Piloting the use of acceptance, cognitive defusion, and values

in reducing experiential avoidance and its consequences among youth rejected by peers.

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Academic Abstract

Peer rejection (PR) can be damaging to cognitive and emotional well being and lead to risky behavioral consequences (e.g., violence, increased peer pressure susceptibility), particularly for adolescents (Sebastian et al., 2010; Williams, 2007). Interventions designed to minimize the impact of and repair damage related to PR in youth have been somewhat successful (e.g., Mikami et al., 2005), although the need for further research into potentially pliable mechanisms underlying adolescent peer relationships remains. One suggested mediating factor is experiential avoidance (EA), which is the major target of acceptance- and mindfulness-based interventions such as Acceptance and Commitment Therapy (ACT; see Hayes, 2004 for a review). The present study built on the recommendations of Biglan et al. (2008) and Theodore-Oklota et al. (2014) in designing and implementing a prevention program aimed at reducing EA of PR experiences, with the hope of minimizing cognitive, emotional and behavioral consequences of PR. For this initial pilot, selected ACT components (acceptance, cognitive defusion, and values) were presented in age-appropriate form to six participants over five individual intervention sessions. The program was successful in reducing EA and cognitive fusion and/or improving mindfulness and acceptance for most participants, with some exceptions. Additionally, results showed a decrease in existing symptomatology for several participants (e.g., anger, depression, poor self-concept, overall stress). However, value congruence was not significantly improved for any of the six completers. Results are discussed in terms of theoretical implications and recommendations for further research, particularly in terms of how the existing pilot intervention could be altered and augmented to maximize effectiveness.

Public Abstract

Peer rejection (PR) can be damaging to cognitive and emotional well being and lead to risky behavior consequences such as aggression and social withdrawal, particularly for adolescents. One factor that may be important in determining responses to PR is experiential avoidance (EA), which is the major target of acceptance- and mindfulness-based interventions such as Acceptance and Commitment Therapy (ACT). EA is defined as an attempt to avoid distressing thoughts and emotions and control situations and triggers that give rise to them. The present study built on recommendations from previous literature in designing and implementing a prevention program aimed at reducing EA of PR experiences, with the hope of minimizing cognitive, emotional and behavioral consequences of PR. For this initial pilot, selected ACT components (acceptance, cognitive defusion, and values) were presented in age-appropriate form to six participants over five individual intervention sessions. Acceptance was presented as an alternative to EA in which thoughts and feelings are observed without judgment or attempts to control them. Cognitive defusion was used to separate the child's thoughts from the negative thoughts of a "bully monster" in order to augment behavioral freedom. Finally a key value was identified and the participant was asked to consider a potential next step in order to better line up behavioral choices with that specific value (i.e., achieve greater value congruence). The program was successful in reducing EA and cognitive fusion and/or improving mindfulness and acceptance for most participants, with some exceptions. Additionally, some participants experienced symptom reduction (e.g., anger, depression, poor self-concept, overall stress). However, value congruence was not significantly improved for any of the six completing participants. Results are discussed in terms of theoretical implications and recommendations for further research, particularly in terms of how this intervention could be altered to maximize its effectiveness.

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Chapter 1

Introduction

Peer rejection (PR), operationally defined as "a declaration by a group or individual that they no longer want to interact with or be in the company of another individual" (Williams, 2007, p. 429), was recently estimated to affect about 30% of school-aged children (Beeri & Lev-Wiesel, 2012). Though PR may include direct verbal and behavioral confrontation, it is primarily characterized by relational exclusion (Goodman & Southam-Gerow, 2010). PR may be chronic or recurrent and can bring about serious consequences, given that humans are naturally social creatures (Williams, 2007; Williams & Nida, 2011). Some potential consequences include poor academic performance, reduced prosocial behavior, social anxiety, social withdrawal, impulsivity and aggression (Bierman, 2004; Hawes et al., 2012).

PR Response Pathways

Williams (1997) proposed a theory regarding the sequence of responses to PR. Following an initial pain response, participants recognize that PR threatens certain needs. In particular, there are potential threats to the need to belong, need for self-esteem, need for control, and need to find meaning (Williams, 2007). Becoming aware of these threats can lead to other cognitive and emotional symptoms, such as anxiety, depression, and anger. Rejected individuals must decide which of these needs to address; those who focus on belongingness and self-esteem will be more likely to attempt to rebuild social relationships and find a path back into the acceptance of others, and those who focus more on regaining control and finding meaning (i.e., the need to have one's existence recognized and deemed worthy of attention; Williams, 2009) will tend to consider more radical behavior changes, including engagement in deviant or antisocial behavior. In other words, these latter individuals may turn to deviant behavior in an effort to garner social attention and find a new social role. Unlike those who are newly rejected or experience PR only in the short term, who are likely to immediately seek reentry into the social group, individuals who are chronically rejected or doubt that they will be able to restore social bonds will be more likely to focus on control and meaning needs (Williams & Nida, 2011) in an attempt to establish a

new identity that is not threatened by a lack of social acceptance. Moreover, chronic or recurrent PR may lead to extreme responses (e.g., acts of violence against the self or others; a decision to socialize exclusively with a bigoted or vengeance-minded group of outsiders) as feelings of hopelessness, worthlessness and insignificance become more stable (Williams & Nida, 2011).

This need-based theory of PR has been tested primarily using a behavioral paradigm ("Cyberball") and feedback studies with adults. "Cyberball" is an online social interaction game in which a participant is told that he or she is engaging in a ball-tossing exercise with other participants (actually computerized confederates). If placed in one of the ostracism conditions, the participant is "passed" the ball an unusually low number of times or not at all. After participants choose to quit the game, they are interviewed about their thoughts related to the exercise and, if applicable, their experience of being rejected (Williams, Cheung, and Choi, 2000). In these studies, need threats are typically assessed using self-report measures designed by the study authors. "Cyberball" study results have supported William's (1997) theory; for example, individuals who experienced short-term rejection reported a desire to be accepted by other players. Feedback studies (Baumeister, deWall, Ciarocco, & Twenge, 2005), on the other hand, typically require the participant to complete questionnaires or engage in social interactions before being given feedback on their performance. Receiving feedback consistent with rejection (e.g., "People do not like you," "Results suggest that you will be alone for the rest of your life") has been correlated with lower self-regulation, greater impulsivity, more rapid frustration, and a shorter attention span. These results are consistent with William's (1997) hypothesis that rejected individuals might be more likely to respond with anger or engage in dangerous behavior as a method for coping with PR.

Adolescent PR and its Consequences

Sebastian, Viding, Williams, and Blakemore (2010) found that Williams' need-based theory of PR also applies to adolescents, for whom peer relationships are particularly important (Sebastian et al., 2011). As they get older, children become less reliant on their parents for support and social interaction and increasingly seek out same-age peers to fulfill these needs (Woodhouse, Dykas, & Cassidy, 2011).

Some children are accepted immediately by peers, others initially struggle to make friends but eventually become more accepted by peers, and still others find themselves largely rejected by peers. Rejected adolescents may become withdrawn and lonely, with low self-esteem and depressive symptoms, or react with aggression, leading to the development of conduct problems and antisocial behavior. Some rejected adolescents may also be bullied, which can further contribute to negative psychological outcomes (Steinberg & Morris, 2001), so bullying can be conceptualized as a contributing force in the development of chronic and recurrent PR. In keeping with Williams' need-based theory, with more frequent and prolonged rejection, the behaviors related to withdrawal and aggression described above may become more pronounced and create more problems (e.g., suicidal ideation, involvement with the police) for the adolescent who experiences them (Williams & Nida, 2011). Given the progression of consequences that can stem from PR, it is important to identify effective methods for intervening early with rejected youth in order to prevent further damage, especially for those who may develop extreme behavioral responses.

Understanding and Preventing Child and Adolescent PR

Several cognitive-behavioral prevention programs have been used to reduce childhood PR and preclude its negative consequences. Traditionally, these interventions have individually targeted rejected students using social skills training. However, these individual social skills-based interventions have demonstrated limited gains, and they may further stigmatize rejected children by implying that these children have obvious social deficits (Mikami, Boucher, & Humphreys, 2005). As an alternative, some of the more recent PR prevention programs have focused on directly targeting PR experiences by teaching social skills and encouraging positive interpersonal interaction in a group-based or classroom setting. For example, the *Making Choices* program (Fraser, Nash, Galinsky, & Darwin, 2000), designed for classroom implementation with elementary and middle school aged children, provided social skills training based on the skills outlined in the social information processing model (Crick & Dodge, 1994). Specifically, the program sought to reduce conduct problems and increase social skills and attachment to prosocial peers. Teachers were asked to complete pre- and post-intervention ratings of children on social contact,

cognitive concentration, social competence, aggression, and peer acceptance. The program significantly increased social contact, social competence, peer acceptance and cognitive concentration and decreased aggression. *Making Choices* seemed to be particularly beneficial for minority students (in reducing aggression) and female students (in improving cognitive concentration).

Other programs have used games to encourage positive behavior and social acceptance among children in the classroom. Mikami et al. (2005) implemented a social skills training program that focused on cooperative games and team-based group activities with middle schoolers. Students in this intervention completed self-report ratings about how many peers they liked and disliked and to what degree they felt respected by peers. After the intervention, the proportion of students reporting that they generally felt accepted by peers increased substantially. In another game-based study, Leflot, van Lier, Onghena, and Colpin (2013) used a "good behavior game" to teach disruptive and non-disruptive elementary schoolers to work together on tasks in groups and encourage each other to behave appropriately in the classroom. The program was meant to reduce aggressive behavior in the classroom. During the intervention, on-task behavior was observed by coders, and peers were asked to provide ratings of classmates' level of social rejection and aggression. Children who initially were difficult to keep on task experienced significant reductions in aggression as a result of participating in the "good behavior game."

Although these programs have generally been successful, there are noteworthy limitations related to their implementation and generalizability. Firstly, classroom-based programs depend on teacher participation, which could be difficult to obtain in understaffed school districts or those with large proportions of children who require more individual attention (Smokowski, Fraser, Day, Galinsky, & Bacallao, 2004). Additionally, there are insufficient data on how their results would apply in non-classroom settings or over the long term (Leflot et al., 2013). Finally, these programs target classrooms broadly, meaning that although they may avoid stigmatizing ostracized children by singling them out, they may not focus enough attention on the individual needs and experiences of these rejected children. Suggested directions for future research in this area include a need to understand how individual

differences (e.g., rejection sensitivity, self-monitoring level) impact the PR process as well as a desire for a closer examination of the mediators that facilitate PR interventions (Bierman, 2004).

Recently, another cognitive-behavioral component or process, experiential avoidance (EA), has been suggested as a potential mediator in adolescents' social processes (Biglan, Hayes, & Pistorello, 2008). PR is hypothesized to increase susceptibility to peer pressure because it creates worry about social acceptance and allows for potential internalization of the role of being an outsider. Thus, rejected adolescents who perceive threats to their needs and experience cognitive and emotional reactions to PR may respond to PR by giving into peer pressure and seeking social acceptance, or by engaging in forms of EA (e.g., self-harm, substance use) in order to distance themselves from these consequences (Biglan et al., 2008). Again, the more chronic the rejection, the more extreme and violent these behaviors may become (Williams, 2007). To refer back to Williams (1997), adolescents who are most concerned with fulfilling their need for control may be more likely to choose an EA-focused response, despite the fact that it is unlikely to effectively provide long-term relief from PR. Prior cognitive-behavioral interventions for peer rejection, as described above, have not explicitly included EA as a target. Thus, EA should be explored further as a potential mediating process in PR and possible target of PR-focused interventions.

EA: Bridging the Gap Between Reaction and Response

EA has been described as the attempt to escape unpleasant internal experiences and alter the form or frequency of these events and the circumstances that give rise to them (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). EA is conceptualized as an overextension of the brain's natural problem-solving abilities and is often attempted even when doing so is "costly, ineffective, or unnecessary" (Hayes, Levin, Plumb-Vilardaga, Villatte, & Pistorello, 2013, p. 184). Individuals recognize the unpleasantness of difficult thoughts and feelings, want to avoid them, and engage in maladaptive coping strategies in order to do so. Sometimes, these attempts at coping can become so extreme that they evolve into psychological disorders (e.g., agoraphobia, obsessive-compulsive disorder) or result in suicide

(Hayes et al., 1996). EA, then, seems to mediate the relationship between unpleasant thoughts and feelings and the maladaptive coping techniques used to avoid them (see Figure 1).

This theoretical model has been demonstrated in several studies with adults. Buckner, Zvolensky, Farris, and Hogan (2014) found that EA mediated the relationship between social anxiety and the use of marijuana to cope with anxiety. Fulton et al. (2012) found that EA mediated the relationship between fear of cognitive dyscontrol and disordered eating. EA has also acted as a mediator of the relationship between negative emotions and deliberate self-harm (Chapman, Gratz, & Brown, 2006), compulsive buying (Williams, 2012), and using alcohol to cope (Stewart, Zvolensky, & Eifert, 2002). Similarly, a desire to avoid may serve as an intermediate step between having negative internal experiences after PR and then engaging in negative behaviors in order to distract the individual from or assist in avoiding the aforementioned upsetting thoughts and feelings related to PR. In other words, EA may be an important target in interventions that seek to break the connection between having a negative PR-related thought or emotion and choosing a potentially destructive, avoidant path in order to escape this experience, such that those who experience reductions in EA may be able to respond to the stimulus more constructively.

Some emerging therapies, including Acceptance and Commitment Therapy, or “ACT,” have the primary goals of reducing EA and increasing psychological flexibility by discouraging reliance on maladaptive control strategies used to avoid negative internal experiences (Hayes, 2004). ACT can be implemented by a range of interested professionals, and protocols are available at a low cost (Hayes et al., 2013). ACT contains several components that are used to reduce EA (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Some have been implemented successfully with adults to target various avoidance behaviors (e.g., Hayes et al., 1999; Masuda, Hayes, Sackett, & Twohig, 2004). Three of these processes—acceptance, defusion, and values—will be the focus of the present study. Acceptance and defusion are designed to target and reduce EA and cognitive fusion (Hayes et al., 2006). These components work to increase psychological flexibility, reduce dependence on unworkable control agendas, and open a path toward value-directed living, which represents the ultimate goal of ACT (Hayes, 2004).

Using Acceptance, Defusion, and Values to Combat EA

Acceptance suggests the adoption of an "intentionally open, receptive, and flexible posture" to a wide variety of experiences (Hayes et al., 2013, p. 185). Previously, clients may have engaged in counterproductive control strategies (e.g., distraction, substance use, destructive behavior) in an attempt to avoid uncomfortable thoughts and feelings, and acceptance is an alternative that most of them have not previously considered. This process can be explained with the "Person in a Hole" metaphor, about a person who has tried to dig out using many different shovels before realizing that digging only exacerbates the situation (Hayes, 2004). The client realizes that it may not always be possible to control a situation, and because of this, acceptance represents a better option for responding to unpleasant stimuli. In contrast to thought challenging, the goal of acceptance is to help clients stop struggling with negative thoughts and feelings while not attempting to change their content (Hofmann & Asmundson, 2008).

Cognitive fusion, like acceptance, is rooted in the problem of control. In fact, cognitive fusion can result from continuous EA, to the degree that a person refuses to allow for flexibility in his or her perceptions about him- or herself and the world for fear of coming into contact with the feared stimulus. For example, a person may come to fundamentally identify as an "anxious person" because thoughts of anxiety have come to fully dominate and define his or her worldview, and this label may subsequently be used to avoid as many potentially anxiety-inducing stimuli as possible (e.g., "I'm an anxious person, so I can't do this."). Cognitive defusion focuses on understanding the power held by literal language and allowing a client to realize that the process of thinking is just a cognitive phenomenon to be observed and accepted (Hayes et al., 2013). Clients are asked to say, "I am having the thought that I am…" rather than "I am…" (Hayes et al., 2006). Other methods include repeating the word quickly over and over and listening to how it sounds (the true meaning of the word is lost) or placing the thought in an object and describing only its physical, objective features (Hayes et al., 2006). Whereas thought challenging attempts to test the literal content of thoughts, cognitive defusion alters the context so as to allow for peaceful assimilation of the thought into the reservoir of thoughts and feelings contained in the mind (Hayes,

2004). By reducing the power of the thought as a literal command or fact, the person's response to that thought can be freed up and made more functional. There is evidence that cognitive defusion opens the way for a broader behavioral repertoire by separating previously fused ideas (Blackledge, 2007).

Acceptance and cognitive defusion could help adolescents who have been rejected by peers in several ways. Acceptance provides an alternative for adolescents who struggle to control PR-based negative thoughts and emotions. Given that healthy identity exploration seems to continue beyond adolescence into early adulthood (Arnett, 2000), it is important to discourage rejected youth from fusing with the persona of a victim or outsider, and cognitive defusion could help them distance themselves from PR and develop a more flexible identity. Prior research has suggested that rejected youth could become more accepted as they get older and receive assistance to learn how to relate better to peers (Steinberg & Morris, 2001), so early intervention could be key for allowing adolescents to practice using acceptance and cognitive defusion to respond to PR, particularly for preventing later negative consequences of PR.

