Premier’s Anika Foundation Youth Depression Awareness Scholarships

The application of Acceptance and Commitment Therapy (ACT) programs to reduce Adolescent Depression

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Introduction

ACT (pronounced as one word) is a mindfulness-based behaviour therapy comprising an eclectic mix of metaphor, paradox and mindfulness skills training along with a wide range of experiential exercises. ACT does not attempt to alter, adapt or expunge negative thoughts / experiences. Time and energy spent previously on unwanted feelings or thoughts is rather invested in taking effective action, guided by the client’s values, to improve their lives. So, for example, students learn that one can experience unhappiness yet still work to live a meaningful life. ACT perceives depression and other mental health conditions through a non-disease lens and views behaviour as serving a purpose and that behaviour is reinforced either by events and/or the way a person attributes meaning to words.

Traditionally depression and anxiety has been mostly treated via Cognitive Behaviour Therapy, which aims to change people’s thinking through a range of strategies such as thought stopping and cognitive restructuring.

Focus of the study

The focus of my study was to review Acceptance and Commitment Therapy (ACT) programs and interventions internationally and review the work of leading ACT practitioners and researchers in America, Turkey, Denmark and Belgium

**United States of America**

**Boston**

In Boston I met Associate Professor [Lisa Coyne](https://contextualscience.org/suffolk_university_lisa_coyne) from Suffolk University. One impressive aspect of her work is that her clinical work and research is done in schools and the community.

Professor Coyne has been working with students, parents, depressed mothers and teachers. Her emphasis is on developing emotional regulation as an intervention approach to combat adolescent depression via ACT and Parent Child Interaction Therapy (PCIT). Previous to my study tour, District Guidance Officers in South West and Sydney regions were in-serviced in PCIT.

The impact which experiential avoidance (McCracken et al), psychological flexibility (Ciarrochi et al) mindfulness and empathic understanding have on the behaviour of children at different transition stages is a key feature of Professor Coyne’s ACT model of intervention. Professor Coyne coaches parents to engage their history of experiential avoidance and who may actively suppresses previous negative experiences. Research of 145 mothers with a history of experiential avoidance has found that they will most likely be coerced by demanding and strong willed preadolescents or likely overreact to the context in approximately 1 second.

The concept and use of Values (who is important and/or what is important to you) in therapeutic sessions with adolescents and their parents is a core feature of therapy and enhances a shared understanding. She conducts ACT groups with parents and adolescents where the concepts of Values and Acceptance are explored in depth.

Professor Coyne also actively pursues Acceptance and Commitment therapy in the classroom by engaging teachers in the process. Teachers and parents are coached to use moment to moment mindfulness to discover what shows up when dealing with belligerent students and to explore how they can provide a safe space to hold these strong emotions.

The ACT based constructs of experiential avoidance acceptance, and mindfulness (Ciarrochi et al, McCracken et al), are potentially important in adolescent wellbeing. There has also been some indirect support (Coyne, McHugh, Martinez)that child or teen reliance on experiential avoidance, conceptualized as avoidance of thoughts or emotions were linked with poor psychological health.

**Mansfield Special School in Boston**

[Mansfield school](http://www.jbcc.harvard.edu/Manville.html) is a therapeutic school and is part of the Judge Baker complex. Mansfield is considered a private facility but is funded by school districts that have students in their jurisdiction who, after many unsuccessful intervention attempts are deemed to require more intensive (tertiary) intervention to remain at school. Mansfield is therapeutically and administratively independent and for many students it serves as the last opportunity of intervention for students. The school consists of 100 students. Each class has approximately 8-10 students and is serviced directly in class by 3 professionals. The professionals consist of a teacher (Masters in Special Education), assistant teacher and milieu counsellor (graduate in behaviour studies) and supported by a clinical team.

Students remain at the school for approximately 5 years and return successfully to their base schools with a low readmission rate to Mansfield. Mansfield has adopted ACT and models best practice for supporting students with emotional disorders. It costs approximately $70 000 per year for each student at Mansfield. However, the estimated cost to the state were they not to receive the intervention and progress into managed care, would eventuate at $120 000 to $150 000 per year.

School staff incorporates ACT into the daily program. Meditation (mindfulness) is practiced twice weekly by students and the benefits of ACT has been deemed to:

* + Help with diffusion work (deliteralisation of thoughts)
	+ Help with parent coaching
	+ Increase student psychological flexibility
	+ Help students in the development of values and goal setting
	+ Develop staff capacity for interaction with students enhanced by moment to moment awareness

**International OCD (Obsessive Compulsive Disorder) Foundation**

I visited the head office of the [OCD Foundation](https://iocdf.org/) in Boston. This foundation promotes itself as an international organisation for consumer and practitioner related support for obsessive-compulsive disorders (OCD). One of the little known types of OCD is Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS) and the sudden onset of OCD in children 5-13 years of age. There is extensive material about the onset of, and information relating to PANDAS on the website.

Exposure therapy has traditionally been shown to be an effective treatment for OCD and ACT has recently been proven to enrich the life of the OCD sufferer. It is especially useful for noncompliance and refusal of exposure homework. Importantly, ACT demonstrates a greater effect on depression and results in superior improvements in the quality of life of the OCD sufferer offering a pathway to improved quality of life.

