

# ACTivate Your Service

Introducing ACT at the level of clinical intervention, training and supervision across the Adult Mental Health pathway of a rural county in the UK



## Background

Growing evidence base for ACT across settings and clinical presentation

Used with individuals, groups and staff groups

Contextual behaviourism: understanding how our background and current context contributes to getting stuck behaving in ways that don't benefit our long term vitality

Pan diagnostic, non-pathologising model

Large geographical area - relatively small population and low total number of staff

Collaborative, values based therapeutic framework which is also highly relevant to service wide improvement

## Service Development Timeline

1. ACT group in Acute MH services – 2013 ongoing
2. ACT group in Community MH services – 2015 ongoing
3. Cross county Introductory and Intermediate training – 2015 / 2016
4. ACT groups in specialist services (AOT / EI) – 2016 / 2017
5. Multi-disciplinary staff supervision – 2017
6. Group ACT Supervision – 2017



**Common Humanity  
Stuck Not Broken**

## Key Reflections

ACT approaches are now firmly embedded into the Working Age Adult Psychology Service

Limited data so far due to clinical context

Generalise learning across service areas

ACT informed policy changes

Benefits of a shared language with clients through transition

Multi-disciplinary staff feel better able to support continued engagement

Ability to engage with values from the start of a newly forming relationship

## Future Directions

Further spread to Child and Adolescent services

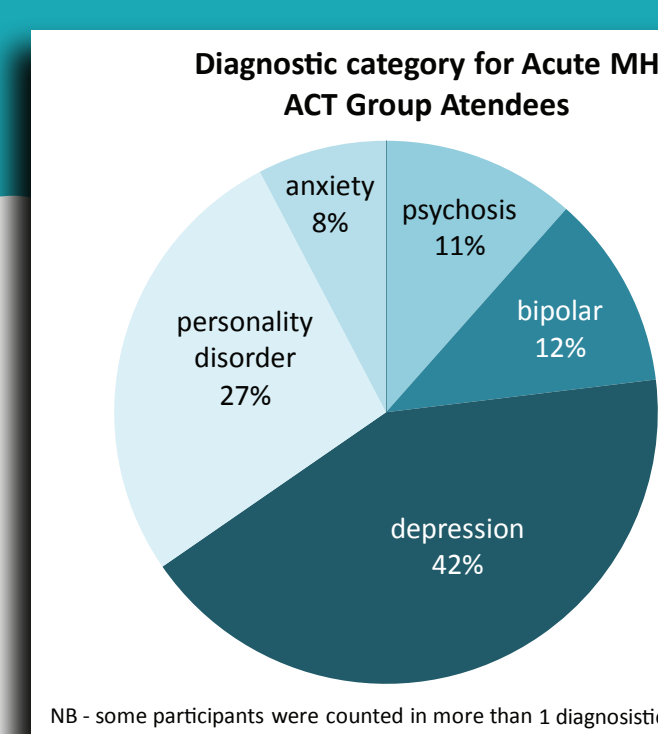
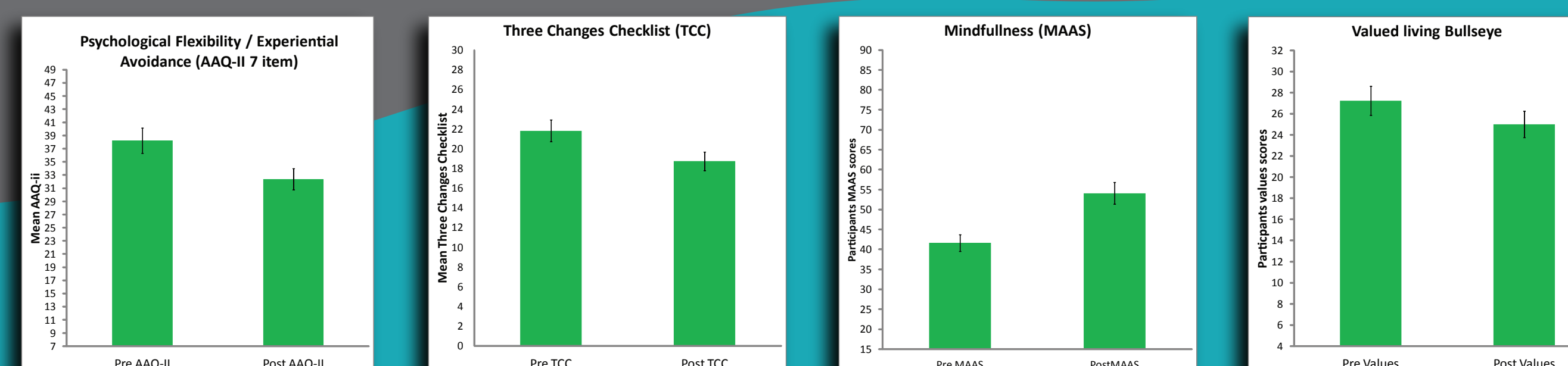
Complete development of group manual (Acute MH Services)

Further data collection on individual cases to look at effectiveness for different presentations

Ongoing training and supervision

Assess fidelity of interventions

## Group Evaluation Results



Participants' mean scores (pooling all data) on all measures were significantly improved following an ACT group intervention:

AAQ-II ( $t = 5.27, df = 47, p < 0.001$ ) with a medium effect size ( $d = .72$ ); 'Three Changes Checklist' ( $t = 2.29, df = 20, p < 0.03$ ) with a medium effect size ( $d = .50$ ); Bullseye Valued living measure ( $z = 1.96, N - Ties = 10, p < 0.03, one-tailed$ ) with a medium effect size ( $r = .38$ ); MAAS ( $z = 2.83, N - Ties = 10, p < 0.03, one-tailed$ ) with a large effect size ( $r = .58$ )

NB - some participants were counted in more than 1 diagnostic group

## ACT Group Feedback

the way your mind works is similar and it unites us all

it's really starting to help in practice

it might sound bewildering, but if you stick at it, it really does help

I am following values in situations where I didn't realise that I was following my values!

although suffering happens you can still work towards your values

having attended the group myself, I am better able to support [my clients] in this (staff attendee)

I started to look at things in a slightly different way, which will be of benefit both personally and in my clinical work (staff attendee)