Acceptance and cognitive defusion have been used successfully with adolescents in the past. For example, Fine et al. (2012) used Acceptance-Enhanced Behavior Therapy (AEBT) to treat two adolescent females with trichotillomania. Acceptance-focused exposures included a homework assignment in which the clients "took their urges for a walk" and played with their hair in the mirror while accepting the urge to pull it out. A cognitive defusion exercise to illustrate that thoughts and actions do not have to be connected was also completed in session, in which the therapist said out loud what she believed the clients to be thinking while the clients pretended to pull on their hair. Both clients experienced reduced pulling, although there was some concern expressed about the clients forgetting or failing to understand some of the more abstract concepts introduced in treatment (e.g., the defusion of thoughts from actions). Gauntlett-Gilbert, Connell, Clinch, and McCracken (2013) used acceptance as part of a treatment protocol for adolescents with chronic pain. In particular, they focused on cognitive techniques, including a discussion of behavioral "coping" activities as avoidance tactics and group practice with recognizing and accepting negative thoughts as they came. Acceptance of pain, pain-specific anxiety, and pain

catastrophizing all improved significantly over the course of treatment, as did some functioning-related variables, despite the fact that pain intensity was not significantly reduced. Luciano et al. (2011) used cognitive defusion protocols with adolescents who demonstrated a variety of emotional and behavioral difficulties. One protocol focused on realizing who was watching and experiencing different emotions and thoughts, creating distance between the person and the thought. The second protocol built on the first by asking the participant to take charge and "put the thought away" in a folder. Participants in both protocols showed a reduction in problem behaviors and increase in acceptance to some degree, although the second protocol failed to produce a change in psychological flexibility. Participants reported that they preferred the more extensive protocol. Like the participants in these studies, adolescents who have experienced PR may benefit from learning to accept negative thoughts and feelings (e.g., "No one will ever like me") and defuse from them instead of using ineffective control tactics to avoid them.

Values are also an important component of the ACT framework, though they have not been incorporated extensively into adolescent interventions in the past. Values should not be confused with goals, in that value-based living is not meant to be "achieved" but continually pursued based on daily decisions (Hayes et al., 2006). The other components included in ACT, such as acceptance and defusion, are designed to reduce reliance on EA and give the client more room to make values-based rather than emotion-based decisions (Hayes, 2004). Concrete methods for discussing this topic with adolescents have included a valued directions map (Heffner, Sperry, Eifert, & Detweiler, 2002) and artistic representations of values (Hayes & Rowse, 2008). Additionally, values work centers on making values personal and real rather than allowing clients to automatically endorse values that are socially acceptable, endorsed by significant others, or representations of an overly idealized self (Hayes et al., 2006). This suggests that values could be a critical tool for dissuading adolescents from succumbing to peer influences. Values may also help an adolescent broaden his or her perspective beyond current problems at school and allow him or her to view school goals in a deeper values-based context, thus reducing the perceived importance of

being presently included by peers. Finally, in keeping with Williams (1997)'s theory, values may help an adolescent fulfill his or her need to find meaning without engaging in dangerous behavior.

Biglan et al. (2008) have considered the role of EA in PR previously; they suggested specifically that acceptance, defusion, and values could be used with adolescents to prevent negative responses to peer influence. Acceptance and defusion may be useful for preventing consequences related to chronic PR without the need for a direct reduction in peer rejection or changes to the school environment, and values could be helpful for encouraging students to focus on their individual interests instead of prioritizing peer acceptance. In keeping with these ideas, Theodore-Oklota and colleagues (2014) used an acceptance-based program to attempt to decrease risks related to the experience of relational aggression among adolescents. Though the three-session program did not significantly reduce EA, the authors made recommendations for future treatment studies that included tailoring the program to individual needs, gathering reports from significant others (e.g., parents and teachers) rather than relying only on adolescent self-report, and having a greater number of sessions. The present study attempted to implement Biglan et al. (2008)'s ideas and the methodological recommendations suggested by Theodore-Oklota et al. (2014).

Purpose of the Present Study

The present study details the process of designing and implementing a brief prevention program aimed at reducing EA among youth rejected by peers, along with preliminary results from a small pilot sample. The adolescent population targeted specifically by the intervention had experienced multiple instances of relational exclusion, though participants who reported additional verbal and behavioral PR were not excluded. The intervention consisted of five sessions and focused on the three ACT components specifically discussed by Biglan et al. (2008): acceptance, cognitive defusion, and values. In keeping with recommendations made by Theodore-Oklota et al. (2014), the intervention was individualized to the PR-related experiences and values of each participant, was somewhat extended (five instead of three sessions, including time that is set aside for establishing rapport, reviewing and gathering feedback), and made use

of interviews and other reports gathered from parents and teachers as well as participant self-reports. Also, unlike some other prevention programs for adolescent PR, it took place in a non-classroom setting.

The major goal of the intervention was to reduce EA of negative thoughts and feelings related to PR. It was hypothesized that this process would be facilitated by increases in acceptance, decreases in cognitive fusion, and increases in value congruence. However, the study also explored possible distal effects of the program, including reductions in anxiety, anger and depression, increases in self-esteem, decreases in reported PR experiences, and prevention or reduction of externalizing behavior. Though symptoms are not the primary target of ACT techniques, participants in previous studies have sometimes reported experiencing symptom reduction alongside reductions in EA, avoidance and cognitive fusion and increases in mindfulness and value congruence (Hayes et al., 2006), and assessing change in these areas allowed for a fuller picture of the effectiveness of the intervention in multiple outcome domains. Additionally, the study included two follow-up periods, which permitted an assessment of the long-term sustainability of treatment effects and the effectiveness of the program for prevention. Notably, given the influence of their work on the proposed study, both Biglan (personal communication, October 6, 2014) and Theodore-Oklota (personal communication, October 31, 2014) were contacted about the proposed methodology and both indicated that they generally supported and were enthusiastic about the study.

To summarize, the major hypotheses of the present study are as follows:

Hypothesis 1: Participants will experience a significant reduction in experiential avoidance (as evidenced by reductions in BEAQ scores) from baseline to post-test and follow-up.

Hypothesis 2: Participants will experience a significant increase in acceptance (as evidenced by reductions in AFQ-Y scores and increases in CAMM scores) from baseline to post-test and follow-up.

Hypothesis 3: Participants will experience a significant decrease in cognitive fusion (as evidenced by reductions in AFQ-Y scores) from baseline to post-test and follow-up.

Hypothesis 4: Participants will experience a significant increase in value congruence (as evidenced by increases in VAM scores) from baseline to post-test and follow-up. The PVQ will also be used as a secondary measure to assess changes in reported values and aspects of value congruence.

Hypothesis 5: EA reductions will be correlated with reductions in symptomatology (i.e., anger, anxiety, poor self-esteem, depression, disruptive behavior) based on BYI-II scores at the same time point. This hypothesis concerns an investigation of whether EA and symptom-level variables are actually related, which will be an important first step before future studies can further examine casual patterns.

Chapter 2

Method

Participants

Six participants (five male, one female; M_{age} = 12.0, SD = 0.89) completed this study. Three others were recruited but dropped out early. To be included in the study, participants had to be between the ages of 11 and 14 (i.e., likely to be in middle school/junior high, which is a developmental period of transition for adolescent peer relationships), must have recently experienced PR (within the current school year or, if recruited during the summer, within the most recent school year), and had to be able to attend intervention sessions in person at one of two local clinic sites. Exclusion criteria were as follows:

1. Potential participants who demonstrated a full-scale IQ (FSIQ-4) of less than 80 on the Wechsler Abbreviated Scale of Intelligence (Second Edition; WASI-II) were excluded from the study due to concerns about their cognitive ability to understand and participate fully in the intervention.
2. Potential participants were required to meet or exceed a score of 160 on the Multidimensional Experiential Avoidance Questionnaire (MEAQ) at baseline, putting them within one standard deviation of the normative mean for college students (the closest group in age to adolescents for which the MEAQ has norms). This cutoff ensured there would be room to observe changes in scores during the study and it eliminated those scoring in the bottom 16% of the distribution.
3. Potential participants who scored in the “severe” range on any of the symptom inventories of the Beck Youth Inventories-II (BYI-II) were referred for a higher level of treatment instead of being enrolled in the study, in order to ensure the safety and well being of the potential participant.
4. Potential participants were excluded if they were currently in therapy or on medication for problems directly related to PR, or if they were not yet on a stable dose of a new medication or treatment. These criteria were included to minimize confounding effects of other interventions.

Recruitment techniques included posting flyers at local businesses and offices that served children and families in the area, sending emails/faxes explaining the study and asking for referrals to

local guidance counselors and offices that served children and families, contacting eligible families in existing databases in the psychology department, posting advertisements online and on social media, and describing the study to passerby during an in-person appearance at a booth in a local shopping center.

Baseline information about each participant was obtained from the child and one parent, as well as one teacher when possible. Note that teachers were successfully contacted for only two participants (Participant #7 and #9), which will be discussed. Each of the participants is described as follows:

Participant #1. Participant #1 was a twelve-year-old Caucasian female with Autism Spectrum Disorder (ASD). She was referred to the study by her stepmother, who was concerned that she was being left out by peers but did not fully acknowledge the rejection. She was reported to have primarily “negative emotions” and usually tried, with limited success, to distract herself when feeling isolated by peers. Based on the MEAQ (see Measures), she reportedly tended to try to ignore distress when it presented but also demonstrated some willingness to persist in the face of distress, suggesting that she may not always respond in a consistent way (e.g., by distracting herself) when faced with distressing situations. Participant #1 endorsed several primary values, including romantic relationships (with several different male “crushes” at school), education, and leisure (specifically, improving her martial arts performance).

Participant #2. Participant #2 was an eleven-year-old Caucasian female with no DSM-5 diagnoses. She was referred to the study by her mother. Participant #2 reportedly had “generally good adjustment” to changing social situations, but she sometimes felt “sad and angry” when rejected by peers. Based on the MEAQ, she tended to overtly avoid potentially distressing situations and was unwilling to accept distress. Her top values were family (“kind, caring, trusting”) and friendship (“don’t lie, nice, trustworthy). Participant #2 dropped out of the study after screening because she was worried about balancing the demands of the study (e.g., phone assessments) with the stress of starting a new school year.

Participant #3. Participant #3 was a thirteen-year-old Caucasian male with no DSM-5 diagnoses. His mother referred him to the study, reporting that he felt angry when “left out” by peers. However, both he and his mother reported that his self-esteem was unaffected by PR. Based on the MEAQ, he

demonstrated some ability to endure stress. Participant #3 consistently reported religion/spirituality as his "top" value, in terms of a desire to "connect with God" and be more involved with his church.

Participant #4. Participant #4 was a thirteen-year-old Caucasian female with no DSM-5 diagnoses. Her mother referred her to the study, reporting that the participant did not understand why peers were "mean" to her and felt angry and sad as a result of being bullied. Based on the MEAQ, she tended to overtly avoid potentially distressing situations. She expressed an interest in improving in a variety of value domains and was unable to choose one "top" value on which to focus. Participant #4 was removed from the study after screening because several attempts to contact the family were not returned.

Participant #5. Participant #5 was an eleven-year-old Caucasian male with no DSM-5 diagnoses. He was referred to the study by his mother, who reported that he sometimes felt anger and other negative emotions in response to children in his neighborhood who frequently teased and bullied him. Based on the MEAQ, he demonstrated unwillingness to accept distress. Participant #5 reported consistently that family was his primary value domain, in particular his relationship with his mother.

Participant #6. Participant #6 was a twelve-year-old Caucasian male with no DSM-5 diagnoses. He was referred to the study by his mother, who reported that being teased sometimes had "temporary" negative effects on his self-esteem and caused him to retaliate by insulting other children at school. The participant added that the teasing had lessened since he recently changed schools, although he was struggling somewhat to make new friends and missed his friends at his former school. Based on the MEAQ, he demonstrated unwillingness to accept distress. Participant #6 indicated that family (especially his mother) and religion/spirituality ("I'm a Christian and want to go to heaven") were his primary values.

Participant #7. Participant #7 was a thirteen-year-old Caucasian male with ASD and Attention Deficit/Hyperactivity Disorder (ADHD). He was referred to the study by his mother. Participant #7 and his mother disagreed somewhat about how big of a problem PR was for him, but they both reported that he struggled with his anger and had frequently gotten in trouble at school for fighting with bullies. Participant #7's teacher indicated that he had not observed any problems related to PR at baseline. Based

on the MEAQ, he demonstrated unwillingness to accept distress. Participant #7 indicated that leisure (making music) and friendship (wanting to "be social" and attend social events; wanting friends who "listen to problems" and are "good, nice, honest, loyal, hardworking, and fair") were his primary values.

Participant #8. Participant #8 was an eleven-year-old Caucasian male with ASD and ADHD. He was referred to the study by his mother, who reported that he had "little insight" about experiencing PR but sometimes felt angry and "disappointed" about being left out. Based on the MEAQ, he demonstrated some willingness to persist in the face of distress. He reported that family ("they take care of each other") and friendships ("support each other when upset") were his primary values. Participant #8 was removed from the study during baseline because several attempts to contact the family were not returned.

Participant #9. Participant #9 was an eleven-year-old Caucasian male with no DSM-5 diagnoses. His mother referred him to the study, stating that he sometimes seemed sad and has a "low self-concept." The participant added that he had little in common with peers and reported being bullied. His teacher indicated that he struggled to make friends initially but was improving. Based on the MEAQ, he demonstrated unwillingness to accept distress. Participant #9 consistently endorsed family as his "top" value, stating that he enjoyed "being together and bonding" with them. He reported that "without family he wouldn't be here" and stated that they "are kind, appreciative, loving, and spend time together."

Measures

All measures (except Peer Rejection Experiences Interviews, omitted due to lack of space) are listed in Table 1. Due to the limited availability of ACT process measures for youth, some of the following measures (e.g., the MEAQ) have been normed only on adults. However, most have published norms for a child and/or adolescent population, and age-appropriate norms were used whenever possible. These measures can be found in Appendix C, with the exception of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) and Beck Youth Inventories, Second Edition (BYI-II) because permission to append these measures was not granted by the publishing company (Pearson).

Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco, Lambert, & Baer, 2008). The AFQ-Y is a self-report measure of cognitive fusion and experiential avoidance in children and adolescents. It consists of 17 items (e.g., "The bad things I think about myself must be true") that are rated on a Likert scale from zero (not at all true of me) to four (very true of me; maximum total score = 68). The AFQ-Y demonstrates excellent internal consistency reliability (α = .90) and evidence of convergent (with related process measures) and construct validity. This measure was administered at all time points to assess changes in avoidance and fusion throughout the study.

Beck Youth Inventories, Second Edition (BYI-II; Beck, Beck, & Jolly, 2001). The BYI-II is a series of self-report measures that assess various problems in children and adolescents, including depression (BDI-Y), anxiety (BAI-Y), disruptive behavior (BDBI-Y), anger (BANI-Y), and self-concept (BSCI-Y) problems. Each of the five inventories contains 20 questions, rated on a Likert scale from zero (never happens) to three (always happens), for a maximum total score of 60 for each inventory. Internal consistency reliability varies across modules but is consistently good to excellent (α = .88-.94). In addition, the BYI-II demonstrates evidence of construct and convergent validity. The BYI-II was administered at pre-baseline to screen out participants with severe psychopathology and at both follow-ups to assess the impact of the intervention on cognitive, emotional and behavioral correlates of PR.

Brief Experiential Avoidance Questionnaire (BEAQ; Gámez et al., 2014). The BEAQ is a brief version of the MEAQ (see below; Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011). It consists of 15 questions (e.g., "I go out of my way to avoid uncomfortable situations") rated on a Likert scale from one (strongly disagree) to six (strongly agree), for a maximum total score of 90. This measure has demonstrated good internal consistency reliability (α = .80-.86) in prior studies, as well as evidence of discriminant validity based on comparisons to measures of negative emotionality in adults. The BEAQ was administered at all time points to assess changes in EA throughout the study.

Child and Adolescent Mindfulness Measure (CAMM; Greco, Dew, & Baer, 2005). The CAMM is a brief self-report measure of mindfulness and acceptance for children and adolescents. It has

10 items (e.g., “I push away thoughts that I don’t like”) rated on a Likert scale from zero (never true of me) to four (always true of me) for a maximum total score of 40. This version of the CAMM has demonstrated good internal consistency reliability (α = .80) and shows evidence of convergent (quality of life, social skills measures) and discriminant validity (symptom measures). This measure was administered at all time points to assess changes in mindfulness and acceptance throughout the study.

