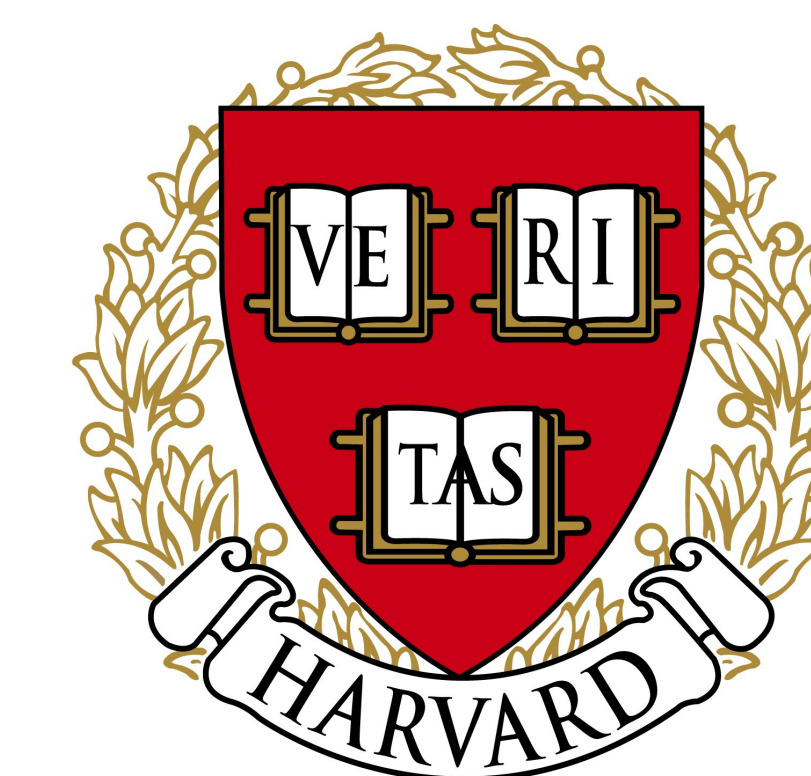




Enhancing Resilience in At-Risk Young Adults: Initial Validation of a Virtual Delivery Method

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Introduction

- ❖ Symptoms of many serious mental illnesses such as psychosis and major depression often begin to emerge during late adolescence and early adulthood.^{1,2}
- ❖ We have developed a **4-week Resilience Training (RT) intervention** consisting of evidence-based components including: mindfulness,⁴ mentalization,⁵ cognitive behavioral therapy,⁶ and self-compassion⁷. RT has been shown to effectively decrease symptoms of depression, anxiety, and psychosis, as well as increase levels of self-compassion and self-efficacy in undergraduates at-risk for serious mental illness.⁸
- ❖ The COVID-19 pandemic has made it difficult for young adults to access these types of interventions in-person; therefore, we adapted the intervention for a virtual delivery method via Zoom.
- ❖ We aimed to assess the effectiveness of virtual RT, and how it compares to the original, in-person version.

Method

- ❖ In line with previous studies, those presenting with mild depressive or subthreshold psychotic symptoms were enrolled in order to capture those at-risk.^{3,9}
- ❖ Self-report measures, including the Beck Depression Inventory (BDI) to assess depression, the Peters et al. Delusions Inventory (PDI) to assess psychotic experiences, and the State-Trait Anxiety Scale (STAI) to assess anxiety, were collected before and after RT
- ❖ Four live, synchronous sessions were conducted with two clinicians via Zoom.
- ❖ Symptom changes (pre vs. post RT) in 14 students who participated in virtual RT were assessed.
- ❖ Pre-post changes in outcomes in the 14 students who participated in virtual RT were compared to such changes in 25 students who participated in in-person RT prior to the pandemic.
- ❖ In order to assess initial acceptability of virtual RT, we also collected acceptability ratings of participation via Zoom.

