**Research Watch**

From the Counseling Program

November 2016

The **eighth edition** of *Research Watch* contains seven research articles covering an array of salient and timely counseling topics. Thanks to the WCU counseling graduate students who reviewed twenty-five recent articles and deemed the following studies pertinent to their future work as school and clinical mental health counselors. I thank them for their efforts and I hope you find the following reviews informative and practical.

Russ Curtis, PhD, LPC

and Fabian Moreno

WCU Counseling

Contents

1. Classroom animal-assisted activities and Children with autism spectrum disorder

2. Focused Acceptance and Commitment Therapy in VA primary care

3. Rumination and Reappraisal and Social Anxiety Symptoms

4. CBT for anxiety and depression among people undergoing haemodialysis

5. Somatic regulation and treatment of traumatized adolescents

6. CBT for obsessive compulsive behavior in children with autism spectrum

7. EMDR group therapy and sexually assaulted women

1. O'Haire, M. E., McKenzie, S. J., McCune, S., & Slaughter, V. (2014). Effects of classroom animal-assisted activities on social functioning in children with autism spectrum disorder. *Journal of Alternative & Complementary Medicine*, 20(3), 162-168. doi:10.1089/acm. 2013.0165

**Purpose:** It seems that children with autism spectrum disorder (ASD), when in a classroom, face rejection constantly by their fellow classmates. This rejection can cause social isolation, behavioral problems at home, and anxiety. The stress that comes from these experiences can cause issues to both their mental and physical health, and is the reason that it is important to find ways to improve social functioning in the classroom for children with ASD. Therefore, the focus of this study was to evaluate the effectiveness of Animal-Assisted Activities (AAA) in the classroom as a tool to help with social functioning for those with ASD.

**Population:** The population used in the study consisted of 64 children with ASD from the ages of 5-12, of which, 50 were male and 14 were female. They were randomly collected from 41 different classrooms in 15 different schools all from Australia.

**Description of Assessment Instruments/Method Used**: Participants were first divided into the waitlisted group (n = 37) or the non-waitlisted group (n = 27). Throughout the study parents and teachers were both asked to report their child’s behavior and social functioning at three different times via the Pervasive Developmental Disorder Behavior Inventory (PDDBI) and the Social Skills Rating System (SSRS). The start date of the study was staggered over the course of the school year. The animal of choice for the AAA program was a guinea pig, which was thought to be the best classroom pet because they are easy to handle and care for, normally like to be held, and therefore shouldn’t bite.

**Treatment Administered**: The study consisted of eight weeks in the AAA program, which included the animal exposure in the classroom, as well as, the 16 sessions at 20 minutes a piece for one-on-one interactions. Also added to the interactions were other classmates which were intended to create a peer presence. This group consisted of 128 randomly selected developing peers without ASD. While keeping track of the social functioning of the children with ASD teachers and parents also filled out the Pervasive Developmental Disorder Behavior Inventory (PDDBI) and the Social Skills Rating System (SSRS). Both of the tests given where scaled down in size to create less of a burden on the teachers and parents since they were to be filled out three times, which could invalidate the test.

**Results:** The results of the study revealed that both teachers and parents reported seeing increases in social behavior, social skills, and lower social withdrawal in the children with ASD. However, these findings were independent from the classroom environment, grade, pet ownership, and outside treatment. After the AAA program over half of the parents reported that their children seemed more interested in going to school if the guinea pigs were in the class room. There was not a significant difference in results from the waitlisted group and the non-wait listed group.

**Counseling implications:** Results indicated the ease and potential effectiveness of classroom-based AAA programs, which could alleviate a lot of the stress that children with ASD feel when they go to school. If the changes prove to be significant this could lead to a simple and more cost-effective way to help the families and teachers improve social functioning from children with ASD.

**Reviewed by:** Morgan E. Buckner

2. Glover, N. G., Sylvers, P. D., Shearer, E. M., Kane, M-C., Clasen, P. C., Epler, A. J., Plumb-Vilardaga, J. C., Bonow, J. T., & Jakupcak, M. (2016). The efficacy of focused acceptance and commitment therapy in V.A. primary care. *Psychological Services, 13*(2), 156-161. http://dx.doi.org/10.1037 /ser0000062

**Purpose:** To evaluate the efficacy of Focused Acceptance and Commitment Therapy (FACT), a brief, four week version of the 12 week ACT treatment. Areas measured include depression, anxiety, quality of life, perceptions of mental and physical health, psychological flexibility, and stress, in VA patients, in a group setting.

