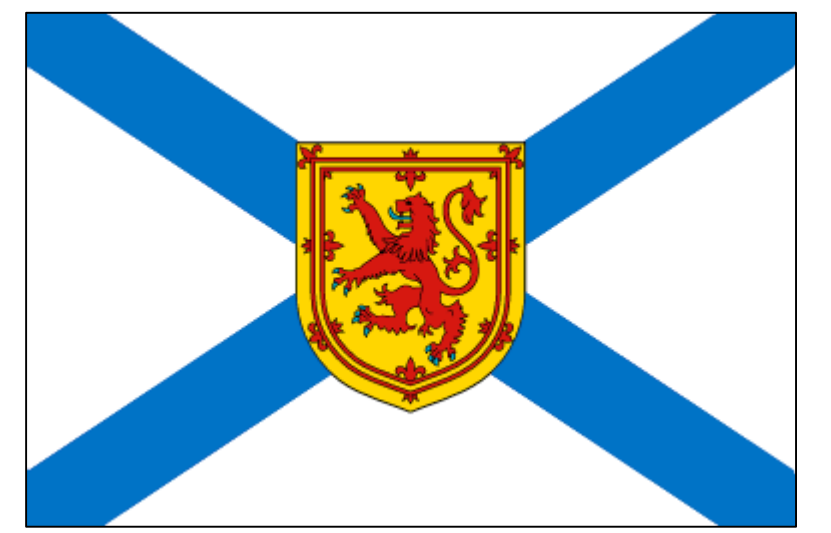




ACT on Life: A Pilot Study of ACT with Adolescents in Outpatient Mental Health Clinics

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Introduction
Acceptance and Commitment Therapy (ACT) is a Cognitive Behavioural approach emphasizing acceptance, mindfulness, values, and behavioural change. ACT is a transdiagnostic model focusing on life vitality rather than elimination of symptoms. Meta-analyses suggest that ACT is effective in treating anxiety and depression in adults (A-Tjak, et al., 2016) and adolescents (Petts, et al., 2017).

The ACT on Life group was offered in community mental health clinics after traditional CBT groups for anxiety and depression were temporarily suspended. This decision was related to poor retention and high service utilization post group. This pilot project investigated the effectiveness of a 10 week ACT group intervention with adolescents with goals to: increase psychological flexibility, increase retention, and decrease service utilization post group.

