Sandín,
Sandra Arnáez, Victoria Espinosa and Paloma Chorot**

INTRODUCTION & OBJECTIVES

- Transdiagnostic cognitive behavior therapy intends to treat common vulnerability and maintenance factors for groups of disorders.
- Intervening as early as possible, with long-lasting effects and overcoming barriers to traditional intervention formats seems important to avoid the negative consequences of anxiety and depressive disorders.
- The program *Learn to Manage your Emotions* (Aprende a Manejar tus Emociones; AMtE) represents the first online adaptation of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents and the first transdiagnostic online program for the prevention of anxiety and depressive disorders in adolescents. It consists of 8 modules and focuses on emotion regulation strategies.
- The aim of the present study was to examine the prevention effects after six and twelve months of AMtE on pathological worry, anxiety sensitivity, emotional avoidance and affect in adolescents with subclinical anxiety and/or depressive symptoms.

METHODS

- Thirty adolescents (56.7% females, age range = 12–18 years, $M_{age} = 14.00$, $SD_{age} = 1.89$) with subclinical levels of anxiety and/or depression referred by school counselors participated in the pre-treatment assessment after completing a series of screening questionnaires and attending a clinical interview.
- Furthermore, participants completed AMtE (in the current study, adolescents and one parent involved in the program received weekly therapist support by phone), post-treatment, three-month, six-month and twelve-month follow-up assessments.



