

Abstract

Distress tolerance has emerged as an important transdiagnostic factor contributing to the development and maintenance of depressive and anxiety disorders. Yet, the existing literature on the role of distress tolerance in moderating treatment outcomes is scarce and yielded mixed results, with none addressing these relationships in the context of a Low Intensity Cognitive Behavioral Therapy (LiCBT) intervention. The purpose of this study was to examine treatment effectiveness in improving distress tolerance throughout LiCBT intervention among a diagnostically heterogeneous community sample in Hong Kong. It further investigated the moderating effects of distress tolerance in anxiety and depressive symptom reduction. Participants ($n = 43$) completed 4 to 8 sessions of individual guided self-help LiCBT intervention in a community service setting. Results of hierarchical linear models revealed that distress tolerance and three of its facets (tolerance, appraisal and absorption) improved with treatment, and distress tolerance was consistently associated with depressive and anxiety symptoms across the course of treatment. However, baseline distress tolerance did not moderate the rate of symptom improvement in both depressive and anxiety outcomes. Clinical implications, future directions, and methodological limitations were discussed.