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ARAŞTIRMA   Açık Erişim

The Effectiveness of Acceptance and Commitment Therapy Based Psychoeducation Program in Reducing Fear of Negative Evaluation

Kabul ve Kararlılık Terapisi Yönelimli Psikoeğitim Programının Olumsuz Değerlendirilme Korkusunu Azaltmada Etkililiğinin İncelenmesi

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ABSTRACT

This study evaluates the effectiveness of Acceptance and Commitment Therapy (ACT) based psychoeducation program in reducing fear of negative evaluation. The study was conducted with 26 university students. 26 participants were equally assigned to research groups (experimental n=13, control n=13). An 8-week psychoeducation program was implemented. In the current study, a pretest-posttest control group design was used. The Turkish version of The Brief Fear of Negative Evaluation Scale (BFNE) was administered to experimental and control groups three times (pretest, posttest, and follow-up). According to the findings, group*time effect was found to be significant for fear of negative evaluation. The data revealed that being in different experimental conditions affects students' pre-test, post-test, and follow-up test scores differently. It was found that the ACT-based psychoeducation program has a significant effect in reducing fear of negative evaluation scores.

ÖZET

Bu çalışmada, Kabul ve Kararlılık Terapisi (ACT) yönelimli psikoeğitim programının olumsuz değerlendirilme korkusunu azaltmadaki etkililiği incelenmiştir. Çalışma 26 üniversite öğrencisi ile yürütülmüştür. 26 katılımcı araştırma gruplarına eşit olarak atandı (deneysel n = 13, kontrol n = 13). 8 haftalık bir psikoeğitim programı uygulanmıştır. Bu çalışmada ön test-son test kontrol gruplu desen kullanılmıştır. Olumsuz Değerlendirilme Korkusu Ölçeği Kısa Formu (BFNE) deney ve kontrol gruplarına üç kez (ön test, son test ve izleme) uygulanmıştır. Elde edilen bulgulara göre, olumsuz değerlendirilme korkusu için grup * zaman etkisi anlamlı bulunmuştur. Veriler, farklı deney koşullarında olmanın öğrencilerin ön test, son test ve izleme testi puanlarını farklı şekilde etkilediğini ortaya koymuştur. Sonuç olarak, ACT temelli psikoeğitim programının olumsuz değerlendirilme korkusu puanlarını azaltmada anlamlı bir etkiye sahip olduğu bulunmuştur.

The Effectiveness of Acceptance and Commitment Therapy Based
Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

INTRODUCTION

Social anxiety disorder (SAD) leads to functional impairment in social, educational, and occupational settings, triggering poor quality of life (Dryman, Gardner, Weeks, & Heimberg, 2016). Fear of negative evaluation has been described as a core component of SAD. Fear of negative evaluation (FNE) described the nervousness and anguish arising from worries about humiliating or hostile judgment by others (Geukes, Harvey, Trezise & Mesagno, 2017). The FNE may lead to other anxieties, fears, and pathologies (Carleton, McCreary, Norton, & Asmundson, 2006).

FNE poses a serious obstacle for individuals to perform their potential and to acquire the psychological benefits of social relationships. Individuals have restrictive behaviors due to fear of negative evaluation. Individuals who are afraid of being evaluated negatively tend to stay away from social environments, to be in close contact with a limited number of people in the social network, to blame themselves (Wingo, Baldessarini & Windle, 2015). Numerous studies revealed that FNE showed overlapping relationships with some of the mental health indicators. FNE accounts for mediating the direct relationship between maladaptive perfectionism and perceived stress (Shafique, Gul, & Raseed, 2017). There is a significant relationship between FNE and excessive smartphone use and fear of missing out (Wolniewicz, Tiamiyu, Weeks, & Elhai, 2018); eating disorder (Trompeter et al., 2019), being resistant to participating in active learning activities (Cooper & Brownell, 2020), social interaction anxiety (Drummond, 2020).