Children’s Rejection Sensitivity Questionnaire (CRSQ; Downey, Lebolt, Rincón, & Freitas, 1998). This 12-item measure of rejection sensitivity was normed on 3rd to 8th graders, but items are appropriate for older adolescents. Children are given scenarios in which social rejection is possible and asked to rate (on a 6-point Likert-style scale) their level of nervousness about possibly being rejected, anger about possibly being rejected, and confidence that they will be accepted. The CRSQ has a maximum total score of 186 and demonstrates good internal consistency reliability (α = .82). This measure was administered at pre-baseline and both follow-ups in order to establish a baseline score and examine changes in rejection sensitivity over the course of the study.

Junior Self-Monitoring Scale (JSMS; Graziano, Leone, Musser, & Lautenschlauger, 1987). This 24-item measure, which assesses social awareness, interest and conformity, has been normed on children ages 11-15. Children respond “yes” or “no” to a series of statements (e.g., “I like to know how my classmates expect me to act.”) and scoring is based on expected answers for high self-monitors, for a maximum total score of 24. Internal consistency reliability for the JSMS is questionable (α = .69) but it is one of few published measures appropriate for assessing self-monitoring in children and adolescents. The JSMS was administered at pre-baseline and both follow-ups in order to establish a baseline score and examine changes in self-monitoring over the course of the study.

Multidimensional Experiential Avoidance Questionnaire (MEAQ; Gámez et al., 2011). The MEAQ is a measure of EA. It provides an overall EA score as well as subtype scores, including behavioral avoidance (overt, situational avoidance of distress), distress aversion (unwillingness to accept distress), repression/denial (dissociating from distress), distraction/suppression (trying to ignore distress),

procrastination (delaying anticipated distress), and distress endurance (willingness to persist in the face of distress; reverse-scored). Sixty-two items (e.g., "I tend to put off unpleasant things that I need to get done") are rated on a 6-point Likert scale from one (strongly disagree) to six (strongly agree), with a maximum total score of 372. This measure demonstrates excellent internal consistency reliability (α = .91-.92) and demonstrates evidence of convergent validity with measures of personality (Big Five traits), negative emotionality, and EA. The MEAQ was administered at baseline for screening purposes, as well as to identify the participant's primary EA subtype (i.e., to provide more information about his/her EA).

Peer Rejection Experiences Interview. This was administered to the participant and his/her parent at pre-baseline (to provide a picture of the participant's PR experiences and coping strategies) and at both follow-ups (to assess changes in emotional, cognitive and behavioral responses to PR, as well as self-concept changes, and to obtain feedback about the intervention). Teachers were administered a similar interview at pre-baseline and at one follow-up, depending on when the teacher was available.

Personal Values Questionnaire (PVQ; Ciarrochi, Blackledge, & Heaven, 2006). The PVQ is a measure designed to assess the importance of and congruence with personal values. Values in nine general domains are assessed qualitatively, and then the participant is asked nine questions related to each value domain, including importance of the value, perceived commitment to the value, desire to increase congruence with the value, perceived success in the recent past with living the value, and motives for holding the value (influences of others, guilt, giving meaning to life, etc.). Participants have the option of skipping a domain if they do not feel that they hold important values within that domain. Currently, psychometric properties of the measure are unknown. This measure was administered at pre-baseline and again at both follow-ups, primarily to examine changes in participants' identified values and congruence.

Social Peer Rejection Measure (SPRM; Lev-Wiesel et al., 2013). The SPRM is a brief self-report questionnaire that assesses multiple dimensions of PR, including being ignored, being insulted, being accused of things, and being the victim of physical attacks. This questionnaire was developed as an alternative to other-rated sociometric tools commonly used in PR research. The measure consists of 21

questions rated using a Likert scale on the basis of how often they occur (1—never happens, 5—happens all the time) and, for those items endorsed by the respondent, how severe the problem is (1—not at all, 5—severely/extremely). Maximum total score varies based on the number of items per subscale. The SPRM demonstrates excellent internal consistency reliability (α = .92), as well as evidence of construct validity, content validity, and criterion validity in a college sample (Lev-Wiesel et al., 2013). The SPRM was administered at baseline and again at both follow-ups to examine changes in self-reported PR.

Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). This 25-item measure can be administered to youth, parents, and teachers. Each item is rated on a scale from zero (not true) to two (certainly true) and maximum total scores depend on the number of items in each subscale. It assesses emotional symptoms, cognitive problems, hyperactivity/inattention, peer problems, and prosocial behavior, and an overall stress score is also provided. The SDQ can be administered to youth ages four to 17. Internal consistency reliability for the SDQ varies based on subscale and respondent but ranges from α = .41 (youth rating of difficulties getting along with peers) to α = .88 (teacher report of hyperactivity and concentration). For this study, the measure was administered to the child, one teacher, and a parent at baseline. The teacher was re-assessed at one of the two follow-ups, depending on when he/she was available to complete it; the child and parent were re-assessed with the SDQ at both follow-ups. Unfortunately, due to the summer break, teacher reports could only be obtained for Participant #5 and #6.

Therapeutic Alliance Scales for Children—Revised (TASC-R; Creed & Kendall, 2005). The TASC-R is a 12-item self-report questionnaire that assesses the alliance between a therapist and child or adolescent client. The items (e.g., "I look forward to meeting with my therapist") are rated on a Likert scale from one (not at all) to four (very much) to produce a total score of therapeutic alliance (maximum = 48). Internal consistency reliability ranges from α = .88-92, and the measure demonstrates evidence of concurrent validity with related measures. This measure was completed by participants after each session to measure therapeutic alliance over the five sessions. To encourage honest responding, results were not examined by the clinician administering the sessions until after all five sessions had been completed.

Values Assessment Measure (VAM; Gordon Murphy, Halliburton, & Cooper, in preparation). The VAM is a new measure that was developed and pilot-tested with adolescents and emerging adults. The measure provides a succinct, adolescent-appropriate measure of value clarification and congruence. The respondent chooses three out of 12 values domains (e.g., friendship, work, the arts) and responds to 17 questions to evaluate congruence for the most important of these (e.g., "I would like to set goals to better express this value") on a Likert scale from one (strongly disagree) to four (strongly agree), for a maximum total score of 68. Initial psychometric analyses with a small pilot sample of adolescents indicate that the VAM has good internal consistency reliability ($\alpha = .86$) and demonstrates evidence of construct validity with other ACT measures (Gordon Murphy et al., in preparation). The VAM was used to evaluate changes in value congruence at all time points during the study. Participants were encouraged to keep one consistent "top" value, but some chose to change their "top" value.

Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II; Wechsler, 2011). The WASI-II is a brief measure that is comparable to longer Wechsler intelligence batteries. It is intended to provide an estimate of cognitive ability in the domains of verbal comprehension and perceptual reasoning. It consists of four subtests (Vocabulary, Similarities, Block Design, and Matrix Reasoning) which, when taken together, form the basis of the full-scale IQ. The test takes about 30 minutes in total. In this study, it was given at pre-baseline to ensure that only participants with adequate cognitive abilities were included.

Procedure

Participants and one of their parents were asked to come in for a pre-baseline session in which they both consented to participating in the study, consented to being added to a database for future research opportunities (optional), completed a teacher contact consent form, and completed a demographics form. Then, the participant was administered the WASI-II. The remaining measures (see Table 1) were administered over the phone in order to maximize participant convenience (i.e., reduced number of trips to the clinic site). Subsequent assessment time points were also completed over the phone. This session, along with all other assessment sessions, was conducted by an undergraduate

research assistant or graduate student in order to keep the clinician administering the intervention blind to recruitment and to prevent participants' assessment results from being influenced by their therapeutic alliance with the clinician administering the intervention. Pre-baseline assessments took approximately 1.5-2 hours to complete in total. Participants who met all inclusion criteria and were not otherwise excluded were randomized to a three- or four-week baseline period, in which they completed the BEAQ, AFQ-Y, CAMM, and VAM three times a week. This measurement frequency was selected to maximize stability across multiple data points, particularly because typical fluctuations on ACT process variables among adolescents are not well understood. Additionally, during this baseline, one teacher for each participant was contacted to complete an SDQ and PR experiences interview once over the phone. Each of the baseline calls (for both the participant and the teacher) took about 10-15 minutes to complete.

The intervention consisted of five individual sessions, which were held once a week and each lasted one hour. Specific goals of each session are described below. Generally speaking, the sessions were designed to teach participants about acceptance, cognitive defusion, and values and help them apply these concepts to their individual experience with PR, specific thoughts and feelings associated with PR, and personal values. A developmentally appropriate "monster" theme was used throughout all sessions to allow participants to increase their understanding of abstract ACT concepts within a more concrete framework. Videotaped sessions were coded for adherence by undergraduate research assistants to ensure that the main goals for each session were adequately addressed; a single rater was given a list of the major concepts and goals for each session and asked to check off all points that were observably accomplished during the session. Participants completed assessments of key process variables over the phone during the week after each session, with each call lasting approximately 15-20 minutes.

Session one. The primary purpose of the first session was for the clinician to introduce herself to the participant and to begin to get to know him/her (e.g., name, hobbies, PR experiences that brought him/her into the study). The basic structure of the intervention and expectations of the participant were explained, and the participant was encouraged to bring any questions he/she had to the next session.

Session two. During the second session, the clinician and participant discussed how the participant had tried to control negative thoughts and feelings in the past (e.g., distraction, ignoring) and how effective these coping methods had been. The clinician introduced mindfulness and acceptance and discussed the utility of being "present" in the moment. She also pointed out how prior attempts at controlling thoughts and feelings may have been futile using the "monster tug of war" exercise with an actual piece of rope. The clinician held the rope and acted the part of the monster in "tug of war" with the participant. The goal of the exercise was to show that even attempts to control negative experiences that work temporarily do not permanently eradicate negative experiences nor prevent them from recurring. Instead of pulling back on the rope, the participant should drop it, choosing to walk away from the battle with the monster rather than struggle against an unbeatable foe. The clinician pointed out that the participant could still have negative thoughts and feelings and choose not to act according to them. Participants were asked to track any instances in which they noticed themselves playing the "tug of war game" with negative experiences, as well as attempts to "drop the rope," using a free response format.

Session three. During the third session, the clinician introduced the concept of the "victim self" and explained that repetitive exclusion and bullying could lead someone to think of themselves primarily as a "victim" or some other negative characterization based disproportionately on the opinions of peers. She discussed with the participant how a person is more complicated than his/her "good" and "bad" qualities and taught the participant how to use cognitive defusion to flexibly conceptualize the self (e.g., saying "I feel victimized when…" instead of "I am a victim"). To illustrate, she asked the participant to imagine a "bully monster" whispering negative things into the participant's ear, and stressed the importance of separating the participant's own thoughts from the words of the "bully monster." The clinician asked the participant to track instances in which he/she recognized an ongoing battle with the "bully monster" and in which he/she was able to "talk back" to the monster and use cognitive defusion.

Session four. Session four was used to connect acceptance and cognitive defusion to values by establishing value congruent living as an alternative to EA-based living, a path to which is made possible

with increased acceptance and cognitive defusion. The clinician discussed with the participant what his/her “top” value was, what that value meant to him/her, why it was important, and how congruent he/she perceived him/herself to be in terms of the number of behaviors done in service of that value. The clinician also asked the participant to imagine how life would be improved with greater value congruence. Values were explained further using the “monsters on the bus” metaphor, in which negative thoughts and feelings were portrayed by loud monsters that wanted to control where the bus (the participant) went. The participant’s task was to use acceptance and cognitive defusion to stay on route and make directional decisions based on value congruent behaviors and not in response to temporarily distracting passengers. Participants were asked to track situations in which they felt that the monsters were trying to drive the bus and to attempt to drive in a values-based direction by accepting and defusing from negative stimuli.

Session five. The purpose of the final session was to review concepts covered previously and obtain participant feedback about the study thus far. Participants were permitted to choose from an assortment of stuffed monster toys in order to have a tangible reminder of the skills gained from the intervention. Participants and their parents were reminded about the remaining time points in the study.

Three weeks after the last intervention session, participants completed a post-test assessment (approximately 10-15 minutes) to assess short-term results. Two follow-up points (at six and 12 weeks post-intervention, with each call lasting approximately 1.5-2 hours for the child/parent and 10-15 minutes for the teacher, who completed a phone call at only one follow-up time point, depending on his/her availability) were completed to assess long-term results of the intervention and gather child, parent and teacher feedback on whether the intervention had helped the participant and how it could be improved.

Analyses

Due to the small sample size and individualized approach to treatment, most traditional statistical analysis strategies were inappropriate for the present study. Instead, other analytic techniques better suited for single case design were used. Where possible, a reliable change index (RCI; Jacobson & Truax, 1991) was used to compare pre-baseline and baseline data to post-test and follow-up data for each participant.

The RCI uses a recommended cutoff score of 1.96 to infer statistically significant change. For the present study, the RCI was calculated using Cronbach's alpha and standard deviations taken from normed samples. Additionally, Simulation Modeling Analysis (SMA; Borckardt et al., 2008) was used to statistically estimate change over the course of the entire intervention. SMA is a free software package (www.clinicalresearcher.org) used for analyzing short time-series data strings. SMA uses bootstrapping techniques to reduce Type I error rates, which may increase based on autocorrelation of time points. More information about how to interpret RCI and SMA results can be found in the note attached to Table 3.

Chapter 3

Results

Intervention Fidelity

96.7% of intervention sessions (29 out of 30) were coded as having all goals met. For the one session in which goals were not fully met, the coder indicated that the "monster" used to conceptualize problematic thoughts and feelings was too often referred to as an "anger monster" rather than the "bully monster," potentially reducing the emphasis on bullying in that session. This observation resulted in one goal being recorded as "not met" for this session. In response to this point, efforts were made to reconnect the "monster" with bullying in subsequent sessions with this participant.

The mean score on the Therapeutic Alliance Scales for Children (TASC-R) across all five sessions and all six participants was 36.47 (*SD* = 10.58). This finding indicates that participants perceived a moderate level of therapeutic alliance with the clinician, although there was some variability based on the participant and/or session. Correlations between TASC-R and key measure scores across the five sessions were calculated for each participant (see Table 2), with no clear trends except that five out of six participants had a negative correlation (of varying magnitude) between TASC-R and Brief Experiential Avoidance Questionnaire (BEAQ) scores (i.e., as therapeutic alliance increased, EA decreased).

Key Measure Results

Results of key measures for all six participants are shown in Table 3. The first three hypotheses, which were that participants would experience significant reductions in EA and cognitive fusion and a significant increase in acceptance from baseline to post-test and follow-up, were all partially supported. Some (but not all) participants experienced significant change in the expected direction on BEAQ, Avoidance and Fusion Questionnaire for Youth (AFQ-Y), and Child and Adolescent Mindfulness Measure (CAMM) scores. The final hypothesis, which was that reductions in EA would be correlated with reductions in symptom levels at the same time point, was also partially supported. Large correlations were found between BEAQ scores and some Beck Youth Inventories (BYI-II) scores at baseline and both

follow-ups (see Table 5). In addition, for one participant (Participant #7), a significant reduction in BEAQ score at post-test preceded a significant reduction in BYI-II anger score at follow-up #1, such that reduced EA may have facilitated anger reduction for this participant. However, it was difficult to determine the order of these changes, given that the BYI-II was not administered at post-test (i.e., the decrease in anger could have occurred prior to follow-up #1). The fourth hypothesis, which was that participants would have a significant increase in value congruence from baseline to post-test and follow-up, was not supported; as no one experienced a significant increase in Values Assessment Measure (VAM) score. To be considered a "responder," participants needed to show significant change in the expected direction on at least one key measure (BEAQ, AFQ-Y, CAMM, VAM, and/or BYI-II) based on the RCI and/or SMA.

BEAQ. At pre-baseline, all nine participants were above the cutoff score (160) for study entry on the Multidimensional Experiential Avoidance Scale (MEAQ; $M = 225.67$; $SD = 40.54$). Three completing participants experienced significant changes in BEAQ score based on the Reliable Change Index (RCI) and Simulation Modeling Analysis (SMA; see Figure 2). Unexpectedly, participant #1 had a significant increase in BEAQ score from baseline to post-test (RCI = -2.43) and from baseline to follow-up #1 (RCI = -2.43). Participant #6 demonstrated a significant decrease in BEAQ score between baseline and follow-up #2 (RCI = 5.13) and across the entire study based on SMA results ($r = -0.801$, $p = 0.0042$). Participant #7 experienced a significant decrease in BEAQ score from baseline to post-test (RCI = 2.01) and baseline to follow-up #2 (RCI = 2.84). Thus, two out of six completing participants experienced significant change in the expected direction. Notably, changes in BEAQ score were correlated with changes in some BYI-II subscales (see Table 5), suggesting that changes in EA may have been related to symptom-level changes.

