

Premier’s Anika Foundation Youth Depression Awareness Scholarship

Acceptance and Commitment Therapy (ACT) in schools to help with the prevention and reduction of depression in young people

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# Introduction

Depression is ranked by the World Health Organisation (WHO) as the single largest contributor to global disability. Anxiety disorders are rated as sixth. Depression is also the major contributor to suicide deaths which number close to 800,000 per year. At a global level, 4.4% of the world’s population is said to have depression (WHO, 2017). Specifically, youth in Australia report mental health as their greatest area of concern. Young people report that mental health is one of the three most common expected barriers for them in achieving their goals (Bullott et al, 2017).

Acceptance and Commitment Therapy (ACT) aims to teach children, adolescents and adults to “get out of your mind and into your life” (Harris, 2009). It is a practice by which we teach the skills of psychological flexibility so that we may live a vital life; a life worth living (Strosahl and Robinson, 2008). Research shows that much suffering is reduced using ACT. In particular mental wellbeing can be improved through engagement with the processes of psychological flexibility. ACT is an evidence-based intervention for mental distress (Hayes, 2018).

# Focus of Study

The objective of the study tour was to gain a deeper understanding of how ACT can be applied in school settings via one to one and group interventions with the school counsellor and beyond the counsellor’s office by other adults working with children and young people. A by-product of the learning was an understanding of how ACT can be used in our interactions with parents and families to support the welling of their children; with classroom teachers in their classroom and across the whole school population for both students and staff. The learning occurred through attendance at the world conference for the Association of Contextual Behavioural Sciences (ACBS) in Montreal, Canada, and interviews and consultations with psychologists and a teacher in both Boston and San Francisco, USA. The knowledge and understanding gained is of a vast depth and breadth. I will use it to work individually with students who are experiencing mental distress; to support parents and families in their relationships with children experiencing difficulty. I intend to build the capacity of those working with such students and their families to improve outcomes for their children and also to improve the wellbeing of staff to foster increased engagement with students.

# Significant Learning

### Association for Contextual Behavioural Sciences (ACBS) World Conference, Montreal, Quebec, Canada

The pre-conference workshop was led by a highly respected and expert ACT trainer and author, Patricia Robinson. Robinson taught the focused ACT (fACT) model using direct instruction, demonstration and role play. fACT is a brief ACT intervention with evidence for behaviour change that can be achieved in a 30 minute session. Research shows that a change towards value-congruent behaviour leads to an improvement in psychological problems. The intervention is designed for use by clinicians working in settings where contact with the client is significantly briefer than the traditional model (which is usually a minimum of ten one hour sessions) and is therefore similar to our work in schools (which is typically between one and three 40 minute sessions).

Participants were taught how to assess psychological flexibility in seven to eight minutes, select an area of psychological flexibility to develop with the client and use an active metaphor to initiate behaviour change via goal setting. Many resources were provided to participants to support these skills and significant time was spent on role play and practice. Use of the fACT model in schools can initiate behaviour change in children and young people in order to decrease their suffering and engage them in the therapeutic process so that they may continue their work externally and on a longer term if required. Research shows that fACT also has a positive impact on psychological problems when administered in a group, and Robinson has provided the protocol for group fACT which can be used in school settings.

The conference began with the 800 delegates being welcomed in an Opening Ceremony by local elder, Otsi’tsaken:ra (Speckled Flower, Bear Clan). He “gave thanks to our mother the earth” on our behalf and pointedly said that “we inherit practices and lands, but we don’t own them” – a statement that is coincidentally aligned with ACT. The first plenary was delivered by a leading researcher, author and founder of one of only two treatment centres for severe Obsessive Compulsive Disorder (OCD) in adolescents in the USA. OCD is an anxiety disorder. Dr Lisa Coyne’s inspirational talk challenged our thinking about the presentation of anxiety in children and adolescents. People with OCD go to extreme attempts to control, suppress and avoid their fears, and the treatment of OCD using ACT aims to change these behaviours by learning the skills of psychological flexibility. Traditional methods of treatment for anxiety in teenagers result in a 48% relapse rate. The use of ACT as a treatment model aims to teach clients lifelong skills to manage confronting thoughts and emotions. One example of these skills is seeing the flip side, for example seeing wonder as the flip side of fear.