There are various approaches used to reduce the fear of negative evaluation. (De Castella et al., 2015). Although cognitive-behavioral therapy is often used, the Acceptance and Commitment Therapy (ACT) called 3rd wave in behavioral therapies also suggests remarkable intervention options. ACT's roots are based on Functional Contextualism and Relational Frame Theory (RFT). In the ACT, the main aim is to increase the level of psychological flexibility of clients in the counseling (Hayes, 2019). Psychological flexibility is defined as the ability to non-judgmental contact with psychological and environmental events as they occur (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). The opposite of psychological flexibility is termed psychological inflexibility, which consists of dysfunctional control efforts of a person's thoughts, feelings, and emotions, with a tendency to avoid unpleasant internal experiences rather than meaningful values (Arslan et al., 2020; Levin et al., 2014; Tanhan, 2019).

The psychopathology view of ACT is based on RFT and clarified by the psychological inflexibility model. The psychological inflexibility characterized by six core process consists of experiential avoidance, cognitive fusion, attachment of a conceptualized self, loss of contact with the present, inaction or impulsivity, and the resulting failure to take needed behavioral steps in accord with core values (Hayes, Levin, Plumb-Vilardaga, Villatte & Pistorello, 2013). According to ACT, when individuals try to avoid internal and external experiences (experiential avoidance) and try to control them, they become open to experiencing various psychological difficulties (Uğur, Kaya & Tanhan, 2020). In the current study, the FNE interventions in the group program are framed based on the psychological inflexibility model.

In the present study, the effectiveness of the ACT-oriented psychoeducation program was examined. In this context, the main hypothesis of the research was as follows;

H1: ACT-based psychoeducation program is effective in reducing the FNE levels of the participants.

METHOD

Research Model

The study was carried out with 2x3 (experimental/control groups X pretest/posttest/follow-up measurements) split-plot design. True experimental designs describe studies in which subjects are randomly assigned. The participants are randomly distributed to the experimental and control groups and the independent variable is controlled by the researcher (Büyüköztürk, 2016; Mitchell, 2015).

Table 1. The design of the study

Groups	Pretest	Process	Posttest	Follow-up test
Experimental	BFNE	ACT based psychoeducation program	BFNE	BFNE
Control	BFNE	No intervention	BFNE	BFNE

Study Group

Participants were 26 students (13 were female,13 were male) studying at Sakarya University. The process of assigning members for the experimental and control groups is described in the procedure section.

Ethical Statement

The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. In addition, ethics committee approval was obtained from Sakarya University Ethics Committee (Ref: 61923333/050.99/ Date:02/07/2020).

Data Collection Tools

The Turkish version of The Brief Fear of Negative Evaluation Scale (BFNE). was administered to experimental and control groups three times (pretest, posttest, and follow-up). BFNE developed by Leary (1983) and the Turkish adaptation study of the scale was carried out by Çetin, Doğan and Sapmaz (2010). The scale consists of 11 items and has a five-point Likert-type rating. According to the confirmatory and exploratory factor analysis, a single factor structure was obtained, which explained 40.19% of the total variance. In the test-retest measurement performed at two-week intervals, the correlation r = .82 was found. Cronbach's alpha coefficient of the scale was .84 and the split-half reliability coefficient was found .83. For the present study, the alpha coefficient was found to be .88 that indicates a good internal consistency.

The independent variable of this study is the psychoeducation program designed to reduce the fear of negative evaluation. Psychoeducation program prepared to reduce the fear of negative evaluation; It is a program consisting of 8 sessions, each session lasting 90 minutes, and one session per week. With this program, it was aimed to inform the participants about the fear of negative evaluation, to increase their psychological flexibility, to develop their awareness, to gain cognitive dissociation skills, to reveal their values, and to turn them towards their values with decisive actions. The use of acceptance as a coping strategy has been highlighted in order to cope with the fear of negative evaluation.

The Effectiveness of Acceptance and Commitment Therapy Based Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

Program Content

The content of the program is summarized as follows: Raising mindfulness of the moment in each session; informing about ACT's view of human nature, its basic philosophy; raising awareness about the cognitive, physical, and emotional dimensions of fear of negative evaluation; dealing with dysfunctional coping behaviors involving psychological inflexibility using the creative hopelessness technique; enable participants to comprehend the relationship between cognitive fusion and fear of negative evaluation experiences; raising awareness of the importance of personal values in coping with the fear of negative evaluation; implementing the cognitive defusion interventions; enable the participants to test the effects of acceptance exercises on possible fear of negative situations via fictions.