**Population:** Researchers studied 51 VA patients referred to FACT groups by clinical mental health staff members who made selections based on presenting problems, interests and treatment goals. Participants were 44 men and 7 women with a mean age of 53.23, whose diagnoses included Unspecified Anxiety and Depression, Posttraumatic Stress, Major Depression and Adjustment Disorder. Multiple races and cultures were represented. Groups ranged from two patients to 12 in size.

**Description of Assessment Instruments/Method Used**: Participants were given four self-report assessments to complete pre-treatment, then post-treatment. Assessments included the following: 1) World Health Organization Well Being Index (WBI-5), 2) Depression, Anxiety and Stress Scale 21 (DASS21), 3) Acceptance and Action Questionnaire II (AAQ-II), and 4) SF-12 Health Survey, Version 2 (SF-12v2).

**Treatment Administered:** Treatment consisted of four 90 minute groups, with a different focus each week, as follows: 1) Finding Leverage, 2) Promoting Awareness, 3) Promoting Openness, and 4) Promoting Engagement. The structure of group sessions included education, group discussion, and experiential exercises. Activities were designed to enable participants to utilize mindfulness and values-based living, reframe the relationship between pain and hope; and increase psychological flexibility, awareness of the nature and influence of thoughts, and the ability to remain present and focused on values during painful times.

**Results:** The study showed that brief FACT treatment can significantly reduce stress, depression and anxiety, with between 29% and 50% of participants being asymptomatic post-treatment. Significant increases in quality of life were seen. Patient perceptions of mental and physical health functioning were moderate. In the area of psychological flexibility, no significant change was produced.

**Counseling Implications:**

* Counselors with large case-loads may be able to effect the positive change provided by FACT for three times as many patients as the longer ACT treatment requires; and include those who would be more likely to commit to one month of treatment as opposed to three.
* As this is the first study of FACT treatment, additional research could provide insight into efficacy with specific populations including patients with PTSD, bi-polar, substance abuse and other diagnoses.

**Reviewed by:** Carol Fair

3. Brozovich, F. A., Goldin, P., Lee, I., Jazaieri, H., Heimberg, R. G., & Gross, J. J. (2014). The effect of rumination and reappraisal on social anxiety symptoms during cognitive-behavioral therapy for social anxiety disorder. *Journal of Clinical Psychol*ogy, 71(3), 208-218. doi:10.1002/jclp.22132

**Purpose**: To examine the effects of rumination (considered harmful) and reappraisal (considered beneficial) on adults with social anxiety disorder. The study evaluated participants throughout cognitive-behavioral therapy (CBT) treatment for anxiety.

**Population**: Brozovich et al. conducted a randomized controlled trial of CBT with 75 adults. Participants fell within the ages of 21 to 55 years of age and were free from other severe medical disorders. Participants were mostly Caucasian (57.8%) and Asian (24%), and were relatively evenly split between male and female, (52% to 48% respectively). Participants were screened for previous diagnosis of Social Anxiety Disorder (SAD) in order to qualify for study. Participants were given free treatment.

**Treatments**: Participants were first given assessments regarding social anxiety, rumination and reappraisal. Social anxiety was assessed utilizing the Anxiety Disorder Interview Schedule (ADIS-IV-L), ruminative behavior by the Ruminative Response Scale (RRS) and reappraisal by the Emotion Regulation Questionnaire (ERQ). Participants were then randomly assigned to either begin CBT immediately or be put on a waiting list utilizing Efron’s biased coin randomization procedures. Participants in the CBT category underwent therapy consistent with the template model for CBT intervention of social anxiety. Participants in both groups received weekly assessments regarding social anxiety, rumination and reappraisal. Weekly assessment was conducted via a questionnaire designed specifically for this study.

**Results**: Due to no significant difference in scores on rumination, reappraisal, or social anxiety between groups, both groups were combined for the remainder of analysis. Greater rumination at baseline (pre-test) consistently predicted higher levels of social anxiety AND reappraisal behavior after controlling for week. However, greater reappraisal showed no effect on social anxiety levels after controlling for week.

**Counseling** **Implications**:

* Due to the greater effect of rumination on social anxiety, counselors should focus more on behavioral intervention of ruminative behavior than restructuring of reappraisal techniques in severe cases of social anxiety.
* CBT is clearly effective on diminishing ruminative behavior and brooding in individuals with social anxiety.