In the symposium titled “Optimising Wellbeing among Individuals with Appearance Concerns” two psychologists (Ph.D.’s) discussed practices and research involving the use of ACT with young people with debilitating concerns about their appearance. One of the psychologists referred to her overarching principle in her work with such adolescents which asks them “who do you want to be in all of this?” She explained her application of ACT by referring to the three C’s: Changing the context (help them develop values and move away from their identity as their appearance); Connection (with other young people) and Compassion (for others and self). The second Psychologist discussed her research with a population of adolescents who are “Dying to Control Weight” and her use of ACT to improve their life outcomes. She and her team have developed an App to support the ACT therapy sessions throughout the day. All participants in the research showed a decrease in distress and an improvement in physical health indicators.

The next workshop titled “Increasing Stakeholder Commitment to Behaviour Change” entailed the teaching and practice of ACT with parents and teachers to support them in their work with their children and students for better outcomes for the child. The underlying message was to bring the challenges that parents and teachers have into the present moment. That is, a more productive approach would focus discussions with the teacher or parent on the here and now for the adult; and what it would mean personally, emotionally and cognitively for that adult in this moment to employ an action for the child. This is a shift away from the common practice of merely imparting information to the adult who works with the child and expecting that they are able to immediately transfer this into the child. There is much to learn from this psychologist (who has a history of working with children and their families in the school context.

The final symposium referred to research on “ACT processes and outcomes among high-risk populations” (i.e. suicidal clients). Suicidal ideation was referred to as the “ultimate form of experiential avoidance” as shown in at least a third of letters written by people who have died by suicide. Data suggests that there is a correlation between suicidal ideation and psychological inflexibility. The discussed studies suggest that by teaching psychological flexibility (the ACT processes) we can reduce suicidal ideation. This was administered with in- and out-patients with a decrease in suicidal ideation for both. Of significance is the inpatient study who received treatment as usual as well as six sessions of ACT. This group had significantly improved outcomes compared to those who only had the treatment as usual. The research highlights the significant impact that only six sessions of ACT can have to improve psychological distress and will form part of the dissemination package for clinicians working with at-risk adolescents.

Dr Susan David explained how she has brought ACT into whole organisations to improve wellbeing and productivity. Prior to working with employees in organisations Dr David used ACT as a treating clinical psychologist. She has coined the term “emotional agility” in order to remove any stigma or avoidance people may experience when they encounter the term “psychological flexibility”. Her research demonstrates that wellbeing and productivity in the workplace aredeveloped when people learn the ACT framework. This is relevant for the adults who work in education settings.

In the workshop “Children and Their Contexts” two psychologists) who work with children and adolescents described how they use the ACT model specifically with this client population. We learnt about a resource that has been developed to make each process of ACT more relatable and concrete for young children in addition to some useful metaphors and tools to use with children and parents and some alterations to the language we use with children. For example, they talked about using the words approaching or allowing when teaching acceptance; and using the phrase switch on instead of mindfulness. A group of action heroes has been developed to represent and teach each of the core processes of psychological flexibility to young children. Teaching modules have been made available to support the learning and practice. All of these resources, tools, metaphors and language adjustments will be shared as part of the skill building module I will deliver to staff.

I interviewed Dr Jonathan Weinstein, Psychologist, Veterans Affairs Hudson Valley Health Care Service and co-author of “EMPOWER Your Students: Tools to Inspire a Meaningful School Experience”. My interviews and consultations with Dr Weinstein’s co-author Lauren Porosoff have been ongoing prior to, during and following the conference.. Porosoff is also the author of “Curriculum at Your Core: Meaningful Teaching in the Age of Standards”, and this work together with her work with Dr Weinsten demonstrates how teachers can use ACT in their classrooms. Teachers are guided through lessons to help students develop meaningful school-related values; teach, plan and review value-congruent behaviour to make school a satisfying experience to maximise potential. Their work demonstrates the application of ACT in a large group setting by a classroom teacher to improve wellbeing for school students and can easily be implemented in Australian classrooms by teachers. This method is an efficient approach to teaching psychological flexibility for improved wellbeing in children and adolescents.

