Early intervention in a school setting: The effectiveness of brief acceptance and commitment therapy

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ACKNOWLEDGEMENTS

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Sunshine Coast Child and Youth Mental Health Service (CYMHS)
Youth Mental Health

- One in four children and young people will experience mental health problems in any one year (ABS, 2007)
- Half of all lifetime cases display prodromal symptoms by early adolescence
- Adolescents with sub-clinical MH conditions have an elevated risk of later depression and anxiety
BACKGROUND cont’d

Specialist Service Delivery

* Child and Youth Mental Health Service (CYMHS: Queensland Health)
* Less than 10% of young people with mental health concerns access clinical services (ABS, 2007).
* Limited service capacity means young people with significant morbidity and associated functional impairment are unable to access assistance

Community Service Delivery

* Non-government agencies and school support staff
* Conduct non-clinical, early intervention support to young people in school and community settings
* The majority of YP who receive MH support access this through non-specialist services, including school settings
Early Intervention

* Trend in the literature towards an early intervention focus for MH service delivery

* Clinical staging models suggest intervention at sub-clinical points
  
  ▪ Better treatment response & prognosis
  
  ▪ More benign interventions
Collaborative Care

* A collaborative approach to service delivery between specialist and non-specialist professionals has been recommended. This is due to:

- Limited service capacity of specialist services
- School staff as first point of contact for many YP
- Efficacy of interventions currently being delivered in school settings
Acceptance and Commitment Therapy (ACT)

* ACT is a CBT/mindfulness intervention that has a growing body of research to support its inclusion as a therapeutic tool within the mental health arena.

* Change mechanism is believed to be around addressing ‘experiential avoidance’ (EA) by developing ‘acceptance’.

* Research suggests it is effective with adult clinical populations in managing depression and psychosis.

* Brief forms of ACT (4 sessions) have also been effective in reducing hospital re-admission of patients with schizophrenia.
ACT with Adolescents

* There is limited research on ACT within adolescent clinical populations
* Early indications suggest its effectiveness with adolescent depression
* Limited research into adolescents with sub-clinical presentations
* Development of acceptance techniques to reduce EA may be highly relevant to YP given their limitations in changing life circumstances
Sunshine Coast Child and Youth Mental Health Service

- Brief ACT intervention with sub-clinical CYMHS referrals in clinical setting
- Goal: to establish effectiveness of brief ACT and explore utility of the intervention for community/school youth workers.

Current Project

- Collaboration to concurrently expand CYMHS study to explore utility of brief ACT in community/school setting.
- Contrast findings to examine differences in effectiveness between clinical and non-clinical delivery of ACT intervention.
AIMS

- To explore whether Acceptance and Commitment Therapy (ACT) is effective delivered as a brief intervention for young people with sub-clinical anxiety and depression (Primary)
- To ascertain whether brief ACT is a more effective intervention than Treatment As Usual (TAU) offered by Youth Support Coordinators (YSCs) in a school setting (Primary)
- To explore whether ACT can be delivered as effectively by a YSC when compared to a mental health clinician (Secondary)
It is hypothesised that:

* ACT will reduce symptomatology in the intervention group *(Primary)*

* Participants in the ACT group will experience greater reductions in symptomatology than participants in the comparison (TAU) group *(Primary)*

* The ACT intervention delivered by a YSC will be just as effective in reducing symptomatology as the intervention delivered by a mental health clinician *(Secondary)*
METHODOLOGY

DESIGN

Primary Study

* Randomised Controlled Trial
* IV – Intervention Group (ACT vs TAU)
* DVs – outcome measures: depression/anxiety symptoms; level of ‘acceptance’
* 20 participants per treatment condition (GPower effect size = 0.95)

Secondary Exploration

* IV – Clinician (specialist vs non-specialist)
* DVs – outcome measures
PARTICIPANTS

Target Group:

- 12 – 18 year old secondary school students who are at risk of developing depression/anxiety, as indicated by prodromal symptomatology

Recruitment:

- Referrals through Student Services Teams at Chancellor State College and Caloundra State High School
- Participants screened for project eligibility by Principal Researcher as determined by scores on the Children’s Global Assessment Scale
- Random allocation into intervention or comparison group
MEASURES

Screening/Eligibility:

* HoNOSCA (15 items)
* Children’s Global Assessment Scale (CGAS) – 2 sub-clinical rating bands

Pre- and Post- Measures:

* Strengths and Difficulties Questionnaire (SDQ); 30 items
* Child Behaviour Checklist (CBCL)
* Depression, Anxiety and Stress Scale (DASS); 42 items
* K-10; 10 items
* Acceptance and Action Questionnaire-II (AAQ-II); 7 items
PRIMARY STUDY

Intervention Group
4 x ACT Sessions
n = 20

Comparison Group
4 x TAU Sessions
n = 20
SECONDARY EXPLORATION

CYMHS Comparison

Community Setting
- Intervention Group: 4 x ACT Sessions
- Comparison Group: 4 x TAU Sessions

Clinical Setting
- Intervention Group: 4 x ACT Sessions
- Comparison Group: Wait List

IDENTICAL
**Hypothesis 1:** ACT will **↓** symptoms in the intervention group
* Repeated Measures t-test

**Hypothesis 2:** ACT Group > symptom reduction than TAU group
* Between Groups MANOVA (on pre- and post-test measures)

**Hypothesis 3:** YSC = MH Clinician in symptom reduction
* Between Groups MANOVA (on pre- and post-test measures)
PROJECT PROGRESS

* USC Ethics Approval ✓
* Education Queensland Ethics Approval ✓
* Meetings with schools ✓
* Training of YSCs ✓
* Data file ready ✓
* Participants.....


REFERENCES