AFQ-Y. Five participants experienced significant changes in AFQ-Y score based on the RCI and SMA (see Figure 3). Participant #1 had a significant decrease in AFQ-Y score from baseline to follow-up #2 (RCI = 2.08). Participant #3 had a significant decrease in AFQ-Y score based on SMA results ($r = -0.870$, $p = 0.0052$), although RCI analyses were non-significant. Participant #5 had a significant decrease in AFQ-Y score between baseline and follow-up #2 (RCI = 3.16) and also across the entire study, based

on SMA results (r = -0.714, p = 0.0372). Participant #6 had a significant decrease in AFQ-Y score between baseline and follow-up #1 (RCI = 2.32) and between baseline and follow-up #2 (RCI = 2.83), and also across the study based on SMA results (r = -0.921, p = 0.0002). Participant #7 had a significant decrease in AFQ-Y score between baseline and post-test (RCI = 1.97) and between baseline and follow-up #2 (RCI = 3.18). All five of these participants experienced significant change in the expected direction.

CAMM. Four participants experienced significant changes in scores on the CAMM (see Figure 4). Participant #3 experienced a significant increase in CAMM score over the entire study (r = 0.710, p = 0.0354). Unexpectedly, participant #5 had a significant decrease in CAMM score between baseline and post-test (RCI = 2.31) and between baseline and follow-up #2 (RCI = 2.97) and an overall decrease in CAMM scores over the course of the study (r = -0.754, p = 0.0204). Participant #7 had a significant increase in CAMM score from baseline to follow-up #1 (RCI = -2.56). Participant #9 had a significant increase in CAMM score over the course of the entire intervention (r = 0.561, p = 0.0486). Thus, three out of six completing participants experienced significant change in the expected direction.

VAM. No participants experienced clinically significant change on the VAM, the main measure used in this study to assess value congruence. This finding is addressed later in the discussion. Additionally, there were no noticeable changes (i.e., more than one Likert scale point) in perceived importance, commitment, desire to increase congruence, and current success in living congruently with the “top” value for any participant, based on the PVQ. There were slight changes in reported motives for choosing and living according to a specific value, such that external motivation decreased for two participants. Participant #3 no longer reported that his “top” value was selected partially based on what others felt he should value (which he reported at baseline) at either follow-up. Participant #5 no longer reported that his “top” value was based partially on feeling guilty or ashamed if he did not endorse it (which he reported at baseline) at either follow-up. No other major changes in motives were observed.

BYI-II. Five participants experienced significant change on BYI-II measures of self-concept, anxiety, depression, anger, and/or disruptive behavior between baseline and follow-up (see Table 3).

Unexpectedly, participant #1 experienced a significant increase in anxiety (RCI = -4.96), depression (RCI = -4.09), and anger (RCI = -2.97) between baseline and follow-up #1. Also unexpectedly, participant #5 had significant increases in anxiety (RCI = -4.13), depression (RCI = -7.15), anger (RCI = -5.03), and disruptive behavior (RCI = -10.07) between baseline and follow-up #2. Potential reasons for these unexpected results, along with the other unexpected changes described above, are discussed later.

Participants #6, #7, and #9 experienced significant change in the expected directions on BYI-II variables. Participant #6 had a significant increase in self-concept between baseline and follow-up #1 (RCI = -3.65) and between baseline and follow-up #2 (RCI = -4.42). Participant #6 also had significant decreases in anxiety (RCI = 2.07) and anger (RCI = 2.06) between baseline and follow-up #2. Participant #7 had a significant decrease in anger between baseline and follow-up #1 (RCI = 3.43) and between baseline and follow-up #2 (RCI = 3.20). Participant #9 had a significant decrease in depression between baseline and follow-up #1 (RCI = 2.30). Individual implications of these results are discussed later.

SDQ. Participant #3 experienced a significant decrease in parent-reported overall stress between baseline and follow-up #1 (RCI = 2.05) and baseline and follow-up #2 (RCI = 2.82). This was the only instance in which significant changes on Strengths and Difficulties Questionnaire (SDQ) scores were observed for any participant (see Table 4).

Secondary Measures

RCI results (baseline to follow-up #1 and follow-up #2) from the Junior Self-Monitoring Scale (JSMS) and Children's Rejection Sensitivity Questionnaire (CRSQ) can be found in Table 6. Of note was a decrease in CRSQ scores at both follow-ups for all participants except Participant #1. It is possible that changes on other process variables (e.g., EA, acceptance, cognitive fusion) may have facilitated this reduction, although this was not an area of specific interest for the present study. However, future research may augment these results by investigating specific mediation pathways relating to ACT processes, EA, and rejection sensitivity. Additionally, participants did not report extreme levels of PR frequency or severity based on the Social Peer Rejection Measure (SPRM); changes on this measure

cannot be compared using the RCI because of the lack of available standard deviation norms, but group-level means and standard deviations for each SPRM domain are available upon request. No noticeable differences in group-level SPRM scores were observed between baseline and either follow-up.

Participant Feedback

All six participants and their families reported that they had experienced changes in their emotional responses to PR. Unexpectedly, participant #1's stepmother reported that she seemed "more focused on anger" following the study. Participant #3 was reported to be "calmer," "mellow," and "more relaxed." Participant #5 reported that although he tended to now feel angry instead of being sad, the study taught him to "control" his anger. His mother also indicated that his emotional response to PR was not as intense as it was pre-study. Participant #6's mother indicated that he was "less tearful" when confronted with PR. Participant #7's teacher indicated that he seemed better able to control his emotions. Participant #9 reported that he did not feel as "bad" after being rejected by peers as he did before the study.

Five participants and their families reported that they had experienced changes in their cognitive responses to PR. Participant #1 indicated that she had a "happier" self-concept, and her stepmother reported that she seemed "more aware of herself." Participant #3 reported that he had developed a more positive self-concept, and his mother indicated that he seemed more confident compared to before the study. Participant #6 reported that he "handled things better" after participating, and his mother indicated that he reacts more "rationally" to PR. Participant #7 reported that he was more "understanding of small things" after the study and finds it easier to concentrate in school. His teacher reported that he seemed more attentive and confident than before. However, his mother reported that he seemed to think about things he learned in the study for a little while and then stopped thinking about them. Participant #9 indicated that the study "helped him look at things differently" and "respond to things better" (e.g., ignoring bullies at school); his mother reported that he thinks more positively, does not "take things to heart," and specifically attributes "bad" thoughts to the "negative bully." His mother and teacher reported that he appeared to have increased confidence after participating in the study.

Five participants and their families reported that they had experienced changes in their behavioral responses to PR. Participant #1's stepmother reported that she "put more time into her appearance." Participant #5's mother indicated that he made a new friend at school and was more willing to talk about his experiences. Participant #6 reported that he was able to ignore bullies instead of retaliating, and his mother added that he was more likely to attend social events, choose to interact with peers at school, and talk about his feelings. Participant #7 reported that he is now able to "walk away" rather than fight with bullies; he stated that he has made new friends and his grades have improved. His teacher also reported noticing that he has made more friends. His mother added that he has not escalated in anger for a month (as of follow-up #2) and has not had "behavioral issues" at school for the past two months. Participant #9's teacher reported that he has "made a lot of good friends" after participating in the study.

The mothers of three participants provided specific feedback about the study itself. Participant #3's mother indicated that she felt her son would have benefited more if there had been more than five intervention sessions. The mothers of Participants #5 and #6 indicated that the changes they noticed may have been due to the confounding effects of maturation rather than the study, and thus they were somewhat cautious in reporting perceived changes at follow-up. This feedback is discussed more later.

Chapter 4

Discussion

The present study directly responded to a call to investigate the role of EA in adolescent social processes and utility of ACT processes in ameliorating youth social problems (Biglan et al., 2008). It was also designed based on the recommendations of Theodore-Oklota et al. (2014), which were to increase the number of individual sessions, gather reports from others beyond youth self-report, and tailor sessions to individual needs, experiences, and values. Although it was a pilot intervention with a small sample, the study yielded some promising results that should be replicated with a larger sample. Although several participants experienced significant change in the expected direction on the Avoidance and Fusion Questionnaire for Youth (AFQ-Y), Child and Adolescent Mindfulness Measure (CAMM), Brief Experiential Avoidance Questionnaire (BEAQ), and/or Beck Youth Inventories (BYI-II), others experienced significant change in an unexpected direction or no significant change, indicating that the intervention was more effective for some participants than others. The intervention appeared to be most effective for changing avoidance and cognitive fusion as measured by the AFQ-Y, with five out of six participants having significant change in the expected direction. Notably, all participants experienced positive change in at least one domain (behavioral, cognitive, emotional) based on qualitative feedback.

On the other hand, the intervention was least effective for changing value congruence as measured by the Values Assessment Measure (VAM). Although this measure was only recently developed, it has been demonstrated to have good internal consistency reliability and construct validity in an adolescent pilot sample (Gordon Murphy, Halliburton, Guerra, & Cooper, in preparation). However, initial piloting of the measure revealed a great degree of variability in scores (a standard deviation of 23.3 in a sample of 68 youth). The other values measure used in this study, the PVQ, also has no available validation data, making it difficult to assess whether significant changes in value congruence were achieved based on the PVQ. Thus, the lack of change observed on this variable may be related to measurement concerns, but the results are likely also related to the intervention itself.

There are several reasons related to the intervention for the lack of change in value congruence. First, values were not discussed in depth until the fourth session. In contrast, EA and acceptance were discussed in the second session and mentioned again in later sessions. Compared to values, participants had more time to think about their current EA strategies and to consider acceptance as an alternative and practice it, and for some it may have taken longer to fully absorb the skills taught in the intervention. Second, some participants chose to change their "top" value during the intervention (and Participant #1 even reported that she "had no values" at both post-test and follow-up #2). While assessors were encouraged not to "force" participants to retain the same value if they changed their minds, this behavior does suggest that some participants may have found it difficult to target one value when examining their behavior and working on improving value congruence. Third, some participants demonstrated a ceiling effect, such that it was difficult to increase perceived congruence from baseline level. Similarly, participants were asked to assess perceived congruence with their "top" value, and perhaps the results would be more variable if participants were asked to consider an important but secondary value (i.e., one less likely to already be prominent in their minds and behaviors). To counter these problems, it may have been beneficial to ask participants to specify one value domain (with potential for change from baseline congruence) at the start of the intervention and to weave discussion of value congruence into all sessions. As suggested by one parent, a session could have been added and dedicated specifically to values to give participants more time to contemplate and practice value-congruent behaviors. This would have increased the intervention's focus on values without moving beyond the scope of a brief intervention.

Individual Case Results

Some variability was observed in how individual participants responded to the intervention. Generally speaking, Participants #7 and #9 appeared to benefit the most, whereas Participants #1 and #5 appeared to benefit the least. Details about each participant's performance are as follows:

Participant #1. Participant #1 had an increase in BEAQ score from baseline to post-test and baseline to follow-up #1 and increases on several symptom variables from baseline to follow-up #1. Her

stepmother noted that she seemed “more focused on anger” and was still experiencing negative emotionality as of follow-up #1. Notably, this participant seemed to downplay her struggles with PR during the intervention and often tried to turn the discussion toward her dislike of her stepmother. This pattern may have reflected EA of her emotions and thoughts related to PR, although it is also possible that her stepmother misjudged the participant’s level of PR when she enrolled her in the study. However, the participant’s AFQ-Y score decreased significantly from baseline to follow-up #2, suggesting the possibility of a delayed absorption of critical skills from the intervention, particularly when coupled with the participant’s report that she had a “happier self-concept” as of follow-up #2. These findings may also relate to the participant’s mixed Multidimensional Experiential Avoidance Questionnaire (MEAQ) subtype as measured at baseline (i.e., the fact that she scored highest on both distraction/suppression and distress endurance). Additionally, her self-reported rejection sensitivity increased significantly by follow-up. This participant was diagnosed with ASD before entering the study, and it is possible that her limited social skills (e.g., not being fully aware of her PR) and apparent difficulty in focusing on session topics (i.e., constantly trying to turn the conversation toward her dislike of her stepmother) may have limited her ability to benefit fully from the intervention, which required that she be willing and able to focus on, discuss, and understand PR-related topics and subsequently practice applying intervention skills. Notably, another participant (#7) with a diagnosis of ASD seemed to benefit more from the intervention, so having ASD did not always create interference. Given these mixed results and her initial presentation, it is unclear to what degree the intervention benefited Participant #1.

Participant #3. Participant #3 evidenced a decrease in AFQ-Y score and an increase in CAMM score over the course of the entire study (i.e., based on SMA). These results suggest a gradual pattern of decreasing EA and increasing mindfulness and acceptance. This participant acknowledged feeling “left out” at baseline but he and his mother agreed that his self-esteem was unaffected by this experience. At follow-up #2, his mother reported that he seemed “calmer, more mellow, and relaxed” and he stated that he was “slightly more positive.” Additionally, at baseline, his mother characterized him as being “angry

and isolated" and at follow-up #1 she stated that he was "more confident." These findings suggest that although he did not report significant problems with PR, he still benefited from the intervention, in that his increased mindfulness and acceptance improved his self-regulation. Notably, based on parent report, the participant's Strengths and Difficulties Questionnaire (SDQ) overall stress score had also improved significantly as of both follow-ups, perhaps as a benefit of skills gained during the intervention.

Participant #5. Unexpectedly, Participant #5 had a decrease in CAMM score between baseline and post-test and between baseline and follow-up #2 based on RCI, as well as across the entire study based on SMA. He also showed a significant increase in symptom-level variables as between baseline and follow-up #2. When the clinician noticed this dramatic increase, she contacted the participant to inquire about his well being, at which point he indicated that he had not been taking the assessment seriously when completing it. He was also somewhat distractible throughout the intervention sessions. Thus, his low CAMM score may be reflective of a lack of interest in the study or the feeling of fatigue (i.e., decreasing mindfulness as the study went on). Also, however, he demonstrated a significant decrease in AFQ-Y score between baseline and follow-up #2 based on RCI, as well as over the course of the study based on SMA. This finding is supported by his report that his emotional response to rejection "wasn't that bad anymore" and his mother's report that he was more willing to talk about being rejected as of follow-up #2. Perhaps the focus on EA and acceptance was particularly beneficial for this participant.

Participant #6. Participant #6 demonstrated a variety of changes in the expected direction, including a decreased AFQ-Y score from baseline to follow-up #1, decreased BEAQ and AFQ-Y scores from baseline to follow-up #2 and an overall decrease in BEAQ and AFQ-Y scores over the entire study (based on SMA). He also evidenced decreased anxiety and anger at follow-up #2 and increased self-concept at both follow-ups. At baseline, he and his mother reported that he sometimes retaliated against other youth when excluded and experienced "temporary" decreases in self-esteem. At follow-up, he was reportedly less likely to retaliate, more "rational" when dealing with PR, able to "talk it out more," and more likely to engage socially with peers. These changes are consistent with those reported on the BYI-II

modules. Similar to Participant #3, this participant seemed to benefit from the study despite not being willing to openly acknowledge or discuss at length the problems with PR reported by his mother, and also despite his self-reported feeling that he found coming to sessions "annoying" and "a waste" at times.

Participant #7. Participant #7 experienced several positive outcomes, including a decrease in AFQ-Y and BEAQ scores at post-test and follow-up #2, an increase in CAMM score at follow-up #1, and decreases in anger symptoms at both follow-ups. When he entered the study, his mother stated that he was getting into fights with bullies at school. At follow-up, she reported that he had not recently "escalated" or had behavioral problems at school, and he reported that he was better at walking away from bullies, could let go of "small things" more easily, and found it easier to concentrate and perform well academically. The intervention seemed to be effective for specifically targeting a problem area (anger) for this participant, and the timing of these changes suggests that reductions in EA and cognitive fusion and increases in mindfulness and acceptance may possibly have facilitated improvement of anger symptoms.

Participant #9. Participant #9 experienced an increase in CAMM score across the entire intervention, based on SMA results, and a decrease in depression from baseline to follow-up #1. At baseline, this participant was described as being sad and having a "low self-concept" by his mother. At follow-up, she reported that he was more confident, "does not take things to heart," thinks more positively, and is able to defuse from "bad" thoughts and attribute them to the "negative bully." The participant also reported at follow-up that he does not "feel as bad" when rejected by peers. These results indicate that his increasing mindfulness and acceptance may have contributed to a decrease in depression.

Theoretical Implications

These results were largely consistent with the theory proposed by Williams (1997, 2007). All six completing participants reported having a negative emotional response to PR as well as attempting to use EA to control the distress associated with PR (as evidenced by their primary MEAQ subtype, interview information, or both). Four out of six participants (all except Participant #1 and #5) also clearly indicated that their self-esteem was affected by PR and/or was improved after completing the study. Thus, as

described by Williams (2007), some participants seemed more likely to seek to rejoin the group (e.g., Participant #9) and others seemed more likely to react with anger and retaliate against rejecting peers (e.g., Participants #6 and #7). Unfortunately, the intervention was not successful in improving value congruence, which would have further benefited participants by helping to fulfill the need for meaning after perceived belongingness had been diminished and potentially further reducing symptoms. However, the participants' endorsed values do provide important insight into the applicability of this intervention. Specifically, all six participants expressed values consistent with belongingness in some capacity (romantic relationships, religious involvement, friendship, or family). Two participants (#1 and #7) also endorsed other values potentially related to meaning or self-esteem (achievement in sports, artistic hobbies, education), which may have been emphasized because they were both diagnosed with ASD and might have focused less specifically on social relationships compared with non-ASD participants when thinking about their values. Thus, in contrast to the original postulation that EA would be a more salient factor for rejected youth focused on regaining control and meaning, this intervention appeared to benefit participants whose values reflected multiple post-PR desires/goals as conceptualized by Williams (2007). In future studies, it may be beneficial to ask participants to more clearly specify why they have selected certain values, in order to link these values more directly to desires/goals discussed by Williams (2007).