I met the Children, Adolescents and Family Special Interest Group. Clinicians from around the world working with children and adolescents in a variety of settings discussed our work and clarified our objectives as a group. We have defined our objectives as follows:

* to promote investigation of ACT processes and applications to children and adolescents (and the adults in their lives)
* to encourage collaboration and support through the development of an international community of researchers and clinicians in the ACT community
* to foster communication between researchers and clinicians through an active listserv and therapy consultation groups
* to link this work to public health initiatives to foster nurturing communities for children, teens, and families.

Belonging to an international community of ACT clinicians and researchers is an integral aspect of my application and dissemination of ACT as I maintain currency and engage in ongoing professional development.

Following this, a research project which investigated the improvement of the health and wellbeing of teachers was delivered during the symposium “ACT in the Workplace: Understanding how ACT Interventions Improve Employees Mental Health”. Researchers delivered an ACT protocol to employees in two settings in the UK (health workers in the National Health Service and teachers in schools) to find significant improvements on measures of general wellbeing and an improvement in effectiveness of their work. These findings are particularly relevant to my current context as an improvement in the wellbeing of teachers is closely linked to an improvement in their effectiveness in the delivery of curriculum and wellbeing initiatives.

I also attended the workshop “Swipe Right: Using the Matrix to Enhance Teen and Family Work”. Two psychologists and two social workers described and demonstrated how they use a template, “The Matrix”, to work with children and families. This was particularly relevant as I have been trained in, implement and have provided training on the use of the matrix to counsellors, psychologists and teachers in schools. Demonstrations were provided on a variety of visual forms of as well as applications of the matrix from inpatient, to parents, to whole families to adolescent groups to support the noticing of behaviour. Of particular importance was the distinction that should be made between conditions and problems to assist in alleviating the distress of the people we work with. Specifically, problems call for solutions and conditions call for decisions; and teaching people how to notice the difference can improve life satisfaction. This teaching will be included in the current application of and training in the matrix in schools.

The final day of the conference began with a workshop “Empowering Clients to Thrive Despite Their Desire for Death: A Workshop on ACT for Suicide Prevention”. Clinicians demonstrated their use of ACT in one to one scenarios as well as in inpatient group settings with clients who are suicidal. Participants were reminded that the pathway to a suicide attempt is always unwanted thoughts and feelings, and that much research supports the teaching of psychological flexibility (or the ACT processes) to improve outcomes for suicidal clients. This application is relevant to the school context as we were taught how to evoke energy in suicidal clients in a single session in order to hook them into future therapy – this is the situation school counsellors most commonly find themselves in. Attention was given to working with the apathetic adolescent client and skills were taught to practise psychological flexibility in such a scenario.

“Using Acceptance and Commitment Therapy to Help Parents Thrive in the Context of Child Struggles” was the final symposium of the conference. Research projects which investigated how we can best improve family wellbeing were discussed; with the focus on the application of ACT to support parents in their own psychological processes. Teaching psychological flexibility has been shown to improve the wellbeing of families as compared to traditional parenting courses which provide instructions for parents on better parenting. The point was made that simply possessing the knowledge about how to make improvements is usually not sufficient for people to enact change in their lives (for example, quitting smoking, improving fitness etc). ACT processes (psychological flexibility) were taught to parents of children with Autism Spectrum Disorder, depression and anxiety disorders with improvements in parents’ reports of their own wellbeing as well as clinically valid improvements in their children’s difficulties.

### Consultation with Dr Amy Hale, Psychologist at Boston Children’s Hospital and Clinical Instructor at Harvard Medical School

Dr Hale works with 60 gastroenterologists and is a member of an extensive treatment team for children and adolescents with severe and/or chronic gut problems which significantly impact on their daily lives. Measures show that her patients usually also present with symptoms of anxiety and depression, and Dr Hale and associates use ACT to improve the functioning of their patients which evidentially improves their physical symptoms. “Functioning precedes symptom reduction” is the motto by which the unit operates, and Dr Hale helps her young patients re-engage in life by teaching psychological flexibility. There is an emphasis on helping children to develop their values set goals for value-congruent behaviour and develop and practise mindfulness skills to help them notice, allow and choose a response to their physical experiences. The gastroenterologists, paediatricians, nurses, dieticians and social worker also use the language of ACT with patients and their families with their work underpinned by the biopsychosocial model. In a brief intervention of three sessions Dr Hale’s priority is to teach the ACT framework by asking her patients what they would do when the pain shows up. In her work with children and adolescents an explanation of the bio psychosocial model is given, and diaphragmatic breathing is taught; Skill building tasks in being open to and flexible in the experience of pain are given and patients develop a menu of strategies or responses in their response to pain.