**Reviewed by:** Casey Kelly

4. Valsaraj, B. P., Bhat, S. M., & Latha, K. S. (2016). Cognitive behaviour therapy for anxiety and depression among people undergoing haemodialysis: A randomized control trial. *Journal of Clinical & Diagnostic Research*, *10*(8), 6-10.

**Purpose:** To explore the efficacy of Cognitive Behavior Therapy (CBT) on anxiety and depression in people undergoing haemodialysis. The study tested CBT against non-directive counseling and was conducted using monthly and 2 assessment instruments.

**Population:** Valsaraj, Bhat, and Latha obtained a sample of 67 Chronic Kidney Disease (CKD) patients undergoing maintenance haemodialysis in the dialysis unit of a selected tertiary care hospital at Manipal. The patients ranged in age from 20 to 65, were mostly (78.79% and 76.47% in the experimental and control group respectively) Hindu, and volunteered their time. Participants were screened using the following inclusion criteria: 1) age between 20 and 65 years, 2) on maintenance dialysis for a minimum period of one year, 3) can read and write Kannada or English, 4) scores above 7 in any of the areas of anxiety or depression on the Hospital Anxiety and Depression Scale (HADS), and 5) willing to participate.

**Treatment administered:** Following screening, the patients were randomly allocated into experimental and control groups, one of which would be treated with CBT and the other non-directive counseling while both the groups were receiving routine care. In addition to the screening, the following were used in treatment and assessment: 1) Background Proforma and 2) Hospital Anxiety and Depression Scale (HADS). The HADS was administered pre-test and post-test.

 **Results:** The study indicated that CBT can significantly reduce the negative psychological impact of patients undergoing maintenance haemodialysis and improve patient’s general psychological health when compared to patients in the control group and treated with non-directive counseling. This is illustrated in the post-test scores of all participants. CBT group post-test scores saw a reduction of mean depression and anxiety scores in the experimental group. Non-directive counseling group scores did not see much change scores.

**Counseling implications:**

* Counselors could consider using CBT in place of other methods of therapy in patients that undergo similar experiences in treatment to CKD (e.g., loss of hope, physical limitations, financial burden, lack of support, feelings towards the machine, search for hope and betterment, and uncertainty and fear about tomorrow).
* In research, it would be beneficial to apply CBT to a more geographically and ethnically diverse population. Further, following up with participants and looking at the effects CBT may have in other areas in client lives and comparing CBT against other recovery strategies may enhance the effectiveness and validity of CBT.
* In addition, research into the cost effectiveness and feasibility of CBT will help to incorporate CBT as part of haemodialysis treatment for developing countries.

**Reviewed by:** Kaylee Couser

5. Warner, E., Spinazzola J., Westcott, A., Gunn, C. & Hodgdon, H. (2014) The body can change the score: Empirical support for somatic regulation in the treatment of traumatized adolescents. *Journal of Child and Adolescent Trauma*. 7, 237-246.

**Purpose:** To evaluate the effectiveness of Sensory Motor Arousal Regulation Treatment (SMART) as a means to treat symptoms associated with trauma in adolescents. SMART is used to cultivate somatic regulation that attenuates symptoms of trauma and proves to be more effective than some Treatments as Usual for adolescents with multiple traumas, especially those for which verbal therapies are not possible or are not effective.

**Population:** Warner, Spinazzola, Westcott, Gunn and Hodgdon (2014) acquired a sample of 31 adolescents aged 13-20. The large majority (90%) of the sample were female. The racial sample was varied but was largely Caucasian (55%) followed by Hispanic and African American, 20% and 16%, respectively. The sample was comprised of adolescents that had suffered multiple traumas with multiple co-morbid diagnoses. There were various types of abuse experienced by the teens with the largest groups representing emotional abuse and neglect followed by physical and sexual abuse. As a result, 61% of the cohort had a PTSD diagnosis.

The sample consisted of adolescents who were reticent to talk and had shown a lack of regulation in their behavior. The control group participated in talk therapy, e.g., Treatment As Usual (TAU).

**Treatment Administered**: The article summarized several somatic studies which showed that trauma victims who participate in activities that connect the mind with the body, such as play therapy, dance, music/rhythm, and yoga had reduced symptoms of trauma Sensory Integration was also cited as a model of therapy which demonstrated evidence that movement of the body helps to regulate the emotions of trauma, which are often “caught” in the body and not fully processed and, thus, lead to problems with regulation such as arousal and anxiety. The precedent of the research summarized served as the basis of assessing SMART for treatment of trauma.