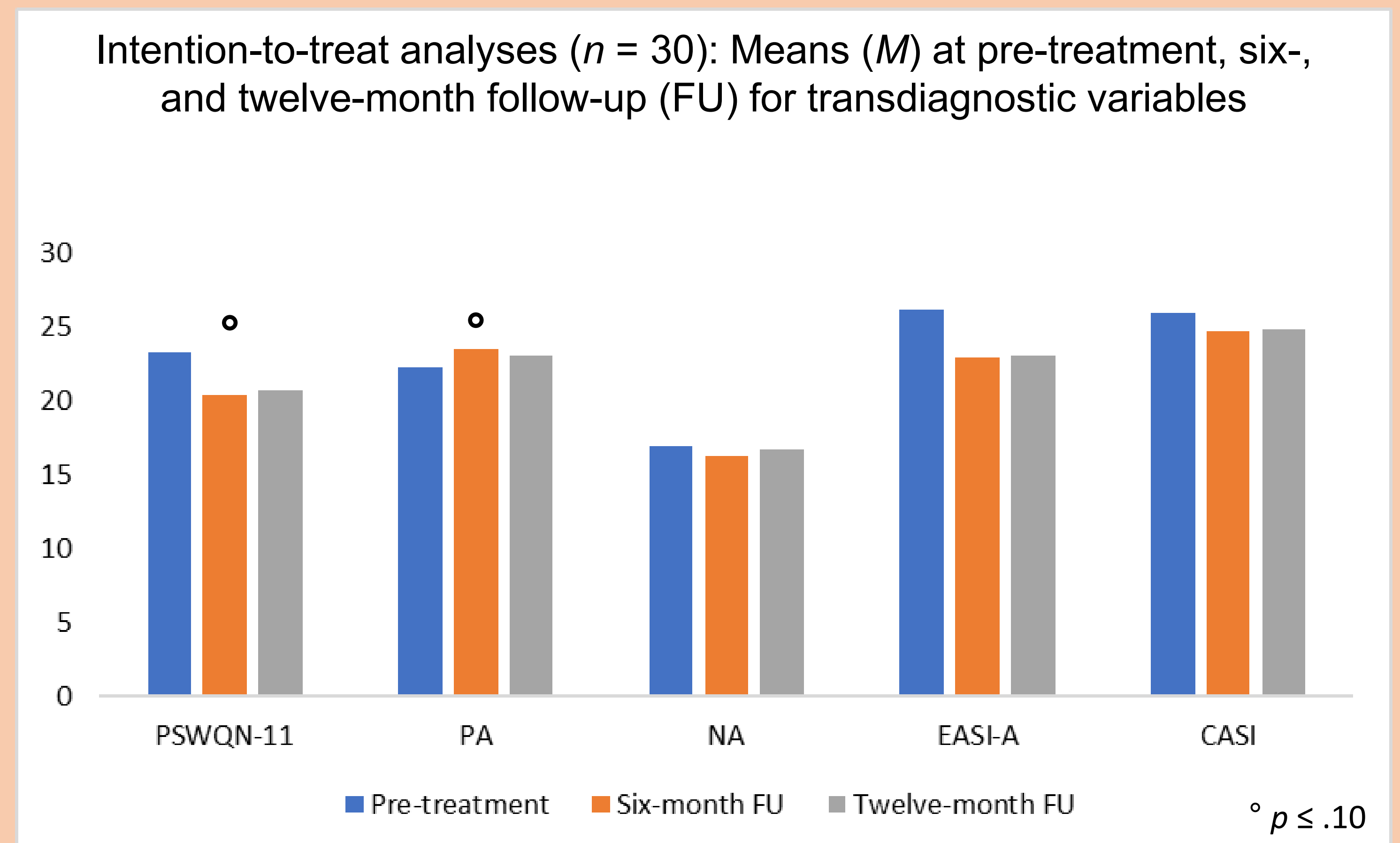
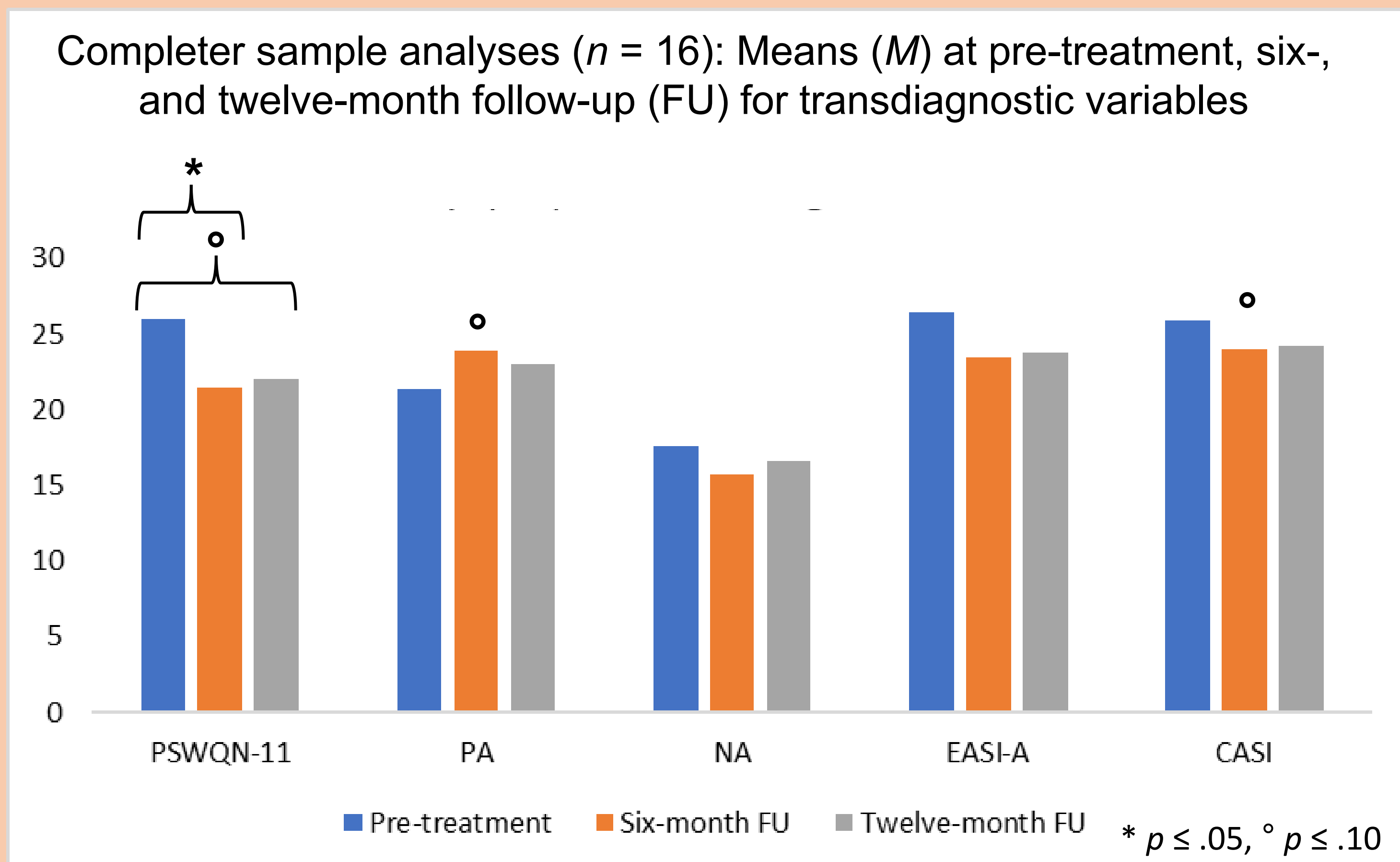
- (1) Building motivation
- (2) Getting to know your emotions
- (3) Enjoy positive activities
- (4) Awareness of your emotional experiences
- (5) Learn to be flexible in your thinking
- (6) Cope with your body sensations,
- (7) Cope with emotional situations
- (8) Maintain your gains