### Consultation with Dr Evelyn Gould, and BCBA-D, Clinical Behaviour Analyst and Research Associate at McLean Hospital OCDI-Jr Unit at Harvard Medical School, and meeting with Dr Lisa Coyne, Clinical Psychologist and Researcher

Dr Gould treats in- and out-patients at the McLean Hospital at one of only two specialist OCD treatment centres in the USA. ACT is the primary treatment model, with a focus on observable and measurable behaviour change in the clients who experience this extreme form of anxiety. One of the goals is to create lifelong change as well as to minimise the use of medication that patients require throughout their lives. Dr Coyne has developed and made available a treatment protocol, however she emphasises the fact that ACT is to be taught in a flexible fashion. Dr Gould and Dr Coyne describe the importance of using our knowledge of the client’s current state to inform each session rather than strict adherence to a treatment manual. They also emphasise the importance of peer observation and consultation to maximise the benefits our practice has on clients. Ensuring that ACT practitioners in schools have ACT colleagues to consult with will be a priority upon return. The only limitation they acknowledge in their work at the hospital is time. The patients often have a comorbid diagnosis of ADHD and/or Autism and this is not a limitation to the application of ACT.

I listened to a podcast and made contact with the organisation which supports Dr Daniel Fisher’s work in Australia. Contact has since been made to establish participation in the learning and dissemination of Dr Fisher’s work in E CPR (emotional connecting, empowering and revitalising); as well as to participate in the writing of material to support people in a mental health crisis. E CPR is a set of skills anyone can use when in contact with another who is experiencing mental distress. The skills are congruent with the ACT framework, and the acronym accessible for all people.

### Consultation with Dr Matthew Skinta, Director Sexual and Gender Identities Clinic, Palo Alto University

Dr Skinta is an ACT clinician and trainer. He trains university students in the ACT model to support those with sexual and gender identity difficulties. The overarching theme with this client group is the experience of shame and therefore the increased incidence of anxiety and depression as compared to the rest of the population. Dr Skinta’s brief interventions using the ACT framework include:

* helping clients to articulate their values and identify their experiential avoidance
* mindful acceptance of the presenting thoughts and emotions
* a self-compassion skill building exercise.

He teaches the two-pillar approach to learning psychological flexibility and emphasises the importance of instilling in our clients that we are learning skills to “pay attention” and “act with intention” rather that treat uncomfortable thoughts and emotions. He provided valuable resources to further the learning around teaching self-compassion to young people and ACT with sexual minority client groups.

### Online learning with Dr Louise Hayes, and Dr Joseph Ciarrochi DNA-v: The Youth Model of Acceptance, Mindfulness and Positive Psychology.

Reflections on the learning highlighted the need for training in the only evidence-based youth model of ACT. The professionals consulted with during the tour have participated in the training of the DNA-v model and highly recommended it. Whilst I had read the book, the resources provided and the demonstrations and live teaching in the online learning course have significantly supplemented the knowledge and skills for practice and dissemination. Participation in this training has provided a simplification of the ACT model and accompanying animated resources for use with older children and adolescents in the school context. The resources support the use of the DNA-v model as a one or more session intervention in the school counsellor’s office.

### Consultation with Dr Sacha Rombouts, Clinical Psychologist and Director of the Happy Minds Clinic, Brisbane

Dr Rombouts is an ACT clinician, supervisor and trainer and has developed a resource called Action Heroes to teach and practice psychological flexibility (the ACT processes) with children and their parents either individually, across the whole family or in therapeutic groups. Dr Rombouts has developed characters (Action Heroes) which represent each of the ACT processes. Action Heroes support the use of ACT with children because they serve as a concrete and fun tool, decreasing the abstract concepts of ACT. Dr Rombouts has recently taught psychological flexibility in schools by working with teachers and their classes of students using Action Heroes; and he and a colleague are scheduled to train students and all staff at a preschool in the ACT model (supported by the Action Heroes). The method of teaching, practising and reviewing each Action Hero as provided by Dr Rombouts closely mirrors the teaching and learning cycle that classroom teachers employ making the teaching of psychological flexibility in the classroom accessibly by teachers.