Process

ACT-based psychoeducation program for reducing fear of negative evaluation is the independent variable, and the dependent variable is the scores obtained from The Brief Fear of Negative Evaluation Scale. In order to create a participant pool, demographic information form and The Brief Fear of Negative Evaluation Scale (BFNE) were applied to 837 students. According to the result of the preliminary analysis, the average of the scores obtained from the Short Form of Fear of Negative Rating Scale ($\bar{x}$ = 30.55) and standard deviation (sd = 8.65) was determined. Scores received from BFNE arranged in descending order from the highest score one at the bottom. There is a risk of not observing the effect of the program on the participants for those who score lower than the scale. Considering that this will decrease the internal validity of the study, the lower 27% group was not included in the study. Individuals in the upper group of 27% who score higher on the scale may have various behavioral disorders accompanying high levels of fear of negative evaluation. Since the possibility of 27% of the upper group having abnormal behavior is higher than the middle group of 46% (Kaya, 2009), the 27% upper group was also excluded from the study. Briefly, the 27% of the group with the highest score and the 27% of the group with the lowest score were excluded to be made the study group as homogeneous as possible. (Kaya, 2009). Face-to-face and telephone interviews were carried out with individuals in the middle group outside the 27% of the group with the highest score and the 27% of the group with the lowest score. Each of the 26 persons was given a number and then participants randomly assigned to experimental and control groups by drawing lots. 8-week group program started after the groups were formed. No experimental intervention was applied to the control group. The post-test scores were calculated after the experiment, and the follow-up test scores were calculated at the end of the 3 months follow-up period.

Data Analysis

The data was analyzed by SPSS software. In order to use the parametric tests, the assumptions of normal distribution and homogeneity of the variances must be met (Delacre, Leys, Mora, & Lakens, 2019). Skewness and kurtosis coefficients were measured to test the normality assumption. The values for the skewness and kurtosis coefficients should be between -1 and 1 according to the 5% significance level (Büyüköztürk, 2016). The skewness values of the pretest, posttest, and follow-up measurements for the experimental group were found as -.476, -.598, -.389 respectively. The kurtosis values of the pretest, posttest, and follow-up measurements for the experimental group were found as -.895, -.653, -.358 respectively. The skewness values of the pretest, posttest, and follow-up measurements for the control

The Effectiveness of Acceptance and Commitment Therapy Based Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

group were found as .110, .170, .918 respectively. The kurtosis values of the pretest, posttest, and follow-up measurements for the experimental group were found as .185, -.865, .680 respectively.

Shapiro-Wilk normality test was performed since the number of participants in the study group was less than 50 (Elliott & Woodward, 2007). Shapiro-Wilk normality test coefficients showed that there was no statistically significant difference between the distribution observed in BFNE measurements and the predicted distribution for the experimental and control groups (p>.05). Mauchly's Test of Sphericity was carried out to assess the validity of the sphericity assumption. The sphericity assumption was met for repeated measurements taken at different times from the BFNE scale (W(2) = .925, p>.05 for BFNE). In conclusion, parametric tests have been used since normality assumptions are met.

Additionally, Levene test was used to test whether there was a significant difference between the averages of the scores obtained from the BFNE at different times. It was seen that there was no difference between the pretest scores (F = .203, p>.05), posttest scores (F = 3.518, p>.05) and follow-up scores (F = 2.459, p>.05).

RESULTS

The main hypothesis of the study was described as 'ACT oriented psychoeducation program application is effective in reducing the fear of negative evaluation". Variance analysis was used for repeated measures on one factor to test this hypothesis. The mean and standard deviation values of the BFNE pre-test, post-test, and follow-up test scores were calculated before ANOVA. The findings are given in Table 2.