The SMART model used in this study was adapted to the facility where the adolescents were being treated and consisted of an environment set up to encourage integration with the senses in the context of complex trauma. Some of the equipment used included athletic mats, “. . . large fitness balls, weighted blankets, a mini-trampoline, large crash pillows, and a balance beam” (Warner, Spinazzola, Westcott, Gunn & Hodgdon, 2014, p. 237) with the objective being to bring the patients back into awareness of their bodies in the presence of trauma treatment. The patients were videotaped as they interacted with the environment. Therapists were instructed to observe the type of contact that the clients were naturally seeking. Videotapes of the interaction that patients made with the SMART room were reviewed by therapists that had been trained in the SMART process. Specifically, therapists monitored the children on videotape for specific improvements in co-regulation in relation to the therapist and with self-regulation. Specific examples of indicators of co-regulation or self-regulation were not given in the study.

A specific case study of a 13-year-old male patient named Sam was described in detail. Sam was showing physical symptoms of anxiety such as trembling, especially when he recalled specifics of traumatic events. Sam also self-injured. Using physical activity with mini-trampolines and basketball, Sam’s anxiety levels improved. Also, “Eventually, they discovered that deep pressure via weighted blankets and large foam-filled pillows placed on top could calm him” (Warner, Spinazzola, Westcott, Gunn & Hodgdon, 2014, p. 240). His treatment involved learning to treat his urges to harm himself with these types of somatic experiences.

The following measures were used to evaluate pre and post somatic therapy trauma symptoms: Child Behavior Checklist (CBCL) and Posttraumatic Stress Disorder Reaction-Index (PTSD-RI).

**Results:** The study indicated that AAT can be significant in the reports of having a positive view towards the relationship between the counselor and client for most individuals. Participants that were men, court ordered clients, polysubstance dependent clients, cannabis dependent clients, and methamphetamine dependent clients and received the additional AAT during group therapy had significantly higher ratings, provided through the HAQ-II, when compared those that did not receive AAT during group therapy.

**Counseling implications:**

* In adolescent populations, techniques from the SMART approach should be considered for clients facing significant and multiple traumas. In particular, clients who struggle to express themselves verbally may especially benefit from somatic psychotherapy.
* The study’s rigor could be improved by random selection of patients based on a validated assessment rather than on the subjective assessment of the patient’s verbal limitations given by the therapists. In addition, the study needs to be applied to a more balanced and representative gender sample.

**Reviewed by:** Rhonda C. Steininger

6. Vause, T., Hoekstra, S., & Feldman, M. (2014). Evaluation of individual function-based cognitive-behavioural therapy for obsessive compulsive behaviour in children with autism spectrum disorder. *Journal On Developmental Disabilities*, *20*(3), 30-41.

**Purpose:** To examine the effects of Cognitive Behavioral Therapy (CBT) on youth with autism spectrum disorders who exhibit Obsessive Compulsive Disorder (OCD) tendencies. The study includes a combination of assessments, interventions, and adaptations in the Cognitive Behavioral Therapy treatment process.

**Population**: Vause, Hoekstra, and Feldman (2014) obtained two participants for their research study. Both participants had been diagnosed with an autism spectrum disorder and were not taking medications before or during the time of the study. The two children were 10 years old and 8 years old correspondingly. The children were screened for OCD tendencies by the Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS), which indicated both children exhibited criteria for OCD. A questionnaire was also given to determine their quality of life, which showed that OCD signs affected their everyday lives. Both children exhibited contamination obsessions.

**Treatment Administered**: Treatment was given based on the March and Mulle protocol (1998). This protocol includes psychoeducation, cognitive training, exposure response intervention, and family focused treatment. Psychoeducation was used to inform the children about OCD and express to them that it was not their fault. This was given to them in three sessions. In cognitive training the students exercised making statements about being able to control their OCD. This built on the idea that the children could resist their urge sometimes. Exposure response training was used to expose the children to the unwanted thoughts or behaviors and preventing them from doing that obsessive-compulsive behavior. Family focused training was given to the parents to learn treatment protocols. The Questions About Behavior Function (QABF), which is a function-based assessment (FBAI) was given before the cognitive training and exposure response training to examine psychometric functions, which included sensory/non-social, attention, etc.

**Results**: The results of the study showed that a combination of CBT and function based assessment inventory (FBAI) reduced OCD behaviors, specifically those that are contamination-based in children with autism spectrum disorders. From the parent report data, these two children maintained these improvements at the 3 and 4-month follow ups, parents also reported higher quality of life and were very satisfied with the outcomes following the treatment.