The intervention also seemed to match up with the theoretical model that appears in Figure 1 in clearly connecting EA to emotional, cognitive, and behavioral responses to PR. Specifically, the intervention appeared to be successful in helping some participants reduce the likelihood of engaging in dangerous behavior; for example, Participants #6 and #7 were reportedly less likely to retaliate against bullies after completing the study. Although negative thoughts and emotions were still present to some degree, these participants developed the ability to respond more adaptively (e.g., by talking about feelings) rather than always seeking an opportunity to avoid. For others, such as Participant #9, the intervention seemed to be helpful for restoring confidence, which appeared to enable the participant to socialize with peers and establish new friendships. Replications of this intervention should seek to

maximize effects related to value congruence, as values would be an adaptive replacement for EA as the primary mediator of the relation between emotional/cognitive responses and behavioral responses (i.e., behaviors would be selected based on their long-term benefit instead of as a short-term emotional reflex).

Methodological Considerations

Single-case designs provide a unique advantage over traditional experiments in that results on salient measures can be evaluated more frequently and the nuances of individual performance can be examined more closely. They are a useful option for examining rare phenomena that do not affect a large subset of the population or, as in the present study, trying out a new intervention before expending the resources necessary to test it with a larger sample. A well-constructed single-case design necessitates that ongoing assessment is utilized, beginning with baseline assessment, and participant performance has adequate stability such that it can be presumed that observed changes are the result of the intervention and not random fluctuations (Kazdin, 2016). Ideally, the person delivering the intervention and/or assessment remains the same throughout the entire study (Barlow, Nock, & Hersen, 2009).

The present study did utilize a baseline period and ongoing assessment, although it may have been beneficial to adapt more actively to score fluctuations during the study, especially in the baseline phase. For example, as seen in Figure 4, Participant #3 demonstrated much less variability throughout baseline on CAMM scores compared with Participant #5, but both participants ceased baseline at a pre-determined date and moved onto the intervention phase. Many baseline assessments were included in this study because there is little research on the use of ACT process measures with adolescents and it was unclear how much scores would fluctuate. Thus, the use of many data points made it easier to observe variability and decreased the relative impact of an “extreme” score on the overall baseline average, but more ongoing adaptation to participants’ shifting scores would have been helpful. To assess whether baseline variability had an effect on results, potentially “extreme” scores were identified by selecting those outside the range of one standard deviation beyond the mean. These scores were removed and the RCI and SMA tests were re-run for all variables assessed at baseline. Changes to the results were fairly

minimal and did not suggest that baseline variability had a significantly negative impact (detailed results available on request). However, in future replications of this study, it is recommended that baseline time points be added as needed to ensure stability of scores if variability is noted during baseline assessment of participants. In addition, stability of the clinician and assessor was maintained throughout the study for most participants, although substitution was occasionally necessary due to staff turnover or scheduling problems. Just as the work of Theodore-Oklota et al. (2014) inspired methodological improvements in the present study, it is hoped that the limitations of the present study, like those of other studies with mixed results (e.g., Wicksell, Melin, & Olsson, 2007), will improve the methodology of future studies.

Implications for Clinical and Prevention Science

The present study joins a growing body of literature that provides evidence to support the use of ACT with adolescents. Specifically, the results observed herein suggest that ACT techniques can be effectively adapted so that they are easier for adolescents to understand and practice. The use of a developmentally appropriate monster theme and the addition of concrete elements to augment abstract concepts (e.g., the use of an actual rope in the acceptance-focused tug-of-war exercise) were used to help participants grasp the concepts of acceptance, cognitive defusion, and value congruence in this intervention. The addition of more adaptations to make the intervention accessible to adolescents would be beneficial, particularly in the area of value congruence, in which significant change was not observed.

In addition, the study results concur with Biglan et al. (2008) in their belief that ACT components could be useful in preventing problems associated with adolescent peer relationships. By targeting EA, the intervention reduced several different types of symptoms and positively impacted adolescents who experienced PR to varying degrees and in a variety of different ways. Because they are transdiagnostic, interventions that focus on EA may be more cost-effective, briefer, and easier to implement than interventions that target specific negative social experiences and/or their consequences. Participants may also experience crossover effects into other problem areas that could be linked to EA (e.g., making good

progress in a difficult class, in contrast to avoiding assignments that bring up feelings of failure). More research is needed to fully understand the extent to which EA can be targeted in prevention programs.

Intervention Strengths and Limitations

The present study responded directly to a call to evaluate the use of ACT components in preventative interventions related to adolescent social problems (Biglan et al., 2008). It is one of few studies to use ACT with adolescents (see Halliburton & Cooper, 2015 for a review) and even fewer to use ACT in a prevention context. The study was designed to deliberately include adaptations that would make ACT more understandable and appealing to young clients (e.g., use of a "bully monster" theme). Other strengths of the design include the inclusion of multiple reporters (parent, child, and teacher), the use of a multiple-baseline design to eliminate potential confounds related to the local timing of baseline, and extended follow-up at two time points after the conclusion of the main part of the intervention. Participants also benefited from the convenience of being able to complete most measures over the phone.

As suggested by participant feedback, the study may have included too much assessment relative to the number of intervention sessions. Some participants may have found the assessment battery burdensome or repetitive. If the intervention is administered again, it is recommended that fewer baseline sessions be utilized and only critical process measures be re-administered throughout the intervention and at follow-up, such that the burden of assessment after the initial screening process is minimized. As mentioned above, it may be helpful to start with a small number of baseline time points and add more as needed if significant variability is noted during the baseline assessment phase. Ideally, only measures with sufficient validation data to allow for the calculation of significant change from one time point to another should be used, if appropriate measures exist. Additionally, larger samples are needed to fully understand the mechanisms involved in applying ACT components to prevention targets for adolescents, such as PR effects as in this study, and more diverse samples (i.e., based on gender, ethnicity, primary EA subtype) should be sought. Larger samples may also reveal the influence of potential moderators of study effects. For example, in the present study, two participants with ASD (Participants #1 and #7) responded quite

differently to the intervention, but with only two cases, it is unclear how having this diagnosis may affect the utility of the intervention for potential participants. Additionally, it was noted that the participants with the clearest gains received the intervention later, so it was possible that practice effects of administering the intervention artificially increased its effectiveness. To minimize these potential confounding effects, it would be beneficial in the future to administer all sessions to all participants simultaneously. Although treatment fidelity was rated for each session, only one rater provided feedback per session, due to limitations of staff resources and frequent staff turnover, and formal training in coding was not provided prior to allowing raters to access sessions. Ideally, multiple raters would have examined each session after being formally trained in coding and any disagreement about whether a goal was accomplished would have been discussed in order to identify and correct potential flaws in the delivery of the intervention. Finally, due to the timing of recruitment (i.e., many participants began or were involved in the intervention over the summer), teacher reports could not be obtained for four of the six completing participants. They may be easier to gather if the intervention is completed during the school year.

It is also important to note that disagreement exists about how the RCI should be calculated. Although the use of Cronbach's alpha in RCI calculation has been recommended by some due to the fact that test-retest reliability confounds stability with internal consistency (Martinovich, Saunders, & Howard, 1996), using Cronbach's alpha removes the assessment of measure stability from the equation. However, test-retest reliability estimates that parallel accurate treatment lengths are difficult to obtain (Truax & Thomas, 2008). Thus, although the use of Cronbach's alpha to calculate RCI is relatively common and supported by some studies, the omission of test-retest stability estimates may affect results. As a result, it may be beneficial to focus on SMA results from this study when interpreting its findings.

Potential Aims for Further Research

As mentioned above, future replications of this study would benefit from having larger samples. One factor that would facilitate this process is the development of innovative recruitment strategies to access adolescents and their parents. If possible, it may be helpful to solicit referrals directly from

guidance counselors so that students who struggle significantly with PR may be clearly identified and early intervention can be implemented effectively. The use of social media in partnership with local agencies who serve children and families is also recommended, as adolescents may be less likely to respond to flyers posted in the community compared with older participants who frequent local businesses. Based on the reports of participants in this intervention, there can be a disconnect in the parent's and child's perceptions of the nature and severity of PR experiences (i.e., adolescents may downplay their distress), and it is crucial to be able to access adolescents who are willing to openly discuss their problems with PR and feel that having been rejected has clearly negatively affected them. Additionally, the addition of a control group would strengthen inferences drawn from study results. In particular, two mothers of participants reported concerns that the changes they saw at follow-up could be the result of maturation rather than the intervention. Including a control group would enable researchers to tease apart the natural effects of maturation from true score changes resulting from the intervention. Finally, it was noted that the non-completers ($n = 3$) tended to report behavioral avoidance as being their primary (Participant #2 and #4) or secondary (Participant #8) MEAQ subtype, whereas other strategies for managing presented distress (e.g., distress aversion, distraction/suppression) were more common among completers ($n = 6$). This finding suggests that those with overt behavioral avoidance may be more difficult to recruit and retain, and additional effort may be required to attract a broader range of participants (e.g., taking more time to verbally explain the potential benefits of the study and of learning alternatives to overt situational avoidance, in addition to describing them in the consent/assent forms).

Although the present study strove to incorporate teacher reports at baseline and follow-up for all participants, this effort was only partially successful. Future replications of this study should consider ways to better facilitate teacher involvement. Teachers may be more likely to participate if the intervention is conducted within a school as opposed to at an outside clinic (though not necessarily in a classroom setting, as this presents limitations already discussed). Timing of the intervention (i.e., during the school year) is also key; ideal timing permits teachers to consider students with whom they are

actively working and thus increases the accuracy of perceived changes in the participant from baseline to follow-up. Small incentives (e.g., a gift card) may also help encourage teachers to complete assessments.

As noted above, significant changes in value congruence were not achieved during the present study. In future replications of this study, specifying that participants select one value domain at baseline with low to moderate congruence and high desired congruence could improve their ability to focus on and work toward greater congruence in that particular domain. It may also be helpful to integrate all ACT components into all sessions, though each session should still focus primarily on one component, in order to facilitate more equal levels of comprehension and application across all components. For example, value congruence can be presented in the second session as an alternative and ultimately more fulfilling way of directing behavior than EA. This distribution of information will likely allow participants more time to digest values-related information between sessions and integrate values with the other components that are presented. In addition, the inclusion of more concrete elements (e.g., bringing in a school bus toy and using it to drive around a “values map” drawn by the participant on poster board) may help participants understand the concept of value congruence and apply it more easily to everyday behavior.

In addition to the need for adjusted replication of the present study with larger samples, more research on the use of ACT techniques in prevention programs is warranted. Given that this intervention was somewhat successful in reducing anxiety, depression, and anger and/or in promoting a more positive self-concept for some participants, ACT techniques could potentially be useful for increasing emotion regulation and improving self-esteem for adolescents. Specific techniques, as suggested by the current protocol, may include increasing awareness of emotions and the situations that precipitate them, using acceptance strategies instead of immediately responding to feelings, defusing from negative emotions and promoting positive aspects of the self, and formulating values-directed (long-term) rather than emotion-directed (applicable to the present moment) goals. ACT could also be helpful for preventing other adolescent social problems such as improving resistance to deviant peer influences (Biglan et al., 2008). A good next step could be to investigate causal pathways among these variables; for example, given the

large correlations between BEAQ scores and many BYI-II scores, particularly post-intervention, and the finding for Participant #7 that a BEAQ score decrease preceded a decrease in anger, it would be helpful to examine the order in which these processes affect one another and evaluate which one is mediating the other. To do this effectively, all salient variables would need to be measured at all time points.

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Appendix A

Tables

Table 1

Intervention Time Points and Associated Measures

Session/Timepoint	Measures
Pre-Baseline Assessment	WASI-II BYI-II MEAQ SDQ-Self, Parent, Teacher CRSQ JSMS PVQ SPRM
Baseline (x9-12)	BEAQ AFQ-Y CAMM VAM
Post-Session Assessments (x5)	BEAQ AFQ-Y CAMM TASC-R VAM
Posttest Assessment	BEAQ AFQ-Y CAMM VAM
Follow-Up Assessments (x2)	BYI-II CRSQ JSMS BEAQ AFQ-Y CAMM VAM SDQ-S, P (T) PVQ SPRM

Note. Teacher SDQ was administered at either follow-up, depending on teacher availability.

Table 2

Correlations between TASC-R Scores and Key Measure Scores

Participant	TASC-R & AFQ-Y	TASC-R & CAMM	TASC-R & BEAQ	TASC-R & VAM
Participant #1	*R* = 0.5605	*R* = 0.1694	*R* = -0.1687	*R* = -0.6326
Participant #3	*R* = -0.6371	*R* = 0.7655	*R* = -0.7739	*R* = 0.5823
Participant #5	*R* = 0.0854	*R* = 0.5890	*R* = 0.1926	*R* = 0.6104
Participant #6	*R* = 0.0000	*R* = -0.5590	*R* = -0.5237	*R* = -0.9759
Participant #7	*R* = 0.8729	*R* = 0.0000	*R* = -0.8878	*undefined*
Participant #9	*R* = 0.0000	*R* = -0.1474	*R* = -0.6784	*R* = 0.9479

Note. Significance levels were not calculated due to the small sample size (N = 6). Each correlation is based on five pairs of scores, one pair for each session.

Table 3

Key Process Measure Results

Participant/Measure	RCI: Baseline vs. Post-Test	RCI: Baseline vs. Follow-Up #1	RCI: Baseline vs. Follow-Up #2	SMA
Participant #1				
BEAQ	-2.43*	-2.43*	1.06	R = 0.156
AFQ-Y	0.14	-0.98	2.08*	R = -0.195
CAMM	1.62	0.52	-0.37	R = -0.140
VAM	No values endorsed	0.30	No values endorsed	R = -0.170
BYI-II				
BAI-Y		-4.96*	-1.24	
BDI-Y		-4.09*	0.77	
BANI-Y		-2.97*	-0.46	
BDBI-Y		-1.33	1.06	
BSCI-Y		-0.96	-0.77	
Participant #3				
BEAQ	0.57	0.74	0.57	R = -0.328
AFQ-Y	0.84	1.19	1.36	R = -0.870*
CAMM	0.07	-1.26	-1.04	R = 0.710*
VAM	-0.21	0.28	-0.04	R = -0.074
BYI-II				
BAI-Y		0.41	0.41	
BDI-Y		-0.51	0.26	
BANI-Y		1.14	1.14	
BDBI-Y		1.06	1.06	
BSCI-Y		1.34	1.34	
Participant #5				
BEAQ	1.76	-0.07	0.10	R = -0.151
AFQ-Y	0.75	1.44	3.16*	R = -0.714*
CAMM	2.31*	1.42	2.97*	R = -0.754*
VAM	-0.36	-1.82	-1.34	R = 0.481
BYI-II				
BAI-Y		0.83	-4.13*	
BDI-Y		-0.51	-7.15*	
BANI-Y		0.23	-5.03*	
BDBI-Y		1.33	-10.07*	
BSCI-Y		-0.77	-1.92	

Participant/Measure	RCI: Baseline vs. Post-Test	RCI: Baseline vs. Follow-Up #1	RCI: Baseline vs. Follow-Up #2	SMA
Participant #6				
BEAQ	-0.02	1.48	5.13*	*R* = -0.801*
AFQ-Y	0.94	2.32*	2.83*	*R* = -0.921*
CAMM	-0.98	-1.65	-0.76	*R* = 0.582
VAM	0.39	0.71	0.87	*R* = -0.431
BYI-II				
BAI-Y		0.83	2.07*	
BDI-Y		0.51	0.51	
BANI-Y		1.60	2.06*	
BDBI-Y		1.59	1.59	
BSCI-Y		-3.65*	-4.42*	
Participant #7				
BEAQ	2.01*	1.84	2.84*	*R* = -0.535
AFQ-Y	1.97*	1.62	3.18*	*R* = -0.528
CAMM	-1.01	-2.56*	-0.13	*R* = 0.290
VAM	-0.64	-1.28	-1.28	*R* = 0.367
BYI-II				
BAI-Y		0.83	1.45	
BDI-Y		0.00	0.00	
BANI-Y		3.43*	3.20*	
BDBI-Y		1.59	1.06	
BSCI-Y		-0.19	-0.38	
Participant #9				
BEAQ	0.60	0.60	1.59	*R* = -0.584
AFQ-Y	0.06	0.75	-0.43	*R* = -0.015
CAMM	-0.85	-0.63	-0.85	*R* = 0.561*
VAM	-0.77	0.53	-0.28	*R* = 0.122
BYI-II				
BAI-Y		0.83	1.45	
BDI-Y		2.30*	0.51	
BANI-Y		1.37	1.14	
BDBI-Y		-0.53	-0.27	
BSCI-Y		-1.73	-1.92	

Note. RCI and SMA results marked with an asterisk (*) were significant at $p < .05$. Positive RCI values indicate a decrease in score, whereas negative RCI values indicate a score increase. SMA results included all data points from baseline to follow-up #2 and are based on the correlation between scores and time points. Some differences in RCI and SMA results are due to the use of an average baseline score for RCI versus the inclusion of all baseline data points for SMA.