Table 2. The descriptive data

Groups	Measurement	N	x̄	SD
Experimental	Pretest	13	31.00	3.58
	Posttest	13	25.62	4.21
	Follow-up test	13	25.15	3.48
Control	Pretest	13	30.69	3.27
	Posttest	13	30.84	2.44
	Follow-up test	13	30.00	2.04

According to Table 2, it is seen that the average BFNE score of the participants decreased by 5.38 points in the post-test measurement. The decrease in BFNE scores in the experimental group continued in the follow-up measurement. The average BFNE score of the participants increased by .15 points in the post-test measurement.

Table 3. The results ANOVA for repeated measures

Source of variation	Sum of square	df	Mean of square	F	P	η2
Between groups	894.628	25				
Intervention (Experimental/Control)	206.782	1	206.782	7.215	.013	.231
Error	687.846	24	28.660			
Within groups	279.948	52				
Time (pretest, posttest, follow-up)	155.615	2	77.808	49.543	.000	.674
Intervention*Time	124.333	2	62.167	39.584	.000	.623
Error	75.385	48	1.571			
Total	1175.576	77				

The Effectiveness of Acceptance and Commitment Therapy Based Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

The variance analysis performed on the averages of the scores of the participants in the experimental and control groups from the pretest, posttest, and follow-up measurements of the BFNE, the intervention effect was significant (F (1 24) = 7.215; p<.05).

Table 4. ANOVA results of the repetitive measurements according to wilks' lambda test

Effect	*Wilks' λ*	Sd	F	p	η^2
Time	.233	2	37.767	.000	.767
Time∗Intervention	.259	2	32.980	.000	.741

According to Table 4, for fear of negative evaluation over time, Wilks 'λ = .233, F (2.48) = 37.767; it is seen that there is a significant difference (p<.001). The effects of time * intervention interaction are also significant (Wilks' λ = .259, F (2.48) = 32.980; p<.001). was significant. Compared to the control group, it was found that the BFNE levels of the participants in the experimental group showed significant changes.

In the interaction graph given in Figure 1, there was a decrease in the BFNE post-test scores for the experimental group. The measurement made at the end of the 3 months follow-up period, showed that the scores continued to decrease.
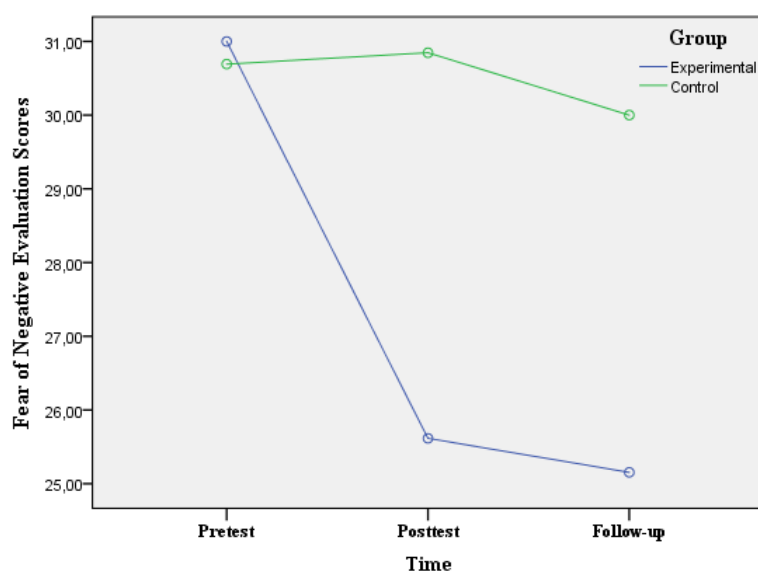

Figure 1. The graph for the mean values of pretest, posttest, and follow-up test measurements of BFNE scores in the experimental and control groups.

DISCUSSION, CONCLUSION & SUGGESTIONS

According to the findings, there was a statistically significant difference between the averages of the participants' scores obtained from the BFNE, without discriminating between the pretest, posttest, and follow-up measurements of the experimental and control groups. When the pre-test, post-test, and follow-up test scores of the experimental and control groups are examined, it is seen that the average post-test score of the participants in the experimental group is lower than the pre-test score average. In the follow-up measurement, there was a partial decrease in the mean score compared to the posttest.