**Counseling implications:**

* Counselors could recommend to clients the use of cognitive behavior therapy (CBT) and function based assessment inventory (FBAI) for clients who are presenting obsessive-compulsive tendencies.
* Not only could this research be applied to children with autism spectrum disorder but also any person exhibiting OCD behaviors. More research would need to be done to determine whether or not this treatment procedure would be effective to a larger sample and also a sample without autism spectrum disorders.

**Reviewed by:** Jessica Habel

7. Allon, M. (2015). EMDR group therapy with women who were sexually assaulted in the Congo.

*Journal of EMDR Practice and Research, 9*(1)*,* 28-34.

**Purpose**: To evaluate the effectiveness of eye movement desensitization and reprocessing (EMDR) and the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) in sexually assaulted Congolese women experiencing posttraumatic stress. Adequate treatment of PTSD in rape survivors is vital in the Democratic Republic of Congo, as thousands of women have been sexually abused during Congo’s civil war. The current government-recommended technique of “active listening” has not produced positive results.

**Population**: The study consisted of 37 women who resided in the Eastern Congo towns of Kakwende and Kasika. All of the women participating in the study were victims of sexual assault. Specific ages of the participants were not revealed, but all were adult women. The women were chosen by locally trained NGO workers whose organization, Malteser International, served the economic, medical, and psychological needs of Eastern Congo’s sexually assaulted women. Out of the 37 participants, 8 were chosen to receive individual therapy and 29 were chosen to participate in group therapy. There were four groups that each contained between six and eight participants. The assignments of individuals to their prospective therapies were decided upon subjectively by a program coordinator from Malteser International.

**Description of Assessment Instruments/Method Used**: All women in the study completed the Impact of Events Scale (IES) before treatment. The IES was translated from French to Swahili, the predominant language in the region, and administered orally, as many of the participants did not receive formal education and could not read. Pretreatment IES assessment strongly suggested that most of the women in the study suffered from PTSD. The women also completed the Subjective Units of Disturbance Scale (SUD) before treatment. The SUD measures the intensity of current distress. Because some of the women did not have a comprehension of numbers, descriptive words were used to describe the measure SUD levels.

**Treatment Administered**: The eight women who participated in individual therapy received two standard EMDR therapy sessions. The 29 women who participated in group therapy received two sessions of the EMDR-IGTP procedure. The group procedure consisted of each participant physically drawing their trauma with thin colored markers onto A4 paper. As they drew a picture of their trauma, they rated the intensity of the emotion they were feeling associated with the trauma on the SUD scale. The scale rates 0 as *no disturbance* and 10 as *worst possible disturbance*. As the participants focused on their drawing, they would self-administer bilateral stimulation in a technique called the *butterfly hug*. The participants continued to process the traumatic memory by repeating the process of drawing, rating the associated emotion, and applying the *butterfly hug*.

**Results**: Results of the posttreatment administration of the SUD indicate that EMDR therapy had a positive impact on the distress levels of the women who participated in this study. The average SUD rating of all participants at the beginning of therapy was 9.0. The average SUD rating of all participants after treatment was 4.3. These results reveal a statistically significant improvement. Posttreatment IES was only administered to six women who participated in group therapy, two weeks after completing their therapy, because of time-constraints. Among these six women, the average pretreatment IES score was 52. The posttreatment average score was 26, which is also a statistically significant improvement. Specifically, improvement was greater for the women who participated in individual therapy, as they reported a decrease in mean SUD scores from 9.3 to 1.9 after completing therapy. The mean SUD rating reported by the 29 women in group therapy decreased from 9.0 to 4.8 by the end of therapy. Six women who participated in group therapy received an additional individual therapy session because their SUD score at the end of group therapy was higher than 6. After individual sessions, the average SUD score for the six women decreased to 2.6. Overall results indicate that individual EMDR therapy sessions are more effective than group EMDR therapy sessions, although group therapy is still an effective treatment. Additionally, many women reported that after therapy treatment, their psychosomatic symptoms of lower back pain and abdomen pain had disappeared.

**Counseling implications:**

* Though the SUD scale is valid to utilize in EMDR, a standardized measurement using pictures or drawings could be beneficial in treating clients and populations who are not formally educated to understand numerical concepts. Clients who struggle to write or draw could benefit from being appropriately accommodated in the EMDR administration.
* In developing countries, mental health professionals are lacking in numbers. Training paraprofessionals in group EMDR treatment should be considered.
* Researchers could study the positive correlation between somatic distress measures and SUD ratings.

**Reviewed by:** Ruthanne Harlow