

Determining the Effectiveness of Compassion-focused Treatment Package, Emotion-focused Therapy and Acceptance and Commitment Therapy on Distress Tolerance among Adolescents with Aggressive Behaviors: A Pilot Study

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Abstract

Background and Objective: Psychosocial, cognitive, and biological changes during adolescence provide numerous opportunities for adolescents to engage in behaviors that are implicitly important in adopting or endangering a healthy lifestyle. The aim of this study was to determine the effectiveness of the educational package based on three methods of treatment focused on compassion, emotion and acceptance, and commitment to distress tolerance in adolescents with aggressive behaviors.

Materials and Methods: The present study was quasi-experimental with pre-test-post-test design, quarterly follow-up, and a control group. Participants included 30 female high school students in Ramsar city in 2019-2020, who were selected via purposful sampling method and then randomly divided into experimental and control groups. Data were obtained using Aggression Questionnaire and Distress Tolerance Questionnaire. The experimental group was trained for twelve sessions, but the control group did not receive any training. Data were analyzed using univariate analysis of covariance via SPSS software version 22.

Results: In the experimental group, the mean (SD) score of anxiety tolerance increased from 45.5 (1.3) in the pre-test to 48.8 (1.5) in the post-test ($P<0.001$) and 49.1 (1.7) in the follow-up, which indicates that the effect of the intervention was stable ($P<0.001$). In the control group, the mean (SD) score of anxiety tolerance increased from 44.2 (1.7) in the pre-test to 45.2 (1.1) in the post-test and 45.1 (0.1) in the follow-up, which was not statistically significant.

Conclusion: The training package based on compassion-focused therapy (CFT), emotion-focused therapy (EFT), and acceptance and commitment-based therapy (ACT) was effective in increasing the anxiety tolerance among adolescents with aggressive behaviors.

Keywords: Acceptance and Commitment Therapy; Aggression; Compassion-Focused Therapy; Distress Tolerance; Emotion-Focused Therapy.

Introduction

Psychosocial, cognitive, and biological changes during adolescence provide numerous opportunities for adolescents to engage in behaviors that are implicitly important in adopting or endangering a healthy lifestyle. Aggression is common in adolescence. However, no prevalence of

violent behavior has been reported in Iranian adolescents. One of the characteristics that can be considered in aggressive people is tolerance of anxiety. Anxiety tolerance is an essential vulnerable factor in the development and persistence of mental disorders. The role of anxiety tolerance in anxiety disorders, obsessive-compulsive disorder, depression,

post-traumatic stress disorder, substance abuse, and high-risk behaviors has been clarified (1). People with aggressive behavior usually have lower self-control than other people. Self-monitoring is defined as self-care, according to which assigned tasks are performed, and abnormal and illegal behaviors are abandoned without external monitoring or control (2). Anxiety tolerance is an essential vulnerable factor in the development and persistence of mental disorders, and the role of anxiety tolerance in anxiety disorders, obsessive-compulsive disorder, depression, post-traumatic stress disorder, and substance abuse has been clarified (3). Depending on the destructive consequences of aggression and the characteristics of aggressive people, appropriate therapies can be selected to help these people. In compassion-focused therapy, individuals use mindfulness to practice their compassionate role in other compassion techniques (4). The American Psychological Association defines acceptance and commitment therapy as a valid experimental therapy with solid research support (5). The overall goal of acceptance and commitment therapy is to increase psychological flexibility. Psychological resilience is the more remarkable ability to relate to the present moment and change behavior or insist on it as we move in the direction of our life values (6). The effectiveness of acceptance and commitment therapy in a wide range of clinical conditions such as depression, obsessive-compulsive disorder, occupational stress, end-stage cancer stress, anxiety, post-traumatic stress disorder, anorexia nervosa, eating disorders, heroin use, and even schizophrenia has been found to decrease by fifty percent (7). The following is emotion-focused therapy, a short-term treatment that helps patients regulate emotion and change emotional memories. The goal is to change your organization by using more emotion, regulating emotion, and changing the memory of emotion (8). This study aimed to determine the effectiveness of the educational package based on three methods of treatment focused on compassion, emotion and acceptance, and commitment to distress tolerance in adolescents with aggressive behaviors.