Table 4

SDQ Results

Participant/SDQ Scale	RCI: Baseline vs. Follow-Up #1			RCI: Baseline vs. Follow-Up #2		
	C	P	T	C	P	T
Participant #1						
Overall Stress	-1.09	-0.29	N/A	-0.27	0.86	N/A
Emotional Distress	-1.73	-1.17		-0.58	-0.59	
Behavioral Difficulties	0.70	-0.73		0.00	0.00	
Hyperactivity & Concentration	-0.54	1.28		-0.54	1.92	
Difficulties Getting Along with Peers	-0.58	0.00		0.58	0.67	
Kind and Helpful Behavior	0.00	0.75		-0.76	0.75	
Participant #3						
Overall Stress	-0.24	2.05*	N/A	-0.24	2.82*	N/A
Emotional Distress	0.64	1.30		0.64	1.94	
Behavioral Difficulties	0.00	0.61		0.00	1.22	
Hyperactivity & Concentration	-0.44	1.05		-0.44	1.58	
Difficulties Getting Along with Peers	-0.54	1.90		-0.54	1.90	
Kind and Helpful Behavior	1.21	0.00		0.61	0.60	
Participant #5						
Overall Stress	1.70	0.51	N/A	0.73	0.26	N/A
Emotional Distress	1.91	0.00		1.28	-0.65	
Behavioral Difficulties	1.77	0.00		0.59	0.00	
Hyperactivity & Concentration	1.32	-0.53		0.88	1.05	
Difficulties Getting Along with Peers	-1.08	-0.63		-1.08	0.00	
Kind and Helpful Behavior	1.21	0.00		1.82	0.00	
Participant #6						
Overall Stress	0.24	0.26	N/A	0.80	0.26	N/A
Emotional Distress	-0.64	-1.30		0.00	0.00	
Behavioral Difficulties	-0.59	1.84		0.00	1.84	
Hyperactivity & Concentration	0.44	0.00		0.44	-0.53	
Difficulties Getting Along with Peers	1.08	0.00		0.00	-0.63	
Kind and Helpful Behavior	-0.61	-0.60		-1.21	0.00	
Participant #7						
Overall Stress	0.24	0.77	N/A	-0.73	0.51	-0.30
Emotional Distress	0.64	1.30		-0.64	1.30	0.00
Behavioral Difficulties	-0.59	-0.59		-0.59	0.00	-1.46
Hyperactivity & Concentration	0.00	0.88		-1.32	0.44	0.00
Difficulties Getting Along with Peers	0.54	0.00		1.08	-0.54	0.76
Kind and Helpful Behavior	0.61	0.00		1.21	0.00	-0.88
Participant #9						
Overall Stress	0.24	1.03	N/A	0.73	1.28	-0.60
Emotional Distress	1.28	1.94		0.64	1.94	-1.59
Behavioral Difficulties	-1.18	0.00		0.00	0.00	0.73
Hyperactivity & Concentration	0.00	0.53		0.44	0.53	0.00
Difficulties Getting Along with Peers	0.54	0.00		0.54	0.63	-0.76
Kind and Helpful Behavior	-0.61	-0.60		-0.61	-1.79	0.88

Note. C = child rating; P = parent rating; T = teacher rating. Teachers were assessed at only one follow-up. Teacher data could only be obtained for Participants #5 and #6. Significant RCI results are marked with an asterisk (*).

Table 5

Correlations between BEAQ Scores and BYI-II Scores at Baseline and Follow-Ups

Measure	**Baseline**	**Follow-Up #1**	**Follow-Up #2**
BEAQ and BAI-Y	$R = 0.1651$	$R = 0.9130$	$R = 0.8617$
BEAQ and BDI-Y	$R = 0.2805$	$R = 0.9012$	$R = 0.6784$
BEAQ and BANI-Y	$R = 0.2526$	$R = 0.8999$	$R = 0.7805$
BEAQ and BDBI-Y	$R = 0.7689$	$R = 0.9080$	$R = 0.6321$
BEAQ and BSCI-Y	$R = -0.2112$	$R = -0.2822$	$R = -0.8095$

Note. Significance levels were not calculated due to the small sample size (N = 6). However, all correlations at least met Cohen's criteria for a small effect, with ten out of the 15 meeting criteria for a large effect.

Table 6

JSMS and CRSQ Results

Participant/SDQ Scale	**RCI: Baseline vs. Follow-Up #1**	**RCI: Baseline vs. Follow-Up #2**
Participant #1		
JSMS	-1.11	-1.48
CRSQ	-4.07*	-2.46*
Participant #3		
JSMS	0.74	0.37
CRSQ	6.12*	6.64*
Participant #5		
JSMS	0.00	1.85
CRSQ	16.25*	9.68*
Participant #6		
JSMS	0.00	1.48
CRSQ	4.50*	5.10*
Participant #7		
JSMS	-1.48	-1.85
CRSQ	4.72*	5.13*
Participant #9		
JSMS	0.74	0.37
CRSQ	5.37*	5.23*

Note. Significant RCI results are marked with an asterisk (*).

Appendix B

Figures

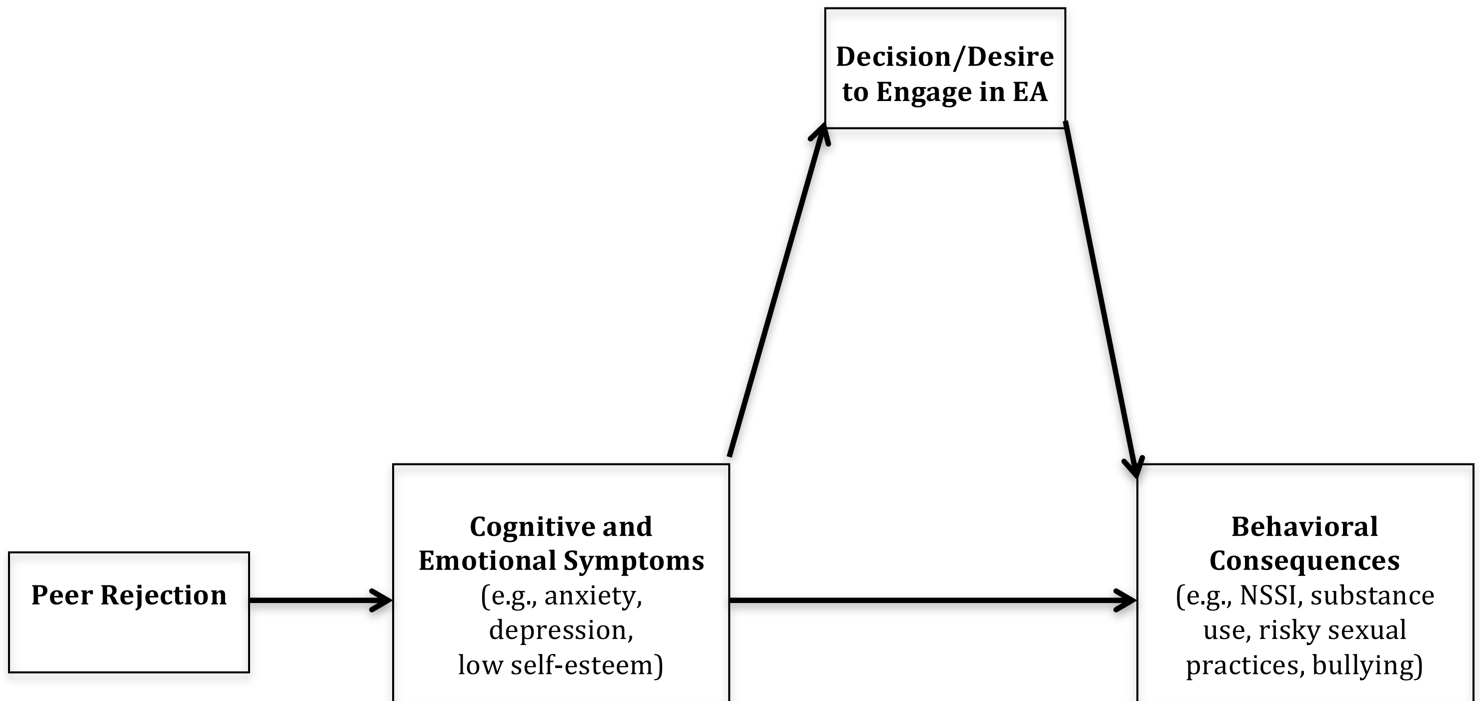


Figure 1. Theoretical model of EA's role in linking thoughts and feelings with behaviors (in PR).

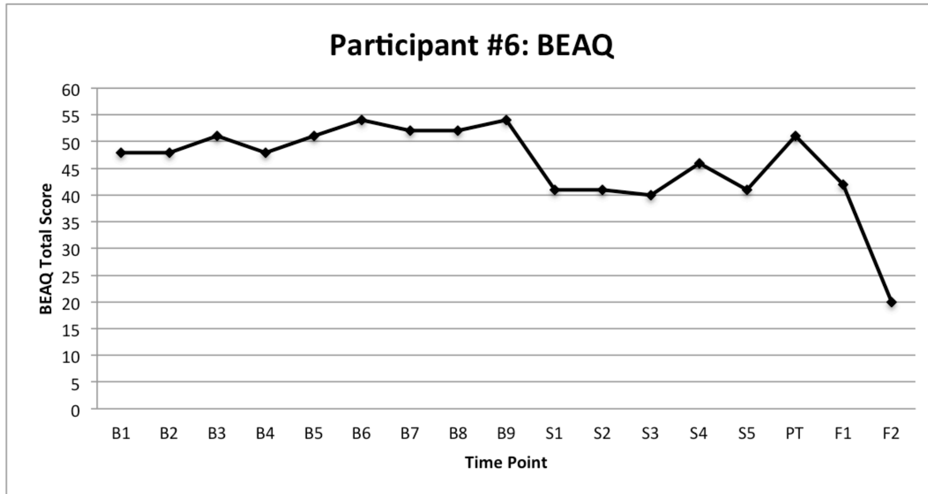
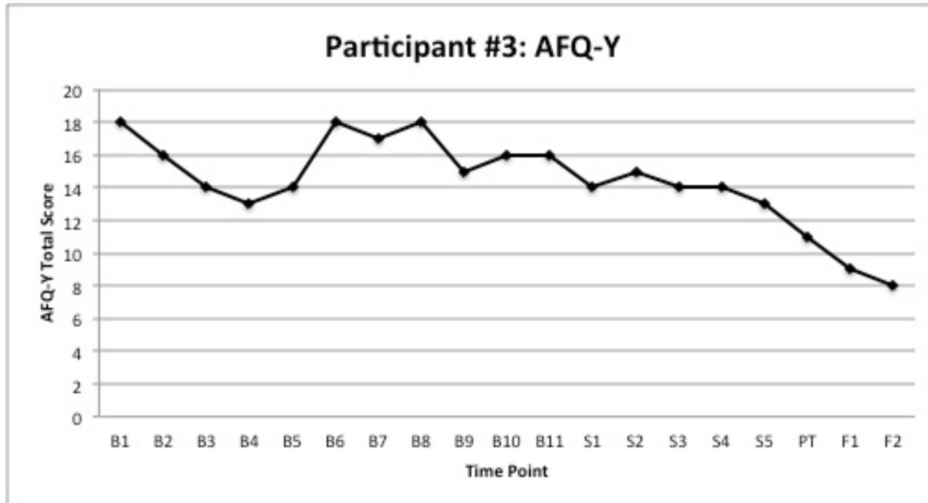


Figure 2. BEAQ results for Participant #6 over the entire intervention.
SMA statistics and significance levels can be found in the Results section.

A)



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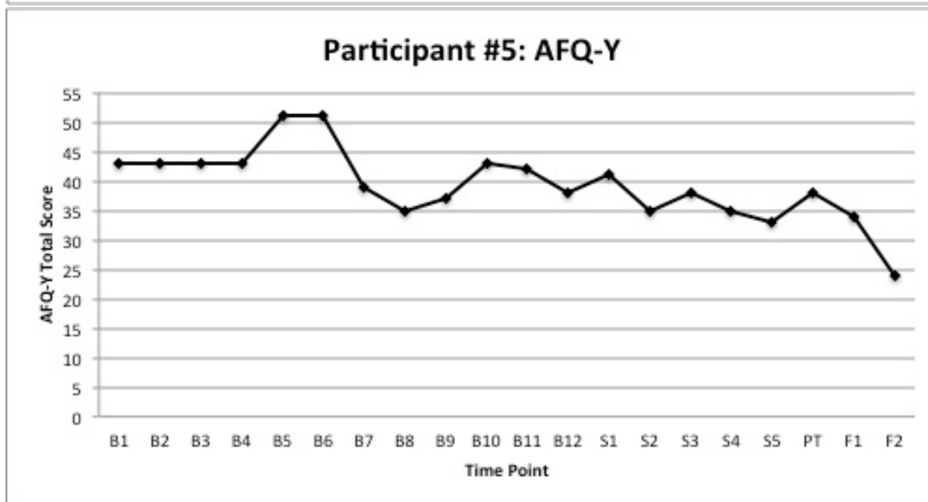

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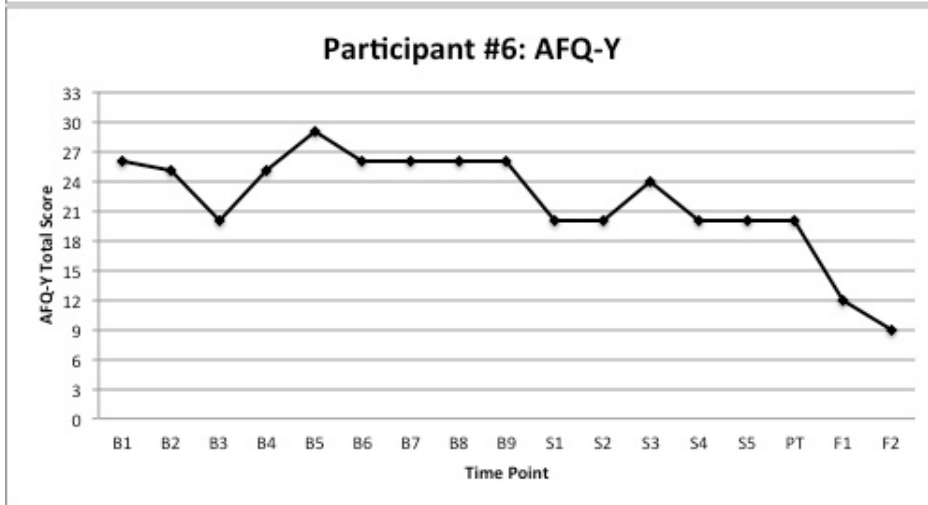

Figure 3. AFQ-Y results for selected participants over the entire intervention.
Participants with significant results include Participant #3 (A), Participant #5 (B), and Participant #6 (C).
SMA statistics and significance levels can be found in the Results section.