**Florida International University (FIU**)

I visited [Florida International University](https://case.fiu.edu/?id=671) (FIU) to review their work with Parent Child Interaction Therapy to combat adolescent depression. Researchers briefed me about their work with depression and I attended supervision sessions as well as reviewed video footage and file notes.

Associate Professor Dan Bagner and colleagues have conducted a number of studies using PCIT and have concluded the effectiveness of PCIT on a number of fronts:

1. Mothers with postpartum depression and reducing later risk of adolescent depression in the progeny.

It is well established that there is a link between mothers with Major Depressive Disorder (MDD) and child behaviour problems. FIU is investigating when maternal MDD is likely to have the greatest impact on child behaviour. Their research has found that maternal depression during the child’s first year of life predicted later child behaviour problems. This suggests that the effect was not driven by the presence of previous MDD and was specific to the first year of life. The finding that maternal depression during the child's first year is associated with later child internalizing and total behaviour problems highlights the importance of early identification of maternal depression. Effective screening can lead to the implementation of important prevention and early intervention programs.

1. High school studies

Presently two studies are underway in two Miami high schools with teenage mothers who are either at risk of developing, or who have been identified as currently having postpartum depression. Traditionally, interventions target either the mothers or their offspring. However, the current study targets both groups. That is, school aged mothers are provided with intervention for their postpartum depression and their children are targeted with Parent Child Interaction Therapy Intervention (PCIT).

1. Reciprocal effect of parental depression and children between ages 4-7 years of age.

The study was a longitudinal one and findings indicated that parental depressive symptoms at each year (4-7 years of child’s age) predicted 20 child behaviour problems at the subsequent year and vice versa. No support was found for differential gender effects. Findings also supported the reciprocal relationship between parental depressive symptoms and child behaviour problems and suggest intervention programs for young children should assess for, and target parental depression when appropriate.

Support for this bidirectional relationship may help to inform the development of early childhood preventive intervention programs and is consistent with efforts to include a treatment of maternal depression. The reciprocal nature of the relationship between parental depression and child behaviour problems suggests that intervening in one domain may lead to improvements in both domains.

**New York and New Jersey**

I visited the [Hamilton Educational program](https://www.hamilton.k12.nj.us/HEP.cfm) (HEC) for one week. HEC students have emotional disturbance (ED) and other associated learning difficulties. All staff and students have been trained in the use of the Matrix Model (Psychological Flexibility Model (an application of Acceptance & Commitment Therapy).

The school psychologist, [Phil Tenaglia](http://www.linkedin.com/pub/phil-tenaglia/22/a97/21a) was trained in the Matrix via Skype (I also participated in similar sessions prior to commencing the scholarship). HEC uses the Matrix successfully as an intervention and a life skill for students. School staff has seen an increase in attendance at school since implementing the model. One of the students commented to the facilitators that he had introduced the model to his mother so that she could understand that she was part of the reason for his ‘away’ moves from a more valued life.

Students enrolling at the school are assessed using the Matrix Model and the language of the model is repeatedly used by all staff throughout the enrolment at the school through group work, formal counselling, classroom interventions and informal conversations with students. The model is used to refocus the student on ‘Who’ and/or ‘What’ they value as important. Some of the terminology consists of away and toward moves; mental experiencing; and inside and outside behaviours. I was fortunate to be able to observe and participate in:

* + Intake sessions
	+ Groups
	+ Individual sessions
	+ Lead individual matrix sessions
	+ Class time

**Turkey**

I attended the [International Conference for Education and Educational Psychology](http://www.iceepsy.org/) (ICEEPSY). At this conference researchers and practitioners from around the world showcased their latest research in education and psychology.

Psychiatry in Turkey has a 109 year history. I met Dr Fatih Yavuz (psychiatrist) who has been applying ACT for a number of years, treating adolescents who have been diagnosed with early onset psychosis and other mental health conditions. It was of great importance that I meet a practitioner who uses ACT with populations similar to our migrant communities. Practitioners in Turkey recognise:

* + ACT is very user friendly with Eastern cultures.
	+ ACT fits with existing Sufi religious practices
	+ Self harm (cutting) in adolescents is happening and has been happening over a long period as divulged by adult clients when they provide historical information at assessment time.
	+ Psychiatrists using ACT are medicating patients less frequently and in lower doses
	+ Self Harm in adolescents is related to lack of emotional regulation and not necessarily as a result of lack of faith or spirituality

 **Sweden**

I travelled to Sweden and visited the Karolinska Institute. I met Fredrik Livheim who has researched ACT over a period of 10 years. He has used ACT as an intervention for young people as well as an intervention for stress reduction with adults such as teachers, nurses, social workers, incarcerated youth in care and employees on long term sick leave (7 years).

A feature of his work is developing ACT protocols to train allied health professionals and teachers to implement the ACT interventions in school settings. He has found empirical data to support these interventions. Livheim’s programs and interventions are showing improvements in the prevention of mental health issues in students. Follow up assessments indicate that initial psychological gains remain robust.