### Consultation with Tomas Taper, Psychologist at the ACT Centre, Brisbane

Taper is an ACT trained general and performance psychologist who works with children, adolescents and adults at the ACT Centre and also at the Queensland Academy of Sport. The ACT Centre is directed by an ACT trained psychiatrist whose goal is to minimise the use of pharmacological treatment for his patients via ACT. Taper teaches psychological flexibility to clients as young as eight years of age whose thoughts and feelings are impacting negatively on their lives, and reports that even at such a young age, his clients are able to notice their thoughts and feelings and choose a committed action. Future work will be focused on introducing ACT to teachers of his clients and implementing ACT in schools. Discussions focussed on the considerable advantage that school-based clinicians have in working with their clients in their authentic contexts. Taper works with athletes who are referred for performance concerns, but inevitably have underlying psychological difficulties. Their desire to improve their performance in sport is leveraged to teach psychological flexibility, with reported outcomes in underlying symptoms of depression and anxiety. The use of ACT to improve performance, and treat underlying psychological problems is relevant to our client population in schools. Performance improvement can be used as a hook to work with high achieving students and athletes, particularly boys who can be reluctant clients.

# Conclusion

The study has confirmed that ACT can be used as a brief, evidence-based intervention to prevent and treat anxiety and depression in the school context. In addition, evidence was found for the use of ACT as an intervention for people with a great range of difficulties such as shame associated with identity and appearance issues, chronic pain and suicidal ideation. It can also be used to support the families of children and young people who are experiencing difficulties and to care for and sustain those who work with children and adolescents whether they be clinicians or teachers. It has also been reinforced that ACT can be used with children, adolescents and adults both on an individual and group basis. A great number of tools and resources were gleaned during the study tour, all of which can be used either in the school counsellor’s office, classroom, staff room or community room with all members of the school community. Of utmost importance, is the confirmation that ACT can be used by psychological practitioners in a school context in one to three sessions to assess risk, manage safety and evoke meaningful behaviour change in order to ease psychological distress and develop mental wellbeing.

Anecdotal information revealed that ACT-trained clinicians and teachers are better able to sustain themselves in the face of the challenging work that they are engaged with. Conversations with professionals who teach ACT revealed a deep sense of purpose as well as professional and personal satisfaction which motivates and sustains them.

To date, I have disseminated my findings to school counsellors and school psychologists as well as other school staff such as head teachers wellbeing, learning and support teachers, special education teachers, a social work student on placement and school learning and support officers in the Illawarra area. In addition, I have worked with staff from Headspace Wollongong to build capacity in their clinical use of ACT with adolescents. Dr Susan David’s resources are used to introduce the concept of ACT and Dr Coyne’s work is referred to in work with psychologists who are treating anxiety. Resources are continuously being collected and are stored in a central electronic location and staff members who have participated in workshops to sustain their wellbeing in the workplace have been provided with values cards in order to independently continue their own work in psychological flexibility.

School counsellors and psychologists who are implementing ACT into their practice continuously seek supervision and consultation with either myself or our peers via telephone or online chat. An ACT special interest group for employees of NSW Department of Education (DoE) schools will be formed and maintained using the Yammer and Skype for Business platforms in 2019. I have facilitated the training of school counsellors alongside health clinicians due to take place in early 2019. I have bookings to deliver training in Sydney and plans to record a webinar at the start of 2019 for dissemination across the NSW DoE. I have been invited to provide input into a number of school strategic projects and my input is directly informed by the results of the study tour and supported by resources discovered on the tour. A limitation to the breadth of dissemination is the finite resource of time, thus a special interest group and online resources are necessary.

The Anika Foundation Scholarship has provided me with the most humbling, enriching and purposeful learning experience of my life. I would like to express my most heartfelt gratitude for this opportunity which has deepened my knowledge and strengthened my passion for the use of ACT to improve mental wellbeing. The experience has sustained my motivation to disseminate the findings and keep abreast of current research and practices. Particular goals are to overcome the challenges posed by geographical distance such as using information technology to increase the access to information about the use of ACT for brief interventions in schools and to support teachers in the development of sustainable work practices.

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