Participants

RT Version	Gender	Mean Age	White	Asian	African American	Other/Prefer not to Answer	International Students
In-Person RT (n = 25)	19.5% M 80.5% F	18.8	27.9%	32.6%	7.0%	4.7%	24%
Virtual RT (n = 14)	12.5% M 87.5% F	18.8	62.5%	25.0%	0%	12.5%	12.5%

Pre-post Changes in Virtual Intervention

Depression

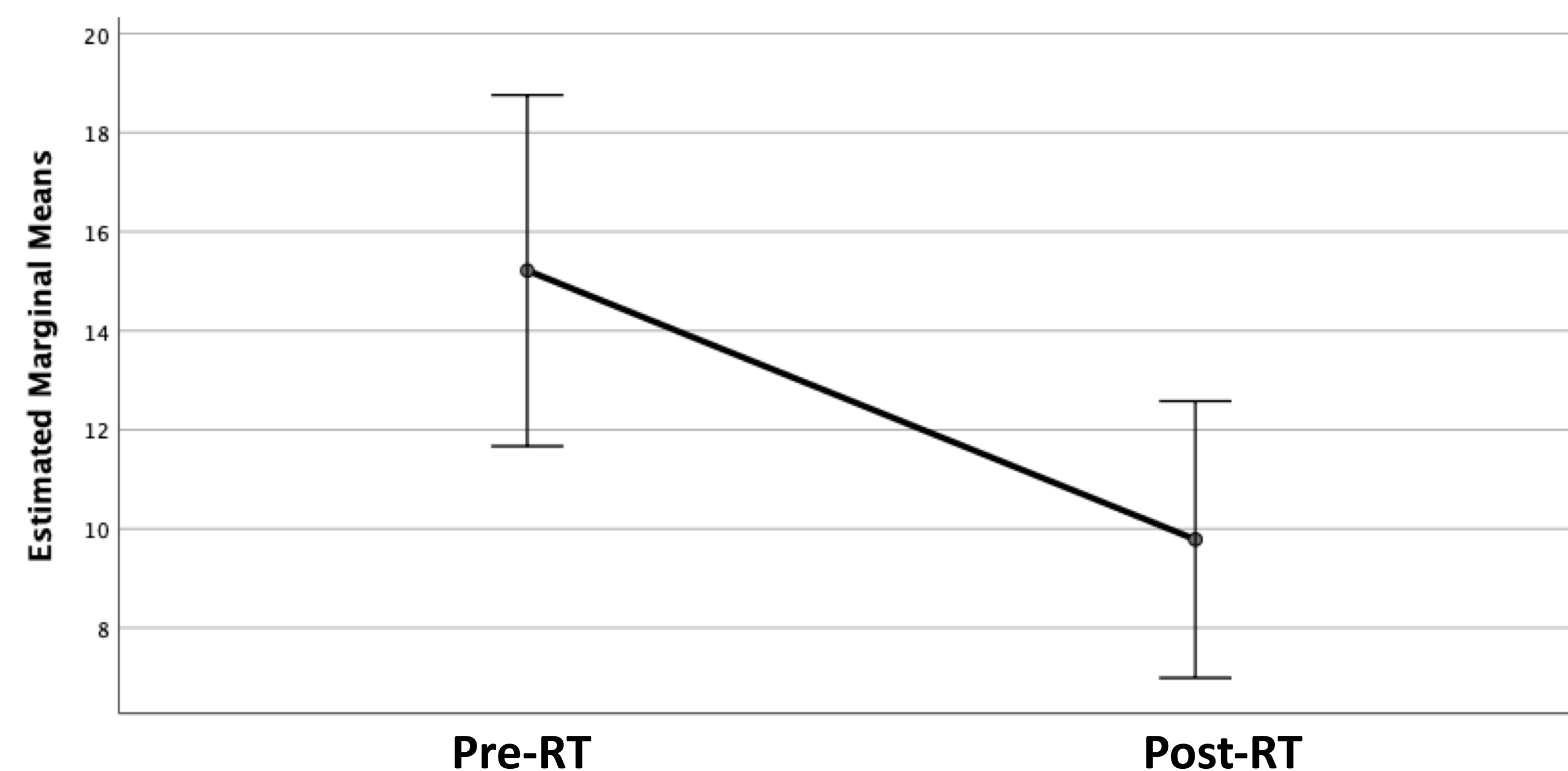


Figure 1. Reductions in depressive symptoms after virtual RT, $t(13) = 5.239, p < .001$