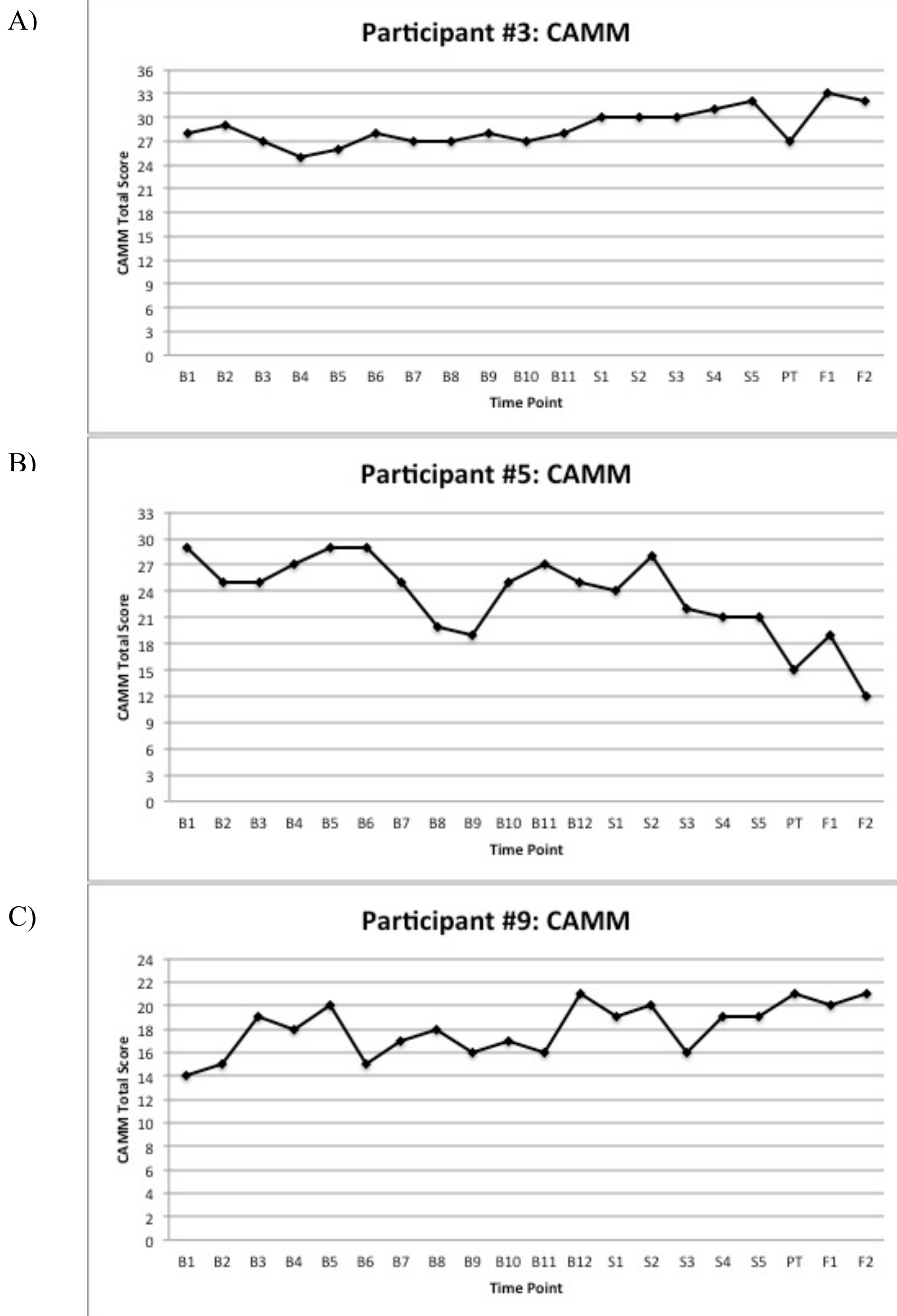

Figure 4. CAMM results for selected participants over the entire intervention.
Participants with significant results include Participant #3 (A), Participant #5 (B), and Participant #9 (C).
Note that while Participant #5's CAMM results changed significantly over the course of the study, they changed in the opposite direction from expected, as detailed in the discussion.
SMA statistics and significance levels can be found in the Results section.

Appendix C

Measures Used in the Current Study

Avoidance and Fusion Questionnaire for Youth (AFQ-Y) 64

Brief Experiential Avoidance Questionnaire (BEAQ) 65

Child and Adolescent Mindfulness Measure (CAMM) 66

Children's Rejection Sensitivity Questionnaire (CRSQ) 67

Junior Self-Monitoring Scale (JSMS) 73

Multidimensional Experiential Avoidance Questionnaire (MEAQ) 74

Peer Rejection Experiences Pre-Baseline Interview (Child) 76

Peer Rejection Experiences Pre-Baseline Interview (Parent/Teacher) 77

Peer Rejection Experiences Follow-Up Interview (Child) 78

Peer Rejection Experiences Follow-Up Interview (Parent/Teacher) 79

Personal Values Questionnaire (PVQ) 80

Social Peer Rejection Measure (SPRM) 90

Strengths and Difficulties Questionnaire (SDQ) Self Report 91

Strengths and Difficulties Questionnaire (SDQ) Parent or Teacher Report 92

Therapeutic Alliance Scales for Children—Revised (TASC-R) 93

Values Assessment Measure (VAM) 94

AFQ-Y

(Greco, Murrell, & Coyne, 2005)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle a number between 0-4 that tells how true each sentence is for you.

	Not at all True	A little True	Pretty True	True	Very True
1. My life won't be good until I feel happy.	0	1	2	3	4
2. My thoughts and feelings mess up my life.	0	1	2	3	4
3. If I feel sad or afraid, then something must be wrong with me.	0	1	2	3	4
4. The bad things I think about myself must be true.	0	1	2	3	4
5. I don't try out new things if I'm afraid of messing up.	0	1	2	3	4
6. I must get rid of my worries and fears so I can have a good life.	0	1	2	3	4
7. I do all I can to make sure I don't look dumb in front of other people.	0	1	2	3	4
8. I try hard to erase hurtful memories from my mind.	0	1	2	3	4
9. I can't stand to feel pain or hurt in my body.	0	1	2	3	4
10. If my heart beats fast, there must be something wrong with me.	0	1	2	3	4
11. I push away thoughts and feelings that I don't like.	0	1	2	3	4
12. I stop doing things that are important to me whenever I feel bad.	0	1	2	3	4
13. I do worse in school when I have thoughts that make me feel sad.	0	1	2	3	4
14. I say things to make me sound cool.	0	1	2	3	4
15. I wish I could wave a magic wand to make all my sadness go away.	0	1	2	3	4
16. I am afraid of my feelings.	0	1	2	3	4
17. I can't be a good friend when I feel upset.	0	1	2	3	4

PsycTESTS®

doi: 10.1037/t29842-000

Brief Experiential Avoidance Questionnaire

Items

Please indicate the extent to which you agree or disagree with each of the following statements.

1	2	3	4	5	6
strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree

1.	The key to a good life is never feeling any pain.	1	2	3	4	5	6
2.	I'm quick to leave any situation that makes me feel uneasy.	1	2	3	4	5	6
3.	When unpleasant memories come to me, I try to put them out of my mind.	1	2	3	4	5	6
4.	I feel disconnected from my emotions.	1	2	3	4	5	6
5.	I won't do something until I absolutely have to.	1	2	3	4	5	6
6.	Fear or anxiety won't stop me from doing something important.	1	2	3	4	5	6
7.	I would give up a lot not to feel bad.	1	2	3	4	5	6
8.	I rarely do something if there is a chance that it will upset me.	1	2	3	4	5	6
9.	It's hard for me to know what I'm feeling.	1	2	3	4	5	6
10.	I try to put off unpleasant tasks for as long as possible.	1	2	3	4	5	6
11.	I go out of my way to avoid uncomfortable situations.	1	2	3	4	5	6
12.	One of my big goals is to be free from painful emotions.	1	2	3	4	5	6
13.	I work hard to keep out upsetting feelings.	1	2	3	4	5	6
14.	If I have any doubts about doing something, I just won't do it.	1	2	3	4	5	6
15.	Pain always leads to suffering.	1	2	3	4	5	6

Note . To score, first reverse key Item 6 (i.e., subtract the value from 7), then sum all items.

PsycTESTS™ is a database of the American Psychological Association

Child and Adolescent Mindfulness Measure (CAMM)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle the number that tells how often each sentence is true for you.

	Never True	Rarely True	Some-times True	Often True	Always True
1. I get upset with myself for having feelings that don't make sense.	0	1	2	3	4
2. At school, I walk from class to class without noticing what I'm doing.	0	1	2	3	4
3. I keep myself busy so I don't notice my thoughts or feelings.	0	1	2	3	4
4. I tell myself that I shouldn't feel the way I'm feeling.	0	1	2	3	4
5. I push away thoughts that I don't like.	0	1	2	3	4
6. It's hard for me to pay attention to only one thing at a time.	0	1	2	3	4
7. I get upset with myself for having certain thoughts.	0	1	2	3	4
8. I think about things that have happened in the past instead of thinking about things that are happening right now.	0	1	2	3	4
9. I think that some of my feelings are bad and that I shouldn't have them.	0	1	2	3	4
10. I stop myself from having feelings that I don't like.	0	1	2	3	4

Children's Rejection Sensitivity Questionnaire

Please imagine yourself in each of the following situations described here and tell us how you would feel in each.

1. Imagine you want to buy a present for someone who is really important to you, but you don't have enough money. So you ask a kid in your class if you could please borrow some money. The kid says, "Okay, wait for me outside the front door after school. I'll bring the money." As you stand outside waiting, you wonder if the kid will really come.

How NERVOUS would you feel, RIGHT THEN, about whether or not the kid will show up?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the kid will show up?

not mad **very, very mad**
1 2 3 4 5 6

Do you think the kid will show up to give you the money?

YES!!! **NO!!!**
1 2 3 4 5 6

2. Imagine you are the last to leave your classroom for lunch one day. As you're running down the stairs to get to the cafeteria, you hear some kids whispering on the stairs below you. You wonder if they are talking about YOU.

How NERVOUS would you feel, RIGHT THEN, about whether or not those kids were badmouthing you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not those kids were badmouthing you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think they were saying bad things about you?

YES!!!					**NO!!!**
1	2	3	4	5	6

3. Imagine that a kid in your class tells the teacher that you were picking on him/her. You say you didn't do it. The teacher tells you to wait in the hallway and she will speak to you. You wonder if the teacher will believe you.

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher will believe your side of the story?

not nervous					**very, very nervous**
1	2	3	4	5	6

How MAD would you feel, RIGHT THEN, about whether or not the teacher will believe your side of the story?

not mad					**very, very mad**
1	2	3	4	5	6

Do you think she will believe your side of the story?

YES!!!					**NO!!!**
1	2	3	4	5	6

4. Imagine you had a really bad fight the other day with a friend. Now you have a serious problem and you wish you had your friend to talk to. You decide to wait for your friend after class and talk with him/her. You wonder if your friend will want to talk to you.

How NERVOUS would you feel, RIGHT THEN, about whether or not your friend will want to talk to you and listen to your problem?

not nervous					**very, very nervous**
1	2	3	4	5	6

How MAD would you feel, RIGHT THEN, about whether or not your friend will want to talk to you and listen to your problem?

not mad					**very, very mad**
1	2	3	4	5	6

Do you think he/she will want to talk to you and listen to your problem?

YES!!!					**NO!!!**
1	2	3	4	5	6

5. Imagine that a famous person is coming to visit your school. Your teacher is going to pick five kids to meet this person. You wonder if she will choose you..

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher will choose you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the teacher will choose you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think the teacher will choose YOU to meet the special guest?

YES!!! **NO!!!**
1 2 3 4 5 6

6. Imagine you have just moved and you are walking home from school. You wish you had someone to walk home with. You look up and see in front of you another kid from class, and you decide to walk up to this kid and start talking. As you rush to catch up, you wonder if he/she will want to talk to you.

How NERVOUS would you feel, RIGHT THEN, about whether or not he/she will want to talk to you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not he/she will want to talk to you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think he/she will want to talk to you?

YES!!! **NO!!!**
1 2 3 4 5 6

7. Now imagine that you're back in class. Your teacher asks for a volunteer to help plan a party for your class. Lots of kids raise their hands so you wonder if the teacher will choose YOU.

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher will choose you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the teacher will choose you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think the teacher will choose YOU?

YES!!! **NO!!!**
1 2 3 4 5 6

8. Imagine it's Saturday and you're carrying groceries home for your family. It is raining hard and you want to get home FAST. Suddenly, the paper bag you are carrying rips. All your food tumbles to the ground. You look up and see a couple of kids from your class walking quickly. You wonder if they will stop and help you.

How NERVOUS would you feel, RIGHT THEN, about whether or not those kids will want to stop and help you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not those kids will want to stop and help you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think they will offer to help you?

YES!!! **NO!!!**
1 2 3 4 5 6

9. Pretend you have moved and you are going to a different school. In this school, the teacher lets the kids in the class take home a video game to play with on the weekend. Every week so far, you have watched someone else take it home. You decide to ask the teacher if YOU can take home the video game this time. You wonder if she will let you have it.

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher will let you take the video game home this time?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the teacher will let you take the video game home this time?

not mad **very, very mad**
1 2 3 4 5 6

Do you think the teacher is going to let you take home the video game this time?

YES!!! **NO!!!**
1 2 3 4 5 6

10. Imagine you're back in your classroom, and everyone is splitting up into groups to work on a special project together. You sit there and watch lots of other kids getting picked. As you wait, you wonder if the kids will want you for their group.

How NERVOUS would you feel, RIGHT THEN, about whether or not they will choose you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not they will choose you?

not mad **very, very mad**
1 2 3 4 5 6

Do you think the kids in your class will choose you for their group?

YES!!! **NO!!!**
1 2 3 4 5 6

11. Imagine that your family has moved to a different neighborhood, and you're going to a new school. Tomorrow is a big math test, and you are really worried because you don't understand this math at all! You decide to wait after class and speak to your teacher. You wonder if she will offer to help you.

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher will offer to help you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the teacher will offer to help you?
not mad **very, very mad**
1 2 3 4 5 6

Do you think the teacher will offer to help you?

YES!!! **NO!!!**
1 2 3 4 5 6

12. Imagine you're in the bathroom at school and you hear your teacher in the hallway outside talking about a student with another teacher. You hear her say that she really doesn't like having this child in her class. You wonder if she could be talking about YOU.

How NERVOUS would you feel, RIGHT THEN, about whether or not the teacher was talking about you?

not nervous **very, very nervous**
1 2 3 4 5 6

How MAD would you feel, RIGHT THEN, about whether or not the teacher was talking about you?
not mad **very, very mad**
1 2 3 4 5 6

Do you think the teacher meant YOU when she said there was a kid she didn't like having in the class?
YES!!! **NO!!!**
1 2 3 4 5 6

Junior Self-Monitoring Scale

On this page is a list of things that some people do. We want to know how many of these things you do. If you do the thing the sentence says, then circle “yes.” If you do not do the thing the sentence says, then circle “no.” There are no right or wrong answers. We just want to know the things you do and don't do.

1. There are many things I would only tell to a few of my friends. (Yes / No)
2. I sometimes wear some kinds of clothes just because my friends are wearing that kind. (Yes / No)
3. I like to know how my classmates expect me to act. (Yes / No)
4. I would probably be good at acting in a school play. (Yes / No)
5. When I grow up I would rather be a famous writer or painter than be in movies or be on TV. (Yes / No)
6. I act better when my teacher is in the room than when my teacher is out of the room. (Yes / No)
7. When I don't know what to wear, I call my friends to see what they are going to wear. (Yes / No)
8. Even if I am not having a good time, I often act like I am. (Yes / No)
9. Sometimes I clown around so my classmates will like me. (Yes / No)
10. When I am not sure how to act I watch others to see what to do. (Yes / No)
11. I laugh more when I watch funny TV shows with other people than when I watch them alone. (Yes / No)
12. I do not usually say things just because other people want me to. (Yes / No)
13. When I'm with my friends I act different than I do with my parents. (Yes / No)
14. I'm not very good at telling jokes. (Yes / No)
15. When I'm afraid of someone I try to be nice to them so they will not bother me. (Yes / No)
16. I usually do what I want and not just what my friends think I should do. (Yes / No)
17. I try to figure out how each teacher wants me to act and then that's how I try to act. (Yes / No)
18. There are some things about me that I wouldn't want to tell to anyone. (Yes / No)
19. I feel embarrassed when I don't have the same kind of clothes as my classmates. (Yes / No)
20. When a new person comes to school I listen to what my classmates say before I decide whether I like the new person. (Yes / No)
21. Sometimes I help my mom without her asking me, so she will let me do something I want to do later. (Yes / No)
22. I can make people think I'm happy even if I'm not happy. (Yes / No)
23. I can be nice to people I don't like. (Yes / No)
24. I feel unhappy when I don't have the things that my friends have. (Yes / No)

M E A Q

Please indicate the extent to which you agree or disagree with each of the following statements

1	2	3	4	5	6
strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree

#	Statement						
1.	I won’t do something if I think it will make me uncomfortable	1	2	3	4	5	6
2.	If I could magically remove all of my painful memories, I would	1	2	3	4	5	6
3.	When something upsetting comes up, I try very hard to stop thinking about it	1	2	3	4	5	6
4.	I sometimes have difficulty identifying how I feel	1	2	3	4	5	6
5.	I tend to put off unpleasant things that need to get done	1	2	3	4	5	6
6.	People should face their fears	1	2	3	4	5	6
7.	Happiness means never feeling any pain or disappointment	1	2	3	4	5	6
8.	I avoid activities if there is even a small possibility of getting hurt	1	2	3	4	5	6
9.	When negative thoughts come up, I try to fill my head with something else	1	2	3	4	5	6
10.	At times, people have told me I’m in denial	1	2	3	4	5	6
11.	I sometimes procrastinate to avoid facing challenges	1	2	3	4	5	6
12.	Even when I feel uncomfortable, I don’t give up working toward things I value	1	2	3	4	5	6
13.	When I am hurting, I would do anything to feel better	1	2	3	4	5	6
14.	I rarely do something if there is a chance that it will upset me	1	2	3	4	5	6
15.	I usually try to distract myself when I feel something painful	1	2	3	4	5	6
16.	I am able to “turn off” my emotions when I don’t want to feel	1	2	3	4	5	6
17.	When I have something important to do I find myself doing a lot of other things instead...	1	2	3	4	5	6
18.	I am willing to put up with pain and discomfort to get what I want	1	2	3	4	5	6
19.	Happiness involves getting rid of negative thoughts	1	2	3	4	5	6
20.	I work hard to avoid situations that might bring up unpleasant thoughts and feelings in me	1	2	3	4	5	6
21.	I don’t realize I’m anxious until other people tell me	1	2	3	4	5	6
22.	When upsetting memories come up, I try to focus on other things	1	2	3	4	5	6
23.	I am in touch with my emotions	1	2	3	4	5	6
24.	I am willing to suffer for the things that matter to me	1	2	3	4	5	6
25.	One of my big goals is to be free from painful emotions	1	2	3	4	5	6
26.	I prefer to stick to what I am comfortable with, rather than try new activities	1	2	3	4	5	6
27.	I work hard to keep out upsetting feelings	1	2	3	4	5	6
28.	People have said that I don’t own up to my problems	1	2	3	4	5	6
29.	Fear or anxiety won’t stop me from doing something important	1	2	3	4	5	6
30.	I try to deal with problems right away	1	2	3	4	5	6