When the main effect of time in the study was calculated, it was seen that there was a significant difference between all measurements made at different times. According to these data, it is seen that the effect of intervention and time is also significant. This finding indicates that being in different treatment groups

The Effectiveness of Acceptance and Commitment Therapy Based
Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

has different effects on pretest, posttest, and follow-up test scores. According to wilks' lambda coefficients, when compared to the control group, the levels of fear of negative evaluation of participants in the experimental group before and after the experimental procedure and in the 3-month follow-up period were significantly differentiated. When all findings are considered holistically, it can be said that the program is effective in reducing the fear of negative evaluation.

ACT considered as third-wave behavior therapy and offers specific intervention options for anxiety disorders. ACT emphasizes that control is a problem, and uses acceptance and cognitive defusion techniques. ACT sessions are very experiential and it is aimed to learn and realize new skills in ACT sessions (TÜRBAD, 2020). In the current study, the ACT-based program is effective in reducing FNE levels. The experiential nature of ACT may have played a facilitating role in the effectiveness of the program.

Individuals experiencing cognitive fusion avoid confronting their fears. So in this ACT-based psychoeducation program, cognitive defusion interventions were used in order to reduce the fear of negative evaluation level. Fear of negative evaluation (FNE) occurs in social environments or situations that require performance, and individuals with FNE make an effort to avoid unpleasant emotions and thoughts. In the ACT, these efforts named experiential avoidance which is defined as an attempt to change the frequency, intensity, and shape of internal experiences such as thoughts, feelings, bodily symptoms, although they are dysfunctional (Yavuz, 2015). Exercises that interfere with experiential avoidance may have contributed to the decrease in scores for fear of negative evaluation.

Limitations

There are several limitations of the current study that may provide a further extension of the research. Based on the relevant literature (Eifert, Forsyth & McKay, 2006; Habibollahi & Soltanizadeh 2016; Usta, 2017), a closed group program lasting 8 sessions and 90 minutes was preferred. In determining the participants to be assigned to the experimental and control groups, the psychological flexibility levels could be included in addition to the FNE levels. Using psychological flexibility scores in determining the participants be assigned to the experimental and control groups may contribute to the homogeneous distribution of the intervention participants. The follow-up measurement was made three months after the experimental intervention. However, in order to reveal the permanence effect of the independent variable more clearly, monitoring measurement can be made for more than 3 months. This research was carried out with individuals who have not previously had any psychiatric diagnosis. The fact that the participants are not diagnosed can be considered as a bias in the significant difference in post-test scores.

Implications and Conclusion

Although the program was implemented as a psychoeducation program, exercises that will help cognitive defusion can also be used in individual psychological counseling practices. The mindfulness exercises in the program can also be used in school counseling. Since ACT's intervention methods are convenient to integratıon, practitioners can use this program by integrating it with other psychological counseling approaches. The psychoeducation program can also be used as an alternative reference resource in university counseling centers and school counseling.

The Effectiveness of Acceptance and Commitment Therapy Based
Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

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The Effectiveness of Acceptance and Commitment Therapy Based
Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

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The Effectiveness of Acceptance and Commitment Therapy Based
Psychoeducation Program in Reducing Fear of Negative Evaluation

Uğur & Koç (2021), 11(60)
Turkish Psychological Counseling and Guidance Journal

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Author Contributions

EU: Idea and design, data collection and analysis, interpretation of findings, reporting of the article.

MK: Idea and design, interpretation of findings, supervising the study.

Conflict of Interest

It has been reported by the authors that there is no conflict of interest.

Funding

No funding support was received.

Note

This study was produced from the Doctoral Thesis prepared by the first author under the supervision of the second author.

Ethical Statement

The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. In addition, ethics committee approval was obtained from Sakarya University Ethics Committee.

Ethics Committee Name: Sakarya University Ethics Committee

Approval Date: 02/07/2020

Approval Document Number: 61923333/050.99/