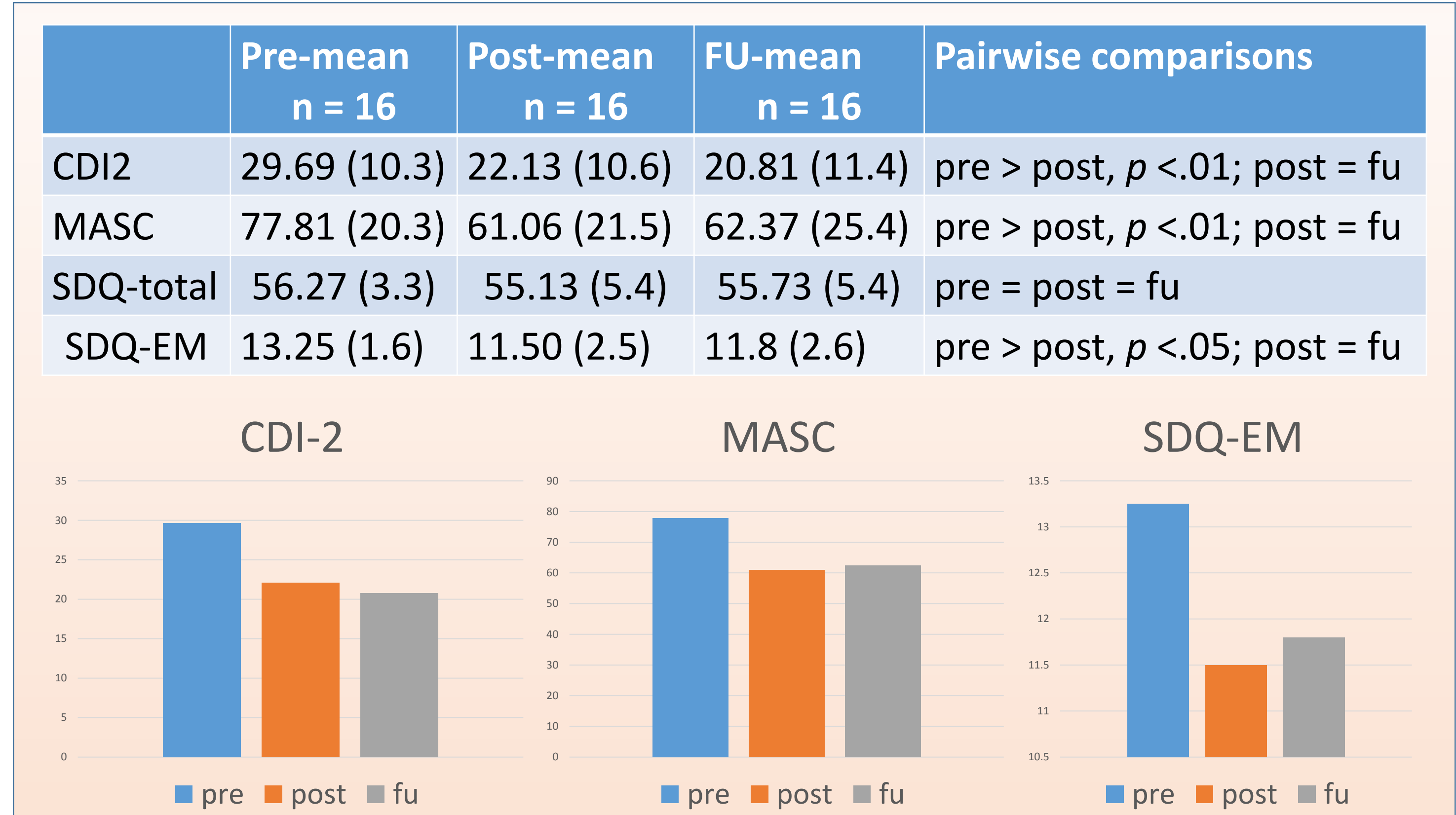
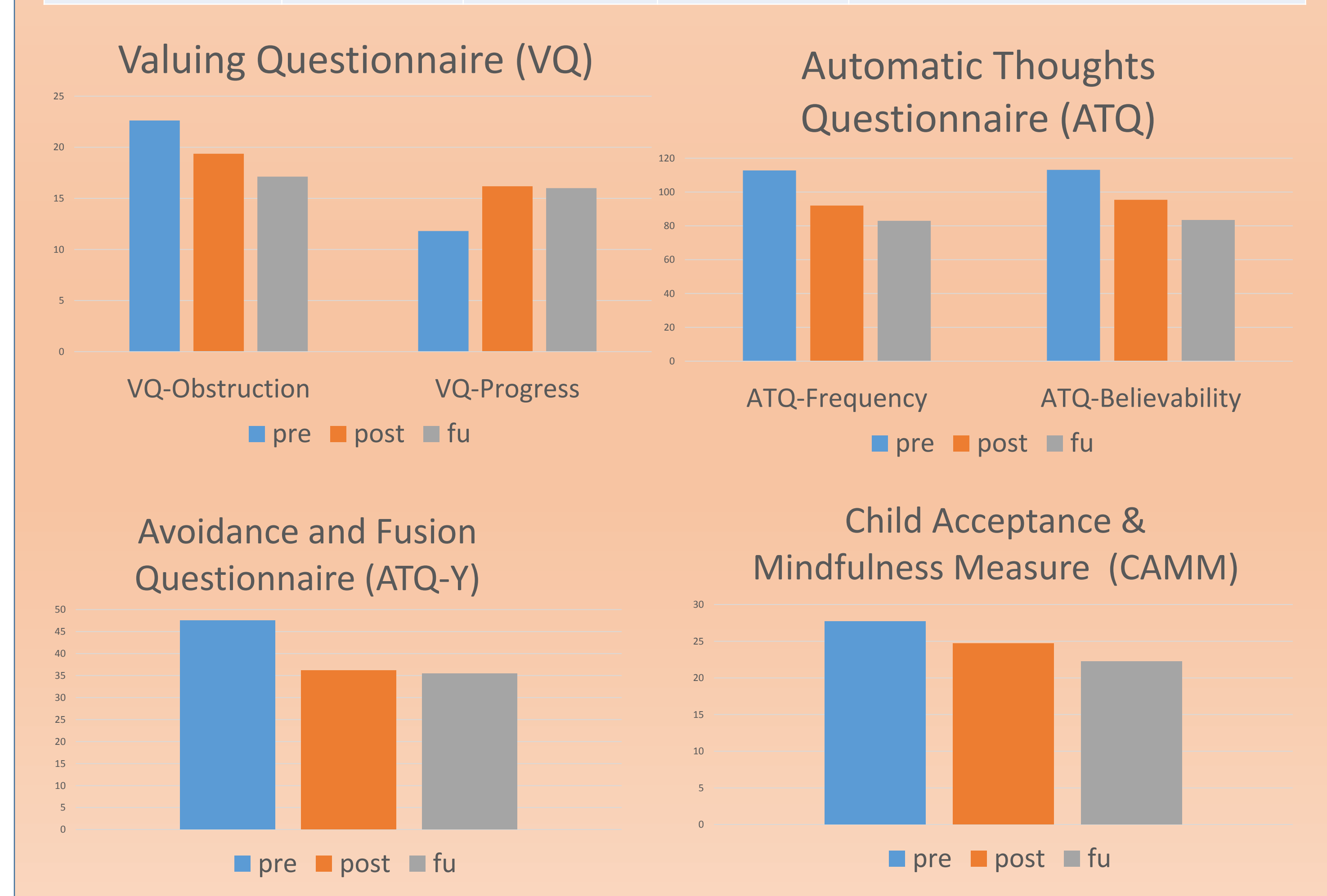
- Measures**
- Valuing Questionnaire (Obstruction, VQ-O, & Progress, VQ-P; Smout, Davies, Burns, & Christie, 2014)
 - Child Acceptance & Mindfulness Measure (CAMM-10; Greco, Baer, & Smith, 2011)
 - The Avoidance and Fusion Questionnaire for Youth (AFQ; Greco, Lamert, & Baer, 2008)
 - The Automatic Thoughts Questionnaire (ATQ-8; Hollon & Kendall, 1980)
 - The Children's Depression Inventory – 2nd Edition (CDI-2; Kovacs, 2011)
 - The Multidimensional Anxiety Scale for Children (MASC; March, Parker, Sullivan, Stallings, & Connors, 1997)
 - Strengths and Difficulties Questionnaire (SDQ; Goodman, Meltzer, & Bailey, 2003)

