

PlayWrite Inc. Efficacy Study 2012: Results in Brief

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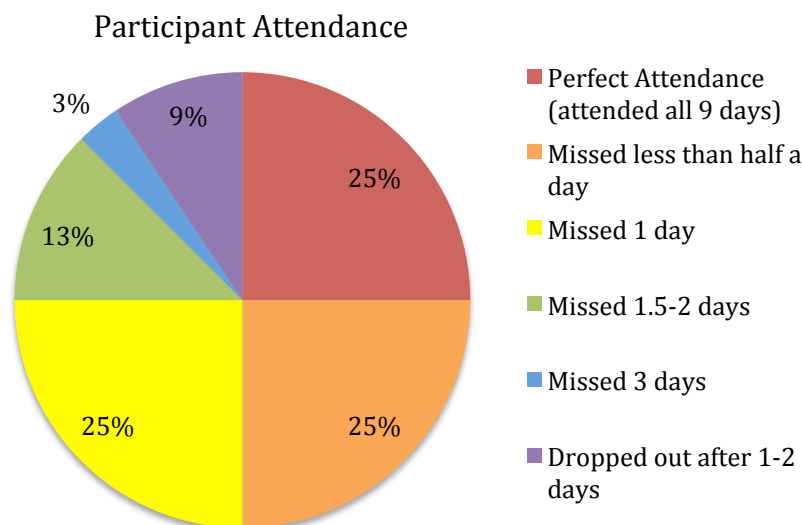
Adolescence is a developmental period marked by profound transition, featuring rapid and pervasive physiological, cognitive, emotional, and social changes second only in magnitude to those that occur during infancyⁱ. And while this period of extensive transition brings increased vulnerability for problems, it also represents an important sensitive period, or ‘window of opportunity’ for positive change through interventionⁱⁱ. This opportunity for growth may be especially important among individuals who were maltreated or otherwise placed at risk during childhood, as these are the youth who are more likely to engage in risky or unhealthy behaviors if problems go unresolved during their transition into adulthood. Thus, for these individuals, adolescence may be a ‘developmental crossroad’ during which time effective intervention can have a significant positive influence on their developmental trajectory.

This small-scale, randomized efficacy trial was designed to: (I) document the feasibility of the PlayWrite intervention (via attendance rates and indices of participant participation), and (II) to investigate whether the intervention influenced improvement on various indicators of psychosocial adjustment. A wait list control design (a commonly used design in therapeutic outcome studies that compares individuals who received an intervention with untreated members waiting to receive the intervention) was used to rule out the possibility that any found treatment effects were due merely to the passage of time, while at the same time allowing all study participants an opportunity to partake in the intervention. Results of the study were as follows:

I. Intervention Reputation, Attendance, & Engagement

A) *Reputation*: Across sites, 63% of the participants had an acquaintance that had previously participated in a PlayWrite workshop. Of those, 100% reported that this person or people had a good experience in the program.

B) *Attendance*: Across sites, a total of 32 students started in a workshop. Three-quarters of the adolescents were present for an impressive 89+0% of the total possible intervention hours (missing one or fewer days).



C) *Engagement*: Excluding early dropouts, workshop coordinator reports indicated that participant engagement in the workshop process was consistently high (the average rating equaled 4.12 on a 5-point scale where 1 represents distracted non-engagement, 2 represents withdrawn non-engagement, 3 signifies inconsistent engagement, 4 indicates passive engagement and 5 indicates active engagement). Because scores of zero were

given to students for periods of absence (many of which were non-volitional), this value is probably a somewhat deflated estimate of adolescent engagement. When calculating average engagement without absences, the figure increases to 4.52.

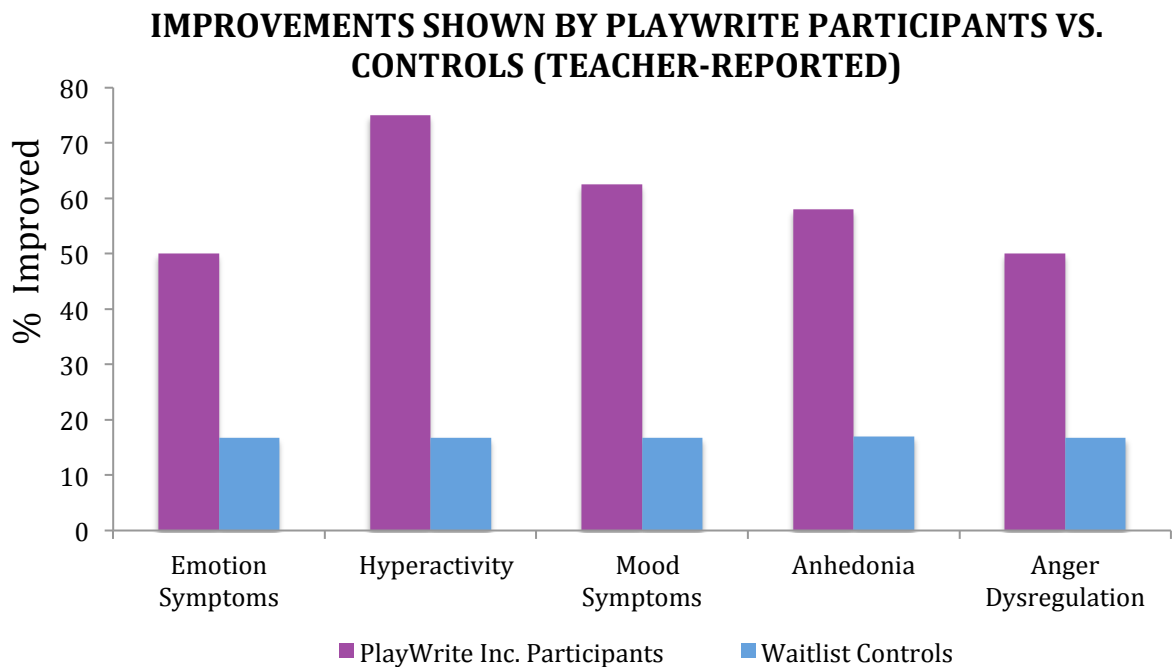
Coach reports indicated that by the end of the workshop, student confidence was moderately high (average final day confidence was 5.33 on a 7-point scale). In addition, both coaches and teens reported that the strength of the working alliance between participants and their coaches (i.e. the strength of their collaborative relationship, their agreement on the goals and methods of intervention, and the emotional bond between them) was high, with coaches reporting an average final workshop-day alliance of 5.77 on a 7-point scale, and teens reporting an alliance score of 4.21 on a 5-point scale.