- Instruments: Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID, version 1.1; Sheehan et al., 2000; Spanish version by Colón-Soto et al., 2005), PSWQ-11 questionnaire for children and adolescents (PSWQN-11; Sandín, Chorot, y Valiente, 2010), Positive and Negative Affect Schedule for Children and Adolescents (Escala PANAS para Niños y Adolescentes; PANASN; Sandín, 2003), Childhood Anxiety Sensitivity Index (CASI; Silverman et al., 1991; Spanish version by Sandín, 1997), Emotional Avoidance Strategy Inventory for Adolescents (EASI-A; Kennedy & Ehrenreich-May, 2017; Spanish version by García-Escalera et al., 2016).
- Friedman and Wilcoxon test intention-to-treat ($N = 30$) and completer (those who took part in the twelve-month follow-up assessment, $n = 16$) analyses were carried out (pre-treatment vs. six-month follow-up vs. twelve-month follow-up). Results until the three-month follow-up can be looked up in Schmitt et al. (2022).

RESULTS

- A **significant decrease in pathological worry** from pre-treatment to six-month follow-up ($M_{pre} = 26.00$, $SD_{pre} = 7.32$, $M_{6months} = 21.44$, $SD_{6months} = 9.47$; $Z = -2.28$, $p = .030$, $d = 0.53$) and a **trend towards significance** from pre-treatment to twelve-month follow-up ($M_{pre} = 26.00$, $SD_{pre} = 7.32$, $M_{12months} = 22.00$, $SD_{12months} = 10.13$; $Z = -1.99$, $p = .069$, $d = 0.44$) could be revealed in the completer sample.
- Friedman tests showed a **trend towards significance for positive affect** in both intention-to treat [$M_{pre} = 22.20$, $SD_{pre} = 3.45$, $M_{6months} = 23.47$, $SD_{6months} = 3.79$, $M_{12months} = 22.97$, $SD_{12months} = 3.97$; $\chi^2(2) = 5.81$, $p = .055$] and completer [$M_{pre} = 21.31$, $SD_{pre} = 3.74$, $M_{6months} = 23.94$, $SD_{6months} = 4.04$, $M_{12months} = 23.00$, $SD_{12months} = 4.43$; $\chi^2(2) = 5.32$, $p = .070$] samples, for **anxiety sensitivity** in the completer sample [$M_{pre} = 25.88$, $SD_{pre} = 5.30$, $M_{6months} = 24.00$, $SD_{6months} = 6.19$, $M_{12months} = 24.19$, $SD_{12months} = 5.69$; $\chi^2(2) = 5.21$, $p = .074$], and for **pathological worry** in the total sample [$M_{pre} = 23.23$, $SD_{pre} = 8.27$, $M_{6months} = 20.37$, $SD_{6months} = 8.89$, $M_{12months} = 20.67$, $SD_{12months} = 9.30$; $\chi^2(2) = 5.55$, $p = .062$].



CONCLUSIONS

- Results imply potential long-term prevention effects of AMtE on transdiagnostic variables, which represent vulnerability and maintenance factors for anxiety and depressive disorders, in subclinical adolescents.
- Randomized controlled trials should be considered as a next step to consolidate and extend the results.