Psychotic Experiences

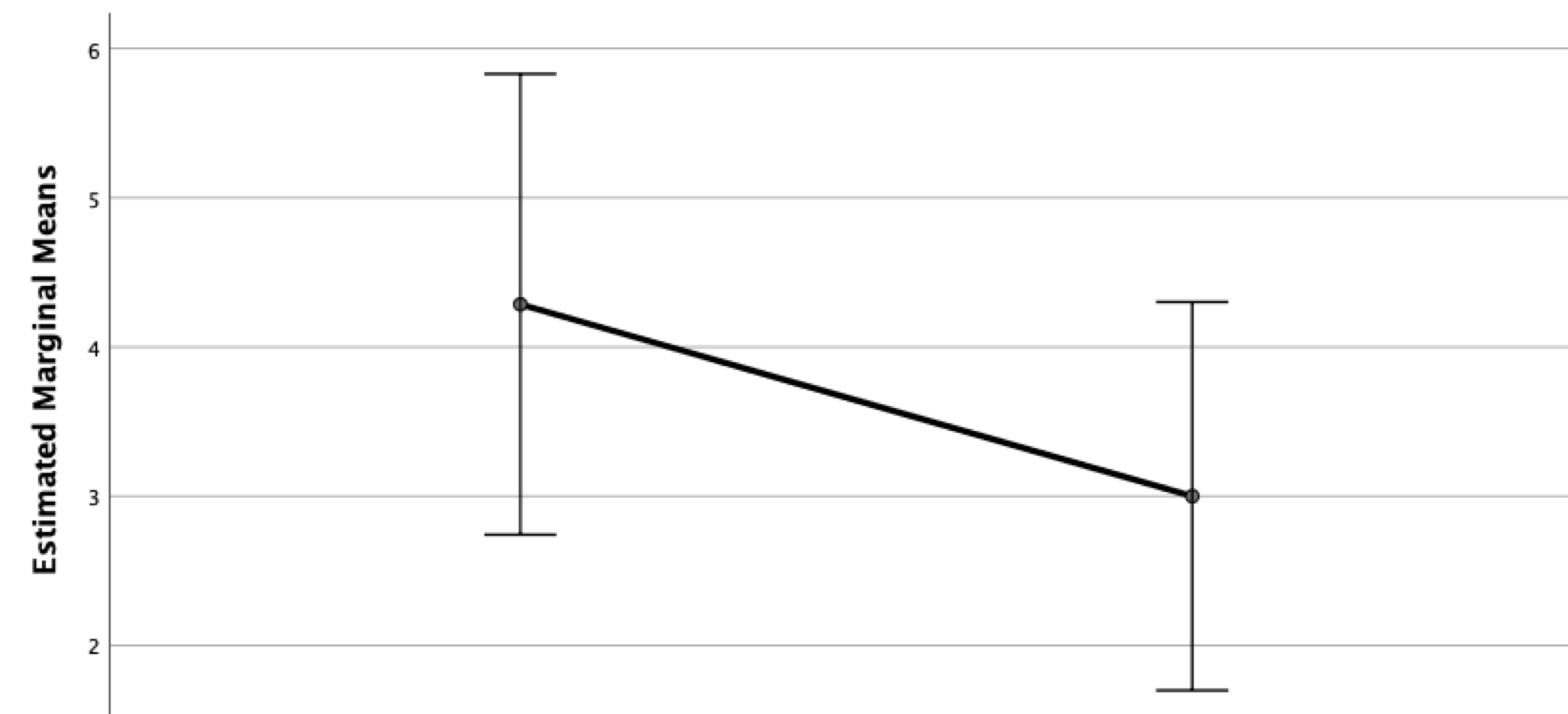


Figure 2. Reductions in psychotic-like experiences after virtual RT, $t(13) = 2.857, p = .013$