II. Treatment Efficacy

Exploratory analyses indicated that workshop participants experienced improvements in multiple domains. School respondent reports (see Table 1 below) suggest that relative to adolescents on the waitlist, a greater proportion of workshop participants had decreased levels of:

- *Emotion symptoms*: including anxiety, somatic complains, depression.
- *Hyperactivity*: being restless and easily distracted
- *Mood symptoms*: including withdrawal, shame, and lethargy.
- *Anhedonia*: an inability to experience pleasure.
- *Anger Dysregulation*: culturally inappropriate (i.e. disruptive or destructive) emotional expression of anger.

Table 1.

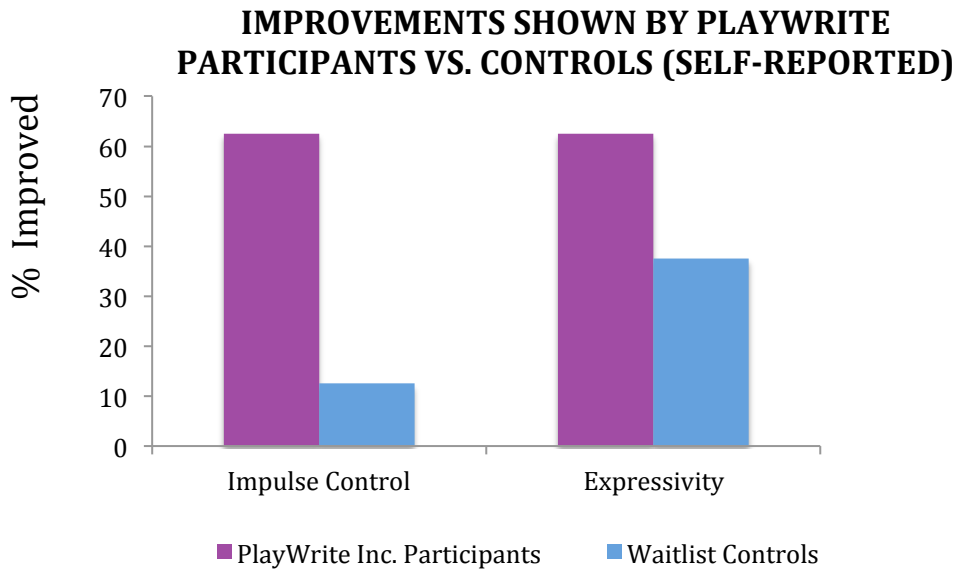


Note. All reported trends held after pooling Mt. Scott and Rosemont data.

In addition to these school-respondent rated trends, adolescent self-report data (see Table 2 below) suggested that PlayWrite Inc. participants saw greater improvements than waitlist control participants in the domains of:

- *Impulse Control*: their ability to regulate and resist impulses.
- *Expressivity*: their ability to express both positive and negative emotional states.

Table 2.



Conclusions and Future Directions

I. Intervention Reputation, Attendance, & Engagement

- Participants’ reports on PlayWrite Inc.’s reputation, in addition to their attendance and engagement, supports previous anecdotal evidence that the intervention is an accessible and valuable experience for its participants. This is not an insignificant finding, as:
 1. High-risk youth are prone to high rates of treatment dropout and disengagement.
 2. The most important component of effective intervention is the collaboration between participant and interventionist and participant engagementⁱⁱⁱ, which can be more difficult to cultivate with adolescents versus adults and children^{iv}.

II. Treatment Efficacy

- The current study’s sample size is too small to detect whether aforementioned trends are statistically significant. Nevertheless, they help direct our attention toward the variables upon which a larger future study might focus.
- A follow up study would enable a more confident articulation of treatment effects, which could, in turn, help:
 1. Strengthen PlayWrite, Inc. and promote wider dissemination of its intervention.
 2. Allow a more nuanced investigation of which students are best served by the intervention, and for whom the intervention is not working as well.

References

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- ⁱ See, for example, Weisz, J.R., & Hawley, K.M. (2002). Developmental factors in the treatment of adolescents. *Journal of Consulting and Clinical Psychology*, 70, pp. 21-43.
- ⁱⁱ See, for example, Wekerle, C., Waechter, R.L., Leung, E., & Leonard, M. (2007). Adolescence: A Window of opportunity for positive change in mental health. *First Peoples Child & Family Review*, 2, pp. 8-16.
- ⁱⁱⁱ See, for example, Norcross, J. C. (2001). Purposes, processes and products of the task force on empirically supported therapy relationships. *Psychotherapy*, 38, pp. 345-356.
- ^{iv} See, for example, Rubenstein , A. (1996). Interventions for a scattered generation: Treating adolescents in the Nineties. *Psychotherapy*, 33, pp. 353-360.