**THE EXTERNALIZING METAPHORS THERAPY PROJECT: A 3-PHASED RESEARCH PROGRAM FOR MANAGING MOOD WITH YOUTH AND YOUNG ADULTS PRESENTING WITH A DEVELOPMENTAL DISABILITY

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**Objectives:** The purpose of this research poster is to present an innovative, arts-based research program that introduces a creative and novel treatment intervention for youth and young adults presenting with a developmental disability (high-functioning autism). Externalizing Metaphors Therapy/EMT uses a 3-phased approach to therapeutically manage mood sequentially within the (1) home setting, (2) school setting, and (3) community setting.

**Method:** A new treatment intervention for developmental disabilities (10 to 18 year olds) presenting with high-functioning autism and mood (emotional regulation) is based upon the externalization of problems through client-centred metaphors, transformation of metaphoric imagery, shifting of maladaptive emotional schemas, and the generalization of problems. The new model embodies a playful approach through the creation and transformation of interactive client metaphors that represent the anxiety-problem. The client-centred metaphors are used first within the home setting, and then the school, and finally the community settings.

In Phase I, this treatment intervention was first evaluated with transitional-aged clients within 4 Ontario university student counselling centres. In Phase II of its development, EMT was used with neurotypical children and youth within the treatment group format (active and ongoing research in a Children’s Mental Health Ontario agency in North Bay, Ontario). In Phase III, the current model will be evaluated with youth and young adults presenting with a developmental disability at a Children’s Mental Health Ontario agency in Kingston, Ontario.

**Results:** In Phase I, 50 participants from four post-secondary student counseling centers in Ontario received the treatment intervention for anxiety and depression. Two self-report measures of dysphoria (Depression Anxiety Stress Scale/DASS-21, and State Trait Anxiety Inventory/STAI) were completed before beginning and at the end of treatment. The results were then compared to a small sample of participants who engaged in treatment as usual (TAU). Differences on the DASS-21 between baseline and post-intervention revealed significant reductions in self-reported stress, depression, and anxiety. Additionally, the data showed a significant and large reduction in trait anxiety on the STAI. No statistically significant differences were found between EMT and TAU, with limitations discussed. Examining differences on the DASS-21 between baseline and post intervention revealed significant reductions in stress, *t*(47) = 3.99, *p* < .001, *d* = 0.58, depression, *t*(47) = 3.22, *p* = .002, *d* = 0.43, and anxiety, *t*(47) = 3.45, *p* = .001, *d* = 0.56. Furthermore, there was a significant and large reduction in trait anxiety on the STAI, *t*(45) = 6.17, *p* < .001, *d* = 0.95.

In Phase II, results are pending from the clinical evaluation of EMT with youth (14-18 years old) using the Multidimensional Anxiety Scale for Children 2nd Edition/MASC2TM through a Children’s Mental Health Ontario pilot study in North Bay, Ontario.

Phase III of the treatment intervention is planned for the fall of 2021.

**Discussion/Conclusions:** If the newly proposed treatment model is effective for managing mood within the developmental disabilities population, then it may become part of best practice. It is hoped that by using externalized metaphors in managing mood, it will significantly decrease anxiety and depression with this population.

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