Anxiety

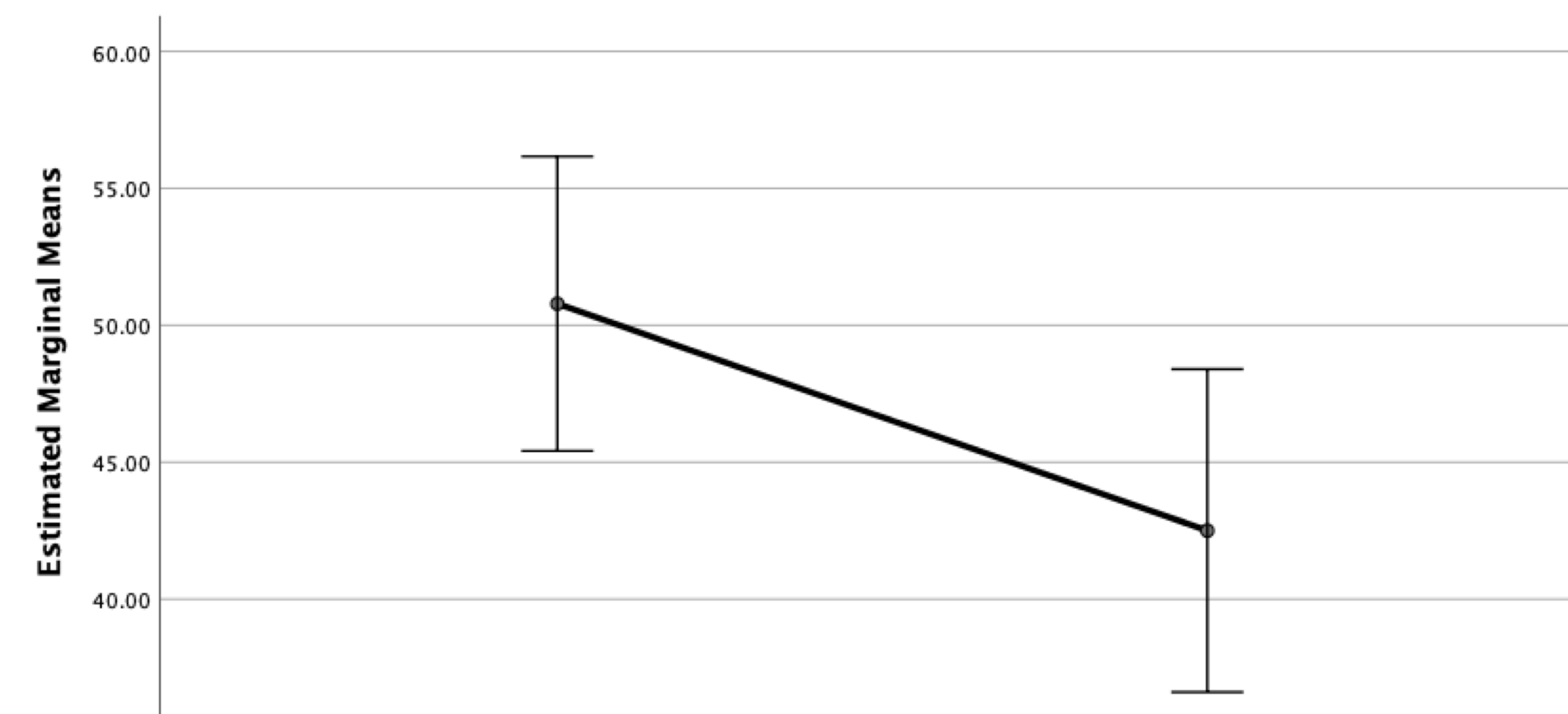


Figure 3. Reductions in state anxiety after virtual RT, $t(13) = 2.718, p = .018$

Results

- ❖ **Symptom reductions:** Both deliveries of RT resulted in significant pre-to-post reductions in symptoms, including in depression (in-person $t(24) = 3.384, p = .002$; virtual $t(13) = 5.239, p < .001$), psychotic-like experiences (in-person $t(22) = 4.323, p < .001$; virtual $t(13) = 2.857, p = .013$), and anxiety (in-person $t(16) = 2.184, p = .044$; virtual $t(13) = 2.718, p = .018$), with no significant differences in baseline symptoms between delivery types.
- ❖ **Delivery type:** ANOVAs revealed no differences in symptom reduction according to delivery type.
- ❖ **Acceptability:** Participants rated the virtual version of RT as helpful, with 85.7% ($n = 12$) rating the program as beneficial or very beneficial, 78.57% ($n = 11$) indicating they would recommend the program to a friend, and 85.7% ($n = 12$) rating the concepts taught in RT as useful or very useful.
- ❖ **Zoom experience:** Participants rated the experience of participating on Zoom as somewhat enjoyable or very enjoyable (85.7%, $n = 12$), with an average rating of 4.38 on a 1-5 Likert scale.

Conclusions

- ❖ In a small sample, a virtual delivery method of RT is effective in reducing symptoms that can lead to more serious mental illness.
- ❖ Virtual delivery of RT did not appear to differ in its effectiveness from the in-person version.
- ❖ Acceptability of participating in RT via Zoom was high in this pilot study.

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