Materials and methods

The present study was quasi-experimental with a pre-test-post-test design, quarterly follow-up, and a control group. Participants included 30 female high school students in Ramsar city in 2019-2020, who were selected via purposeful sampling method and then randomly divided into experimental and control groups. Data were obtained using the Aggression Questionnaire (9) and Distress Tolerance Questionnaire (10). The experimental group was trained for twelve sessions, but the control group did not receive any training. Data were analyzed using univariate analysis of covariance via SPSS software version 22.

Results

In the experimental group, the mean (SD) score of anxiety tolerance increased from 45.5 (1.3) in the pre-test to 48.8 (1.5) in the post-test ($P<0.001$) and 49.1 (1.7) in the follow-up, which indicates that the effect of the intervention was stable ($P<0.001$). In the control group, the mean (SD) score of anxiety tolerance increased from 44.2 (1.7) in the pre-test to 45.2 (1.1) in the post-test and 45.1 (0.1) in the follow-up, which was not statistically significant.

Discussion

The study showed that the distress tolerance score increased in the experimental group, while it did not change in the control group, consistent with other studies (11, 12). Anxiety tolerance is a person's ability (or perceived capacity) to tolerate negative emotions and other emotions. Thus, the tendency to use functional behaviors such as aggression to escape negative states is a sign of low anxiety tolerance. Tolerance in adolescents is the ability to be consistent in goal orientation when experiencing psychological stress (12). Acceptance and commitment therapy uses mindfulness, acceptance, and cognitive failure skills to increase psychological resilience. It increases the ability of clients to relate to their experience in the present and based on what is possible for them at that moment (13). In fact, in this treatment, people were taught how to let go of the central processes of thought inhibition, get rid of annoying thoughts instead of conceptualizing themselves,

strengthen the observer, accept internal events instead of control, and address them (15). In this therapy, people also learn to accept their feelings to distance themselves from them and pay more attention to their thoughts and thought process through mindfulness and connect them in the direction of goal-oriented activities (16). Teaching self-compassion expands one's kindness and understanding and avoids harsh criticism and judgments about oneself. It also promotes one's sincere attitudes toward a more purposeful life by increasing one's self-esteem. Self-compassion training facilitates the acceptance of more positive feedback and the ability to deal with neutral feedback, so self-compassion can be considered as an emotion regulation strategy in a variety of ways that do not prevent annoying and unpleasant experiences, but rather Attempts are made to accept emotions kindly, during which negative emotions turn into positive emotions, and the person finds new ways to deal with them (17).

In fact, the basic principles in compassion-focused treatment refer to the fact that external soothing thoughts, factors, images, and behaviors must be internalized, and in this case, the human mind, as it reacts to external factors, also calms down in the face of these internalities. Be (18). In addition, in compassion-focused treatment, people learn not to avoid or suppress their painful feelings so that they can, in the first place, recognize their experience and feel compassion for it (19). About emotion-focused therapy, there is empathy, originality, unconditional acceptance, and positive attention to

acknowledge the clients' emotions and create a safe atmosphere (20). The basic theme extracted from these sentences was the unconditional acceptance of emotions. This means that the person accepts his emotions and does not avoid them. Aggressive students need to know their emotions, which is achieved through elements of the emotion-focused treatment structure.

Conclusion

The training package based on compassion-focused therapy, emotion-focused therapy, and acceptance and commitment-based therapy effectively increased the anxiety tolerance among adolescents with aggressive behaviors.

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Conflict of Interest

None of the authors has any conflict of interest to disclose.

Ethical publication statement

We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

Ethical code: IR.IAU.TON.REC.1398.006.

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