Participants
Sixteen adolescents between the ages of 15–19 years who identified as struggling with symptoms of anxiety and/or low mood/depression participated in the study.

Intervention
The ACT on Life group was based on the workbook *Get Out Of Your Mind and Into Your Life for Teens* (Ciarrochi, Hayes, & Bailey, 2012). Ten, 90-minute group sessions were offered to adolescents and 2, 90-minute group sessions were offered to their parents over a 12 week period. Parent sessions were based on the brief protocol developed by Whittingham, Sheffield, & Sofronoff (2013). Booster sessions were offered to youth 4, 8, and 12 weeks following the final group session. Individual sessions were available during the three month follow-up (fu) period as needed.

Results

	Pre-mean n = 16	Post-mean n = 16	FU-mean n = 16	Pairwise comparisons
VQ-Obstruction	22.63 (4.65)	19.37 (6.41)	17.13 (6.10)	pre > post, $p < .01$; post = fu
VQ-Progress	11.88 (5.17)	16.19 (4.75)	16.00 (4.72)	pre < post, $p < .01$; post = fu
ATQ-Frequency	112.73 (20.89)	92.00 (31.36)	83.00 (35.51)	pre > post, $p < .01$; post = fu
ATQ-Believability	113.06 (22.54)	95.38 (29.03)	83.50 (32.77)	pre > post, $p < .01$; post = fu
AFQ-Y	47.50 (11.88)	36.19 (14.67)	35.44 (18.07)	pre > post, $p < .01$; post = fu
CAMM	27.69 (5.85)	24.69 (8.93)	22.25 (8.87)	pre = post = fu pre > fu, $p < .05$



Discussion
Findings revealed a significant decrease post-group in frequency and believability in automatic thoughts (ATQ), avoidance and fusion (AFQ-Y), emotional symptoms (SDQ-EE), depressive symptoms (CDI2), anxiety symptoms (MASC), as well as a significant increase post-group in valued living (VQ). Gains were maintained at 3-month follow up. Compared to the traditional CBT group, the ACT group had higher retention (65% versus 39%), and lower utilization of services post-group (29% versus 38%). These findings suggest that the ACT on Life group is a feasible treatment option in an outpatient mental health setting with adolescents.

Future directions
The primary author (Amber Johnston) will pilot an ACT group intervention based on *ACT for Adolescents* (Turrell & Bell, 2017) with adolescents identified as struggling with anxiety and/or low mood/depression in a school-based setting over a two year period. Goals include: increase functioning, psychological flexibility, group retention, & capacity for school-based registered social workers to deliver the group.