As a result, ACT therapists in Belgium and the USA are now beginning to model their prevention and intervention programs based on Livheim’s empirical work. Some of that work is available to us for further exploration and implementation. His interventions centre on psychological flexibility, life compass, values, mindfulness, and Joanne Dhal’s lifeline intervention. Fredrik Livheim’s research or that which he has supervised is summarized below:

1. Livheim, 2004; Jakobsson & Wellin, (2006)

RCT. N=230 high achieving students (16-19 years). Control was “ordinary teaching” (no intervention). Results indicate robust gains on 2 year follow up. Significant interaction effects resulting in less stress, anxiety and improved cognitive processing, general health and psychological flexibility.

1. Stavenow (2008) Pre- post for youth 16-19 year

The purpose was to discuss the theory and practice of ACT as a preventive treatment of psychological ill health for youth. The intervention was given to a group of youth (n=38, age 15-18) in two different settings (school setting n=27, clinical setting n=11) and evaluated with self-report instruments. Positive outcomes of less stress and ill health were hypothesized. The results showed significantly higher experiences of subjective wellbeing and psychological flexibility, and lower levels of worsening mental health, experienced stress and depressive tendencies.

1. Groups are conducted by trainers new to ACT and received 4 days of training by Fredrik Livheim.

Livheim, L. Hayes, Tensgtröm, Högfeldt, Magnusdottir & Ghaderi (submitted*)* An RCT study on 32 high achieving students in a school setting, ages 14-16 years, , 15 students received ACT in group, 17 were in the control group. Results indicated, interaction effects in favour of ACT on stress and mindfulness with large effect sizes.

1. Biörklund & Wall (2010). RCT in school

An RCT study of 24 students in school setting, ages 16-19 years, 13 students received the ACT (group intervention), 11 were in the control group. Results show interaction effects in favour of ACT on stress, large effect sized obtained. The protocol is also suited for participants with attention difficulties and drug problems. The group leaders received 4 days of training.

Autism Centre in Stockholm

I visited the Autism Centre at a rehabilitation hospital for congenital disability. They deliver assessment, intervention and programing support for schools including kindergartens for children from 30 to 60 months of age. I met with three psychologists who were interested to hear about my work with PCIT as they had heard about its research base and the model of intervention.

They conduct groups for mothers only, fathers only and mixed groups, but excluded both parents being in the same group. They have found that ACT has facilitated the shifting of parents’ approach to the parenting process in terms of psychological flexibility, values and committed action. The main reason for developing this intervention was the distinct isolating feature or nonreactive nature of the parent-child dyad on the part of the child due to the nature of ASD.

Parents find the work with metaphors particularly useful. This helps them to create the space to hold their child’s needs in a new light as well as their own parenting role. This is an important intervention for parents as we are aware of other research (Bagner et al) that shows the reciprocal interaction of depression between parents and their offspring increases depression. This population of parents, who have a child with a disability, are also likely to have a higher propensity for depression.

Sint Niklaas

I visited Community Health Centres in Sint Niklaas, Belgium to view and discuss ACT interventions in school and the community. Classroom teachers in this community present ACT preventions in schools successfully. Two teachers per school participate in the training and present the groups jointly. Each class group receives prevention treatment for depression and general mental health management for 2 hours over 4 weeks. In the first cohort, in 2011 200 students received the intervention. Preliminary results indicate gains and a larger 3 year study using this prevention model is being conducted. It is anticipated that this prevention model will be rolled out across Belgium.

In addition the Health Centres have completed ACT interventions for groups consisting of clients with mixed presentations. This means that a single protocol is used as an intervention with a range of presentations or goals such as smoking cessation, stress, anxiety, depression, post traumatic stress (refugees). The reason for this is that the ACT model increases psychological flexibility and drives behaviour activation towards a valued life.

I visited a local hospital and met a psychologist, Joris Corthouts. He and his colleagues are using ACT almost exclusively for treating patients with psychosis when hospitalised or as outpatients. Nurses have been in-serviced in the ACT model and apply it with patients. I participated in ACT training and interventions for autism, intellectual disability and refugees conducted by Francis Pascal-Claes, a clinician and university lecturer.

Conclusion

Considering the prevalence rate and propensity of adolescent depression, new and empirically tested strategies such as ACT are endorsed by practitioners and government agencies around the world. ACT represents a valid pathway in which mental health practitioners and teachers can begin to utilize ACT strategies to combat depression and enhance positive wellbeing in students.

**Since returning and future directions**

Since returning I have:

* + Trained school counsellors in the Matrix
	+ Received reports from school counsellors using the Matrix that they are achieving success when working with young people.

I am currently involved in:

* + Planning for the training of year advisers in the Matrix (Psychological Flexibility Model) in Term 4
	+ Finalising translation of group programs and protocols into English (translation was commenced prior to this scholarship)
	+ Publishing the protocol on the ACT website so that it is available to the English speaking world
	+ Planning the training of school counsellors, welfare teachers and others staff to conduct ACT group prevention programs
	+ Negotiating with DGOs to introduce their teams to the psychological flexibility model (Matrix)

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