- PLEASE TURN PAGE OVER -

1	2	3	4	5	6
strongly disagree	**moderately disagree**	**slightly disagree**	**slightly agree**	**moderately agree**	**strongly agree**

No.	Item	1	2	3	4	5	6
31.	I'd do anything to feel less stressed …………	1	2	3	4	5	6
32.	If I have any doubts about doing something, I just won't do it …………	1	2	3	4	5	6
33.	When unpleasant memories come to me, I try to put them out of my mind …………	1	2	3	4	5	6
34.	In this day and age people should not have to suffer …………	1	2	3	4	5	6
35.	Others have told me that I suppress my feelings …………	1	2	3	4	5	6
36.	I try to put off unpleasant tasks for as long as possible …………	1	2	3	4	5	6
37.	When I am hurting, I still do what needs to be done …………	1	2	3	4	5	6
38.	My life would be great if I never felt anxious …………	1	2	3	4	5	6
39.	If I am starting to feel trapped, I leave the situation immediately …………	1	2	3	4	5	6
40.	When a negative thought comes up, I immediately try to think of something else …………	1	2	3	4	5	6
41.	It's hard for me to know what I'm feeling …………	1	2	3	4	5	6
42.	I won't do something until I absolutely have to …………	1	2	3	4	5	6
43.	I don't let pain and discomfort stop me from getting what I want …………	1	2	3	4	5	6
44.	I would give up a lot not to feel bad …………	1	2	3	4	5	6
45.	I go out of my way to avoid uncomfortable situations …………	1	2	3	4	5	6
46.	I can numb my feelings when they are too intense …………	1	2	3	4	5	6
47.	Why do today what you can put off until tomorrow …………	1	2	3	4	5	6
48.	I am willing to put up with sadness to get what I want …………	1	2	3	4	5	6
49.	Some people have told me that I "hide my head in the sand" …………	1	2	3	4	5	6
50.	Pain always leads to suffering …………	1	2	3	4	5	6
51.	If I am in a slightly uncomfortable situation, I try to leave right away …………	1	2	3	4	5	6
52.	It takes me awhile to realize when I'm feeling bad …………	1	2	3	4	5	6
53.	I continue working toward my goals even if I have doubts …………	1	2	3	4	5	6
54.	I wish I could get rid of all of my negative emotions …………	1	2	3	4	5	6
55.	I avoid situations if there is a chance that I'll feel nervous…………	1	2	3	4	5	6
56.	I feel disconnected from my emotions …………	1	2	3	4	5	6
57.	I don't let gloomy thoughts stop me from doing what I want …………	1	2	3	4	5	6
58.	The key to a good life is never feeling any pain …………	1	2	3	4	5	6
59.	I'm quick to leave any situation that makes me feel uneasy …………	1	2	3	4	5	6
60.	People have told me that I'm not aware of my problems …………	1	2	3	4	5	6
61.	I hope to live without any sadness and disappointment …………	1	2	3	4	5	6
62.	When working on something important, I won't quit even if things get difficult …………	1	2	3	4	5	6

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Peer Rejection Experiences
Pre-Baseline Interview (Child)

(1) Describe your experiences with being left out or excluded by others. [For example, do you have trouble making friends? Do you find that you have few things in common with others?]

(2) Do you think bad things about yourself as a result of these experiences [e.g., think I'm a loser, think I'll always be alone]? Tell me some of the things you think.

(3) Do you feel bad about yourself as a result of these experiences [e.g., feel sad or angry]? Tell me some of the things that these experiences cause you to feel.

(4) Do you do things to make yourself feel better or distract yourself from these experiences [e.g., hurt yourself, get in trouble]? Tell me some of the things you do to avoid these experiences.

(5) How, if at all, have these experiences affected your self-esteem or self-concept?

(6) How have you tried to control or deal with these experiences in the past?

(7) Do these experiences get in the way of the person you want to be or what you'd like to do? If so, explain to me how that happens—how do they get in the way?

Peer Rejection Experiences
Pre-Baseline Interview (Parent/Teacher)

(1) Describe the child's experiences with being left out or excluded by others. [For example, have you observed the child having trouble making friends? Does the child seem left out by others?]

(2) Has the child reported having negative thoughts about him or herself as a result of being left out?

(3) Have you observed the child having emotional reactions to being left out?

(4) What have you observed the child doing, if anything, to cope with having been left out?

(5) How, if at all, do you think these experiences have affected the child's self-concept?

(6) Have you done anything to help the child cope with the experience of being left out?

Peer Rejection Experiences
Follow-Up Interview (Child)

(1) Have you been left out or excluded by peers since you first joined the study?

(2) How, if at all, have your **cognitive** responses to being rejected by peers changed?

(3) How, if at all, have your **emotional** responses to being rejected by peers changed?

(4) How, if at all, have your **behavioral** responses to being rejected by peers changed?

(5) How, if at all, has your self-concept changed since you enrolled in the study?

(6) Do you have any other comments about how the study has affected you? Are there particular aspects of the study that you really liked or would prefer to see changed in future interventions? [In other words, how do you think you benefited ***most*** and ***least*** from being part of this study?]

Peer Rejection Experiences
Follow-Up Interview (Parent/Teacher)

(1) Has the child experienced peer rejection since he or she enrolled in the study?

(2) How, if at all, have the child's **cognitive** responses to being rejected by peers changed?

(3) How, if at all, have the child's **emotional** responses to being rejected by peers changed?

(4) How, if at all, have the child's **behavioral** responses to being rejected by peers changed?

(5) How, if at all, has the child's self-concept changed since he or she enrolled in the study?

(6) Do you have any other comments about how the study has affected your child?

Personal Values Questionnaire II

Instructions:

Following this instruction sheet, you will find 9 additional pages. Each page includes one of the Values Domains (areas of your life you may find important) listed below, in order.

Values Domains:

1. Family Relationships
2. Friendships/Social Relationships
3. Couples/Romantic Relationships
4. Work/Career
5. Education-Schooling/Personal Growth and Development
6. Recreation/Leisure/Sport
7. Spirituality/Religion
8. Community/Citizenship
9. Health/Physical Well-Being

On each page that follows, please read carefully through the values domain description and write down YOUR values (ways of living and doing things related to that Values Domain that are very important to you) where indicated.

Below each of the values that you write down, you will see a series of 9 questions asking different things about those individual values. Please answer each of these questions by circling the numbers that are true for you, on each page that you list a personal value.

If you have any questions about how to complete this questionnaire, please ask the person who handed them out to you.

Remember: Your name will not be on this questionnaire, so no one will know what values you write down. Because of this, please describe your values as if no one will ever see this worksheet.

Measure developed by J. T. Blackledge, Joseph Ciarrochi, & Ann Bailey.; adapted from the Personal Strivings Measure developed by Kennon Sheldon & colleagues.

Personal Value #1: Family Relationships

***Instructions:* If this is an area of your life that is very important to you**, describe the person you would most like to be in your relationships with your parents, siblings, and/or children (do not include Couples/Romantic Relationships). For example, some people who want close relationships with these family members value being caring, supportive, open, honest, kind, and attentive — but you should decide for yourself what kind of person you value being in your family relationships.

Please write down your Family Relationships values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #2: Friendships/Social Relationships

Instructions: **If this is an area of your life that is very important to you**, describe the person you would most like to be in your friendships and other social relationships. For example, some people who want close relationships with friends value being caring, supportive, open, honest, kind, and attentive—but you should decide for yourself what kind of person you value being in your friendships.

Please write down your Friendships/Social Relationships values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #3: Couples/Romantic Relationships

Instructions: **If this is an area of your life that is very important to you**, describe the person you would most like to be in a romantic relationship. For example, some people who want close romantic relationships value being caring, supportive, open, honest, kind, and attentive—but you should decide for yourself what kind of person you value being in a romantic relationship.

Please write down your Couples/Romantic Relationships values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #4: Work/Career

***Instructions:* If this is an area of your life that is very important to you**, describe the person you would most like to be in your career or line of work. For example, some people value doing work that allows them to bring their unique talents to bear, work that allows them to express themselves, or work that 'makes a difference' in other people's lives—but you should decide for yourself what kind of person you value being in your line of work.

Please write down your Work/Career values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #5: Education-Schooling/Personal Growth & Development

I***nstructions***: **If this is an area of your life that is very important to you**, describe the person you would most like to be with respect to your education and/or personal growth. For example, some people value qualities like being open and receptive to new ideas and perspectives, or making serious and careful considerations of important issues—but you should decide for yourself what kind of person you value being with respect to your education and personal growth.

Please write down your Education-Schooling/Personal Growth & Development values here:

____
____
____
____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #6: Recreation/Leisure/Sport
***Instructions:* If this is an area of your life that is very important to you**, describe the person you would most like to be during recreational, leisure, and or sporting activities. For example, some people value discovering or learning new things (or spending more time with family or friends) during leisure/recreation times, or being active, competitive, and playing together as part of a sports team—but you should decide for yourself what kind of person you value being with respect to recreation, leisure, and sport.

Please write down your Recreation/Leisure values here:

____
____
____
____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #7: Spirituality/Religion
Instructions: Understand that we are not necessarily referring to organized religion in this section. **If this is an area of your life that is very important to you**, describe the person you would most like to be with respect to your spirituality and/or religion. For example, some people value connecting with nature and/or the people around them, connecting with God, being part of a church, and/or living out a variety of specific religious ideals-- but you should decide for yourself what kind of person you value being with respect to spirituality or religion.

Please write down your Spirituality/Religion values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #8: Community/Citizenship

***Instructions:* If this is an area of your life that is very important to you**, describe the person you would most like to be with respect to your community and your country. For example, some people value helping others in their community, advancing their political or humanitarian views at a local (or higher) political level, or helping to preserve local places of value-- but you should decide for yourself what kind of person you value being with respect to your community or role as a citizen.

Please write down your Community/Citizenship values here:

____

____

____

____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Personal Value #9: Health/Physical Well-Being

Instructions: **If this is an area of your life that is very important to you,** describe the person you would most like to be with respect to your personal health. For example, some people value being active, eating healthy foods, or exercising regularly-- but you should decide for yourself what kind of person you value being with respect to your personal health and physical well-being.

Please write down your Health/Physical Well-Being values here:

____
____
____
____

Please answer the following questions by circling the number (on the right) that is true for you:

1. How important is this value to you?	1 Not at all important	2 A little bit important	3 Moderately important	4 Quite important	5 Extremely important
2. How committed are you to living this value?	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
3. Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Extremely so
4. In the last 10 weeks, I have been this successful in living this value:	1 0-20% Successful	2 21-40% Successful	3 41-60% Successful	4 61-80% Successful	5 81-100% Successful

5. I value this because:

a. Other people would be upset with me if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
b. I would feel guilty or ashamed if these values were not important to me.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
c. These values are important to me, whether or not others agree	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
d. Living consistently with these values makes my life more meaningful	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree
e. I experience fun and enjoyment when I live consistently with these values.	1 Strongly Disagree	2 Moderately Disagree	3 Neither Disagree nor Agree	4 Moderately Agree	5 Strongly Agree

Social Peer Rejection Measure

Please rate each item on a **frequency scale** (column 1) from 1 (never happened) to 5 (happened all the time). If you experienced a situation ***at least once***, please also rate the item on the **severity scale** (column 2) from 1 (not at all) to 5 (extremely).

Frequency	**Severity**	**Item**
		I was rejected by my class/group
		I invited friends and they refused to come
		I was sent away from social gatherings
		My friends ignored me
		My friends refused to let me participate in their games and activities
		Some friends stopped me from being in contact with other friends
		My friends prevented me from obtaining important information
		I was physically attacked by friends
		I had objects thrown at me by friends
		My possessions (Books games, etc.) were vandalized
		I was sworn at by friends
		I was mocked and teased by friends
		I was called names
		I was insulted by rude body gestures
		I was humiliated by my friends
		My friends ordered me to do things
		My friend blamed me for bad things that happened
		My friend blamed me for bad things that had not happened yet
		My friends informed on me
		Friends encouraged those who rejected me
		Friends spread negative rumors about me

Strengths and Difficulties Questionnaire

S [11-17]

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain . Please give your answers on the basis of how things have been for you over the last six months.

Your name.. Male/Female

Date of birth...

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others, for example CD's, games, food	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I would rather be alone than with people of my age	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, depressed or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often offer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get along better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Your Signature ....

Today's Date ....

Thank you very much for your help

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Strengths and Difficulties Questionnaire

P or T 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name .... Male/Female

Date of birth...

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example books, games, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other youth	☐	☐	☐
Often offers to help others (parents, teachers, children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other youth	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Signature .... Date ....

Parent / Teacher / Other (Please specify):

Thank you very much for your help

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Therapeutic Alliance Scales for Children—Revised

Please rate each item from 1 (not at all) to 4 (very much), focusing on the most recent session you had with Amanda.

Rating	Item
	1. I like spending time with my therapist.
	2. I find it hard to work with my therapist on solving problems in my life.
	3. I feel like my therapist is on my side and tries to help me.
	4. I work with my therapist on solving my problems.
	5. When I'm with my therapist, I want the sessions to end quickly.
	6. I look forward to meeting with my therapist.
	7. I feel like my therapist spends too much time working on my problems.
	8. I'd rather do other things than meet with my therapist.
	9. I use my time with my therapist to make changes in my life.
	10. I like my therapist.
	11. I would rather not work on my problems with my therapist.
	12. I think my therapist and I work well together on dealing with my problems.

VALUE ASSESSMENT MEASURE (VAM) - Adolescent/Emerging Adult Version

Part 1. Below you will find a list of several broad value domains. Please decide which of these value domains are the ***three most important for you in your life right now*** and circle them. Please note that values differ among persons, and there is no "right" answer. Examples of possible values are listed for each domain, to help you choose.

1) **Family relationships** – relationships with parents, siblings, extended family
2) **Romantic relationships** – dating, finding a compatible partner
3) **Friendships** – making friends, trusting your friends, sharing with others
4) **Education** – learning new things, making good grades, getting into college
5) **Work** – making money, having a fulfilling job, being a hard worker
6) **Social organizations** – being on a team, being a part of a group, socializing with others like you
7) **Community service** – volunteering, helping the poor, giving to charity
8) **Leisure activities** – watching television, playing a game, reading a book
9) **Spirituality/religion** – going to a religious service, praying, reading religious texts, adhering to religious ideals
10) **Physical self-care** – exercising, eating nutritious food, getting check-ups
11) **Cognitive/emotional self-care** – meditation, being grateful for things in life
12) **Aesthetics/the arts** –drawing, listening to music, playing an instrument, enjoying nature

Write your top three value domains in the spaces here:

(1) ______________________________

(2) ______________________________

(3) ______________________________

Part 2. For your top rated value domain ONLY, please select your answer to the following questions.

1. **I do NOT think about this value regularly.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

2. **I think about this value often.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

3. **I hesitate before engaging in a behavior that is inconsistent with my value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

4. **While this value is important to me, my priorities do NOT reflect this.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

5. **I prioritize this value when deciding where to devote my time and energy.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

6. **I realize that my behaviors are inconsistent with this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

7. **When I think about my behavior, I recognize that some of my behavior is inconsistent with this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

8. **I recognize that my behaviors are inconsistent with this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

9. **I am aware that my activities do NOT reflect this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

10. **When I think about my activities, I recognize that some of my activities are inconsistent with this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

11. **I would like to set goals to better express this value.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

12. **I think my values should play a larger role in my decisions and behaviors.**

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

13. If I realize my behaviors are inconsistent with this value, I make an effort to change them.

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

14. In my leisure time, I choose activities that are consistent with this value.

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

15. I adhere to behaviors consistent with this value, even when it is difficult to do so.

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

16. I set goals in an effort to better express this value.

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

17. If asked, my friends would identify that this is one of my values.

1	**2**	**3**	**4**
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree