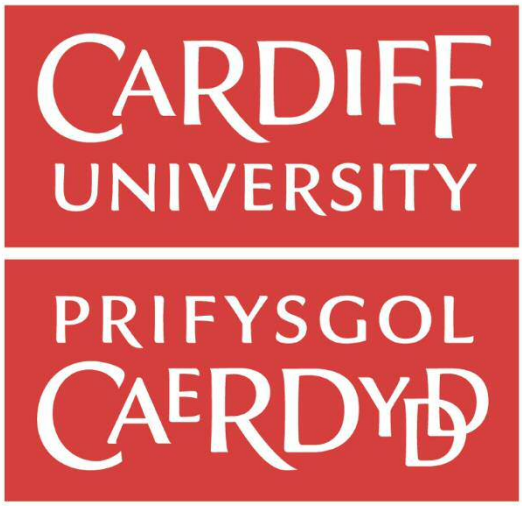

Trialling School-Based Acceptance and Commitment Therapy (ACT) Sessions with Adolescents Accessing Alternative Provision for Challenging Behaviour

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ABSTRACT

- *Context*

Some concerning statistics regarding mental health in young people have been reported in recent years, for example that globally, depression is one of the primary causes of illness amongst adolescents, with 50% of all mental health conditions appearing by the age of 14 (World Health Organisation (WHO), 2019). One particularly at-risk group is adolescents attending alternative provisions. Often considered the most challenging group of young people to work with, it is important that research aims to identify effective ways of supporting these pupils.

- *Methodology*

The present study examined the impact of a six session Acceptance and Commitment Therapy (ACT) based intervention on the social and emotional wellbeing of pupils in year 11 accessing on-site alternative provision. Sessions were delivered by the researcher to an experimental group (n=4), with outcome measures compared to a control group who did not receive intervention (n=4). A mixed-methods design was employed, consisting of self-report and other-report questionnaires and semi-structured interviews.

- *Results*

Two-way repeated measures Analysis of Variances (ANOVAs) were conducted and revealed no statistically significant interactions on any of the self-reported outcome measures except for the 'Disruptive Behaviour' scale of the Beck Youth Inventories 2nd Ed. between time and condition (BYI-2) F (1, 6) = 7.66, p = .03, ηp^2 = 0.56. However, visual trends in the data indicated that pupils in the experimental condition experienced greater improvements on measures of wellbeing, psychological flexibility and behaviour compared to the control. Pupils in the experimental group also showed visual improvements across all outcomes measured by the Strengths and Difficulties Questionnaire (SDQ), completed by a member of staff. Thematic analysis of follow-up interviews with pupils in the experimental condition revealed six main themes of: Self-Evaluation, Motivation, Experience of Being an 'SEBD' (Social, Emotional and Behavioural Difficulties) Pupil, Interpretation of Programme Content, Engagement and Group Dynamics, along with 19 corresponding sub-themes. Four main themes were defined through a thematic analysis of a staff follow-up interview in the experimental condition: Changes to Pupils' Behaviour, Changes to Pupils' Engagement with Learning, Ideas for Future Delivery of Sessions and Additional Ideas to Support the Emotional Wellbeing of Pupils, comprised of 16 sub-themes.

- *Conclusions*

Threats to the internal validity of the data in this study are acknowledged, with preliminary findings being tentatively argued as evidence to support further research into this area. Recommendations based on the views of participants within the study are also discussed, including the importance of adapting materials to suit specific groups of pupils, and having sessions delivered by a member of staff.

CONTENTS

Note: Copies of the raw quantitative data and transcriptions of the qualitative data have been submitted separately. Please refer particularly to the transcriptions to locate the original quotations cited in part 2 of the thesis.

Total Word Count: 32,000 Words

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1. MAJOR LITERATURE REVIEW

1.1. Introduction

This paper aims to outline the theoretical and empirical rationale for applying Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999) to school-based prevention programmes targeting adolescents in secondary education. Use of the terms 'adolescents' and 'adolescence' in this paper, including citations of these terms from other sources, refer to "those people between 10 and 19 years of age" (World Health Organisation (WHO), 2014, p.1), unless otherwise stated. Due to the specificity of the research area, this review employs a narrative approach, initiated by a wider contextualisation of ACT as an applied behavioural science, followed by a brief consideration of relevant surrounding debates and concluding with a focused consideration of its applicability with adolescents in school settings. The first part of this paper will provide an initial exploration of the issues surrounding social and emotional difficulties in adolescence, followed by the funnelled inspection of ACT outlined above, culminating in its relevance to school-based intervention. Set parameters related to the critical analysis of ACT theory and its comparisons with other approaches will be identified. The second part of this study presents a critical review of existing empirical studies, relevant to the identified research area. Inclusion criteria and search mechanisms employed will be clearly established at the beginning of this section. An overall summary of findings and considerations for future research will be explored in a final discussion, followed by a concise conclusion pertaining to the influence of this review on the authors own applied research.

1.2. Setting the Scene: Social and Emotional Wellbeing in Adolescence

The Adolescent Brain and Emotions: A Brief Insight

Arnsten and Shanksy (2004) argue that biological changes evident during adolescence, for example elevated levels of oestrogen in females, may contribute to heightened levels of stress. Stress has been cited as a contributory factor in the dysfunction of the prefrontal cortex, a brain region critical for emotional regulation (Arnsten & Shanksy, 2004). Bailen, Green and Thompson (2019) further argue that puberty during adolescence is associated with significant hormonal changes, including several

neurobiological factors that can contribute to an exaggeration of the stress response. Social factors such as an increase in independence and reliance on peer networks during this phase were also argued to influence stress levels. In spite of these apparent risk-factors, a review of neurocognitive research (Ahmed, Bittencourt-Hewitt & Sebastian, 2015) found that brain regions involved in emotional regulation, such as the prefrontal cortex, appear to continue developing during adolescence, suggesting a heightened 'plasticity' of the brain during this phase. Therefore, Ahmed et al. (2015) argue that adolescence constitutes a critical phase for the development of adaptive emotional regulation through preventative intervention.

However, conclusions surrounding the impact of biological changes on adolescent stress levels in Arnsten and Shanksy's (2004) study were largely derived from studies of adolescent animals. The chronological age of animals in the studies reviewed and the equivalent age-range for humans was not specified. Whilst Bailen et al. (2019) noted the potential impact of common social and biological factors on stress levels during adolescence, the results of their review indicated that there is no typical emotional experience for all adolescents. Further, although they cited studies that have shown differences in emotionality pre and post puberty, no direct neurological link has yet been identified. Lastly, some academics, such as Farina (2017), highlight the potential harm of promoting the idea of brain plasticity. Farina (2017) argues that researchers can fall into a trap of 'neuroessentialism' whereby the potential and importance of 'rewiring' the brain is overstated, giving people a false sense of hope that their problems can easily be fixed.

Defining and Recognising Emotional Difficulties

Mechanic (1999) describes mental illness as a type of deviant behaviour that is perceived to require intervention. The person affected typically exhibits thoughts, feelings and behaviours perceived as painful or disruptive, which are thought to stem from a physical dysfunction in the body or mind. This view lends itself to the traditional medical model of understanding psychological suffering, whereby patterns of behaviour are considered 'symptoms' of a 'disease' or 'dysfunction' (Mechanic, 1999). A widely used manual by clinicians in the field of mental health today is the American Psychiatric Association's (APA, 2013) Diagnostic and Statistical Manual (DSM), currently in its 5th

edition. The DSM was developed to support professionals to label patients with specific disorders based on their presenting symptoms, and thus identify an appropriate form of treatment (Wakefield, 1999). Measuring mental illness in this way has been criticised as lacking acknowledgement of the social contexts surrounding psychological suffering, including the influence of individual and community values. Wakefield (1999) argues that emotional suffering does not always arise from an internal malfunction and that context-specific factors can often be the cause.

An arguable benefit of the DSM is that it provides a consistent and common language for people to understand and possibly de-stigmatise the experience of emotional distress in its varying forms. The medical model of mental health conditions allows data to be generated on the level of people being diagnosed and either seeking or receiving support for recognised 'mental disorders'.

A Worrying Picture?

Burckhardt et al. (2016) argue that mental illness is increasingly being regarded as a global public health issue. Others acknowledge that the incremental rise in mental health disorders reported over the last decade are perhaps related to general increases in the population and the reduced stigma attached to disclosing mental health issues (Bor et al., 2014).

The WHO (2019) reports that globally, depression is one of the primary causes of illness amongst adolescents, with 50% of all mental health conditions appearing by the age of 14. Suicide is reported to be the third leading cause of mortality in 15-19 year olds worldwide. In 2013, Public Health Wales (PHW) estimated that in 2011, over 40,000 children and young people in Wales aged between 5 and 16 were estimated to have a mental health disorder (PHW, 2013). In November 2018, NHS Digital released a comprehensive summary of data surrounding the mental health of young people in England based on a cross-sectional survey of 9,117 children and young people between the ages of 2 and 19. Young Minds (2018) published an article stating the concerning nature of the figures reported from this survey, notably that 5-15 year olds experiencing emotional disorders appeared to have increased by 48% between 2004 and 2017. The figures reported by NHS Digital (2018) were that emotional disorders in 5-15 year olds

had increased from 3.9% in 2004 to 5.8% in 2017. Though an increase is apparent, it could be argued that this remains a small percentage of the overall population of 5-15 year olds. Furthermore, NHS Digital (2018) states that all estimates should be viewed with caution, as they are projections based on a cross-section of the population.

A report by Public Health England (PHE) (2015) highlighted that in an average class of thirty 15 year old pupils, three could have a mental health disorder, ten will have witnessed parental separation, one may have experienced the death of a parent, seven are likely to have experienced bullying and six may be self-harming. NHS Digital (2018) highlighted that the start of adolescence coincides with the move to secondary education and that around one in seven 11 to 16 year olds in their survey were identified with a mental health disorder. The survey also highlighted that the young people aged 11-19 with an identifiable mental health disorder were more likely to use social media everyday (87.3%) compared to those without a disorder (77.8%). These statistics highlight some of the external factors and life experiences that might be placing adolescents at greater risk of experiencing emotional difficulties, rather than solely the biological changes that occur during this phase.

Young Minds (2018) reported that ¾ of 5-19 year olds with a mental health condition do not have access to specialist support. However, NHS Digital (2018) reported that (66.4%) of 5-19 year olds with mental health conditions did receive access to support from professional services as a whole, with ¼ (25.2 %) of this support being from mental health specialists and the remainder from teachers, primary care services and educational support services. An impact report published by the National Institute for Health and Care Excellence (NICE) (2019) also reported that Children and Young People's Mental Health Services (CYPMHS) in England treated approximately 30.5% of children and young people with a diagnosable mental health condition in 2017/18, compared with an estimated 25% in 2014/15. However, the report concluded that overall, children and young people experiencing mental health conditions do not get the care they require. The Improving Access to Psychological Therapies (IAPT) initiative in England sought to address this gap. NHS Digital (2020) reported that 21,264 of children and young people up to the age of 17 in England entered into talking therapy treatment

and 3,345 finished treatment and entered into the recovery phase between 1st April 2019 and 31st March 2020 (NHS Digital, 2020).

Regardless of whether or not the statistics presented thus far represent a 'crisis' of mental health conditions amongst adolescents, it is evident that not all young people who have reported feelings of emotional distress are accessing support. Furthermore, data cited has been generated either from a cross section of young people approached by researchers or from NHS records of young people diagnosed with a mental health disorder. Therefore, it is likely that there is a population of young people missed from these statistics, who have either not reached out for support from services or not met criteria for a formal diagnosis.

A Call for Preventative Action: Prioritising Social and Emotional Wellbeing in Schools

The WHO (2019) stress the adverse consequences of not addressing adolescent mental health conditions, including impaired opportunities to lead fulfilling lives as adults. It is acknowledged that the emotional health of children and young people can have a substantial influence on cognitive development, learning, physical and social health and mental wellbeing in adulthood (PHE, 2015). In light of these statistics, Livheim et al. (2015) conclude that the prevention of depression and stress related suffering would be an important advance in public health.

Many have identified schools as the ideal setting for preventative interventions. For example, in their review of school counselling in Wales, Pattinson et al. (2009) highlight the role that schools can play in helping to promote emotional health for children and young people by addressing mental health issues. Marino et al. (2019) consider that contact with educational and prevention services can easily be increased for the wider population through school-based interventions. Across the UK, as part of the Targeted Mental Health in Schools (TaMHS) programme, the progression of 18,235 children who were a part of individual, group or whole school emotional wellbeing interventions was tracked during a three-year longitudinal study of 526 primary schools. It was found that such initiatives led to improvements in self-reported behavioural problems at secondary school level. The study concluded that schools should prioritise primary school mental health work in order to prevent symptoms worsening in higher education (Wolpert et

al., 2016). Furthermore, in a study of youth reported life satisfaction, Gilman and Hueber (2006) found that adolescents with the highest ratings of life satisfaction also reported positive school experiences. This may indicate a correlation between school experience and wellbeing, though the authors stated the cross-sectional design of the study precluded determining the direction of this relationship.

A Whole-School Approach to Social and Emotional Wellbeing: Key Current UK Policy and Legislation

Responses to appeals for better emotional support in schools are reflected in emerging good practice guidelines and legislation in the UK. For example, in England, PHE (2015) published guidance for a national commitment to whole-school approaches that tackle emotional health, recognising the duty of schools to support pupils to be resilient and mentally healthy. In Wales, the 'Thinking Positively' good practice document (Young Wales, 2010) depicts the major potential benefits for schools in actively promoting emotional health and well-being, including benefits to the whole-school atmosphere and overarching objective of school improvement (Young Wales, 2010). In December 2017, the Department of Health and Department for Education published a green paper entitled 'Transforming Children and Young People's Mental Health Provision'. The paper highlighted the key role that schools and colleges can play in providing early intervention for young people experiencing emotional problems through adopting a whole school approach. It was proposed that mental health awareness training would be implemented across schools in England and that every child will learn about mental wellbeing in school. In July 2019, Welsh Government released their 'Together for Mental Health Delivery Plan 2019-2022' which outlined proposed actions and review mechanisms for supporting the mental health of people living in Wales. The consultation document highlighted plans to move away from the medicalisation of mental health towards a focus on prevention and staying well. Improving access to mental health support in schools was also denoted as a priority, by investing in a new whole school approach to mental health and wellbeing that supports the overall mental health and wellbeing of learners (Welsh Government, 2019).

The role of educational psychologists (EPs) is seemingly overlooked in government guidelines and proposals to support emotional wellbeing in schools. Arguably, EPs are

well placed to offer advice and support to schools on how to implement and maintain whole school approaches to mental wellbeing. Continuing to engage with current research into evidence-based practices in supporting emotional wellbeing in schools and sharing these in everyday practice may help to promote the level of knowledge and expertise within the profession that may be utilised at a strategic level.

1.3. Acceptance and Commitment Therapy: 'Where There's Pain, There's Life'

Relevance of ACT in the Current Paper

As the section heading "Where There's Pain, There's Life" (Harris, 2009, p.19) implies, ACT (pronounced as the word 'act'), takes a seemingly radical approach to defining emotional difficulties. Instead of diagnosing clients and treating their symptoms, ACT seeks to contextually reframe the experience of difficult emotions and encourage new relationships with them (Harris, 2009). It is argued within this paper that normalising emotional difficulties, compared to a traditional deficiency or medical model, may help to map effective and preventative support mechanisms that are accessible to all adolescents, regardless of whether or not they have a diagnosable emotional disorder.

Key Theoretical Principles of ACT

The principles of ACT are largely derivative of a branch of pragmatism called functional contextualism (Biglan & Hayes, 1996) that focuses on the role of context in making sense of human behaviour. ACT is anti-reductionist in its approach, avoiding restricting behaviour analysis to symptoms or biological factors. ACT poses the purpose and context of behaviour as mediators of change, therefore assuming rapid and significant changes can be achieved through treatment, as deeply ingrained and conditioned life experiences do not need to be addressed over time. ACT claims that 'fighting' against internal visual and narrative depictions of past experiences or painful ideas is fruitless and even harmful. ACT therapists therefore work with clients to regard thoughts as neither 'true' nor 'false'. Instead, the functionality of these thoughts in that moment is considered, i.e. is it helpful or unhelpful? (Hayes, 2004).

The understanding of language offered by ACT is largely founded on Relational Frame Theory (RFT). In brief, RFT argues human suffering is derived from getting caught up in cognitive networks triggered by the development of language. Consequently, RFT claims

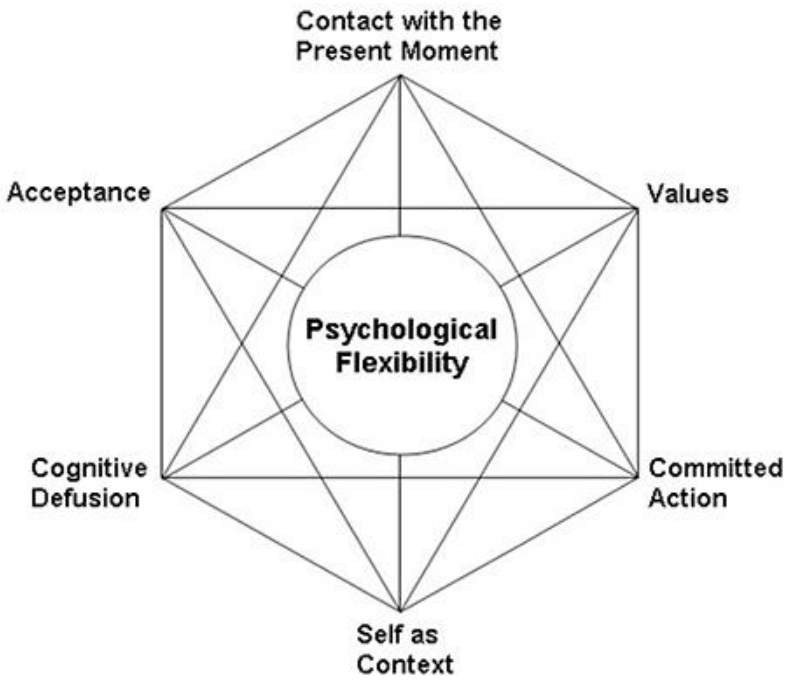
that humans struggle to distinguish between the process of thinking and the thought itself, often adopting the stance that painful thoughts are the 'truth'. In ACT this is referred to as 'cognitive fusion.' Cognitive fusion is identified as being detrimental as it results in fixations on 'correcting' 'bad' thoughts and sometimes lifelong attachments to labels such as 'I'm an anxious person'. Exhibiting these behaviours or beliefs is referred to as 'psychological inflexibility', which is associated with an inability to modify behaviour even if it prevents an activity of value (Fletcher & Hayes, 2005). An example of this might be not going to a friend's birthday party due to cognitive fusion with the thought 'I will have a panic-attack, and everyone will laugh at me'. The core aim of ACT is to promote a more fulfilling life by using processes of mindfulness and behaviour change to foster enhanced psychological flexibility (Fletcher & Hayes, 2005).

The ACT 'Hexaflex': Six Key Psychological Processes

Psychological flexibility is described in Hayes, Pistorello and Levin's (2012) paper as consciously connecting with the present moment for what it is, not through our thoughts, and maintaining or altering behaviours to act in line with one's values. The goal of ACT is to reach, or work towards, a state of psychological flexibility and to continue to apply practices to maintain it. Psychological flexibility is presented as a product of six core processes, each highly reciprocal (Fletcher & Hayes, 2005). These six processes are visually represented in what has collectively become known as the 'ACT Hexaflex', depicted in Figure 1 (Juncos et al., 2017). The lines shown in Figure 1 depict conceptually salient relationships between aspects of psychological flexibility. (Hayes et al., 2012).

Different versions of the Hexaflex have emerged throughout the journey of ACT, including minor variations in the terminology used for processes. The following brief exploration of the model will be using the terms cited in Fletcher and Hayes' (2005) article that are consistent with those depicted in Figure 1. Explanations of each process will combine views expressed in Fletcher and Hayes' (2005) earlier article with more recent interpretations from Hayes et al. (2012) where appropriate.

Figure 1



- *Acceptance*

Acceptance is an immersive process of fully embracing thoughts and feelings that arise without attempting to resist or avoid them. This process is not affiliated with passiveness, rather, it involves an active and conscious exploration of feelings and thoughts.

- *Cognitive Defusion*

The process of cognitive defusion is designed to alter the impact and experience of thoughts and feelings. Some examples of cognitive defusion activities include, giving thoughts a shape or colour, 'watching' visual thoughts as if on a TV screen or simply labelling the experience of the thought for example, 'I am having the thought that I am stupid'. The purpose of these practices is to regain objectivity in viewing thoughts for what they are, not inherent truths.

- *Contact with the Present Moment*

Contact with the present moment involves shifting attention to what is happening here and now. This refers to connecting with both internal (thoughts, feelings and sensations) and external (sounds, sights, smells, and touch) stimuli.

- *Self as Context*

When people describe themselves, they tend to revert to associations with the conceptualised self or their ingrained self-narrative. This may include fixed statements such as 'I am a hardworking person' or 'I am good at sports'. ACT encourages people to revert to their 'noticing self'. This is a more compassionate view of the self that is transcendent and allows for flexibility in expectations of how oneself 'should' be or act in a given situation.

- *Values*

ACT attempts to place a client's intrinsic values at the heart of their behaviour, thus increasing motivation for behaviour change. Values are identified as ongoing trails to fulfilment that can be lived out moment to moment and acted upon immediately.

- *Committed Action*

While values can never be fully achieved but only instantiated, committed actions involve concrete goals that can be attained. ACT promotes continual redirection of behaviour to build up patterns of effective action linked to values.

1.4 Critiques and Comparisons of ACT with Other Approaches

It is important to critically reflect on ACT as an approach, and acknowledge other psychological models, before exploring its empirical efficacy with adolescents. An exhaustive review of the literature comparing ACT against detailed accounts of other psychological approaches is beyond the scope and focus of this paper. The following hopes to address some of the key debates surrounding ACT.

Theoretical Assumptions

Much of the comparative literature is dedicated to exploring ACT's superiority or distinctness from Cognitive Behavioural Therapy (CBT) (Beck, 1967). Following decades of empirical support, CBT has arguably risen to become one of the most dominant approaches to treating psychological disorders (Öst, 2008). ACT asserts that it is part of the larger umbrella of cognitive behavioural therapies (Hayes et al. 2013) and is often categorised as part of the 'third wave' of behavioural and cognitive therapies (Fletcher & Hayes, 2005), referring to those that combine traditional cognitive behavioural techniques with concepts of mindfulness and acceptance. Hayes et al. (2013) state that ACT offers a fresh perspective on the functionality of language and relevance of context in behaviour, thus remains a contextual behavioural science. They state the key difference between ACT and CBT is in their inherent beliefs on how to create and measure scientific progress. Whereas CBT attempts to diagnose a cognitive disorder and modify dysfunctional cognitive processes linked to it, ACT attempts to uncover the functionality of such beliefs in context and encourage a meta perspective on symptoms to be regarded as part of human life. However, some cognitive behaviourists reject the necessity for such an expansion (Prochaska & Norcross, 2013). It is argued that justifications given by ACT to improve upon traditional forms of CBT are inaccurate (Prochaska & Norcross, 2013). Hofmann and Asmundson (2008) provide counter-arguments to some of the claims made by ACT theorists, for example reducing CBT to replacing 'bad' thoughts with 'good' and being overly symptom-focused. They propose that the goal of CBT is to support patients to adopt a scientific approach to their predictions, perceptions and interpretations of events to move towards a more balanced assessment of the situation. It is only when these cognitions are perceived to be unrealistic that therapists would encourage corrections to thinking (Hofmann & Asmundson, 2008). With regards to symptoms, Hofmann and Asmundson (2008) state that CBT's primary aim is to minimise or eliminate psychological distress, which includes symptom reduction. Rather than pathologising clients by a given set of symptoms, CBT practitioners attempt to teach clients that their experienced symptoms are a result of maladaptive cognitions, for example catastrophising non-threatening situations, and work together to alter these cognitions. A major difference noted between CBT and ACT is the understanding of cognition. In the former, cognition refers to the distinct concept

of internal thought processes whereas in the latter, it comes under the general term of behaviour, which is reported to include actions, emotions and thoughts collectively (Hofmann & Asmundson, 2008). Another key difference is the approach taken to emotional regulation. CBT is concerned with antecedent-focused strategies that address the emotional triggers that arise before a stressful event whereas ACT is arguably more response-focused in training clients to regulate their reactions to emotions that arise during a stressful event (Hofmann & Asmundson, 2008).

However, the core models of ACT and CBT are also stated by Hofmann and Asmundson (2008) to be inherently the same, in that they are both problem-focused and behaviourally based interventions that seek to support clients to achieve identified goals. The perceived distinctiveness of the approaches used in ACT are further argued to be compatible with existing models of CBT, for example acceptance-based emotional regulation strategies, and should be incorporated as an extra tool in the arsenal of CBT therapists. Therefore, their paper concludes that ACT may not warrant its depiction of a distinct treatment model in its own right (Hofmann & Asmundson, 2008). ACT has been also been likened to psychoanalytic therapies, on the basis that it recognises the importance of the internal mind and private events. It has been argued that ACT should identify as a new wave of psychoanalysis as opposed to CBT. From a humanistic perspective, ACT is celebrated for bringing concepts such as the unique self, core values and self-acceptance to the fore as these are central ideas within the humanistic approach. However, ACT is criticised for referencing Eastern philosophies such as Buddhism in their inclusion of such concepts and ignoring the body of work and research within the humanistic tradition in these areas. ACT is further criticised for aligning its philosophies with science from behaviourism, perceived as an attempt to legitimise some of the already well established Eastern perspectives as having a place in Western science (Prochaska & Norcross, 2013). Hayes, Pisterello and Levin (2012) welcome comparisons between core concepts of ACT and other approaches. However, they dictate that the distinctiveness of ACT remains in its integration of these different components to produce reliable processes of change that are transdiagnostic in nature.

Finally, on an ethical note, ACT has been critised for encouraging clients to accept internal experiences related to individual trauma, such as abuse and neglect, and

external experiences such as social injustices. Not allowing the space to work through these thoughts and feelings in more depth has been argued to potentially belittle the individual experiences of clients and suggest a passive acceptance of extremely difficult life experiences. From a psychoanalytic perspective, ACT is criticised for stopping at the point where clients accept difficult private events as it is argued that deeper analysis of these experiences can lead to a more conscious understanding and reduction of internal conflicts. As such, acceptance of negative internal events is considered unnecessary, when psychodynamic therapy is able to resolve these at an unconscious level (Prochaska & Norcross, 2013). Others have accused ACT theorists and practitioners as being evangelical in their depiction of the approach, presenting it as the 'holy grail' of psychological therapies and being inflexible to criticism (Routier, 2007). Some of the language used in ACT has also been likened to that of a religious ideology rather than a scientific model (Prochaska & Norcross, 2013). Harris (2009) refutes the notion that ACT forces individuals to resign themselves to acceptance of difficult thoughts and feelings regardless of context. He states that acceptance is only encouraged when control of them is either impossible or unhelpful in creating a meaningful, value driven life. Hayes et al. (2012) further claim that ACT empowers clients, as the practitioner does not engage with the content of the experiences discussed or pathologise clients, rather it measures the utility of these experiences against the client's own values.

Empirical Evidence

In their 2006 paper, Hayes et al. noted that despite its breadth and nominal chronological age, ACT was still a relatively 'young' approach as many years were initially devoted to developing the basic foundations of the approach. By 2008, Ciarrochi and Bailey were in a position to report that ACT had received comparative empirical support to the established CBT. It has been argued that the empirical outcomes of so-called third-wave therapies such as ACT do not reap greater clinical results than existing forms of treatment such as CBT. Thus, attempts to devise new methods are argued to be a waste of resources (Prochaska & Norcross, 2013). A meta-analysis of the efficacy of third-wave therapies by Öst (2008) concluded that none of the 'third wave' therapies, including ACT, fulfilled criteria to be considered empirically

supported treatments. This assertion was supported by the claim that such approaches used research methodology significantly less robust than CBT. Gaudiano (2009) refuted the validity of these claims on the grounds of comparative studies being mismatched, akin to comparing 'apples with oranges.' Öst was further criticised by Gaudiano (2009) for concealing grant support for the CBT studies cited, and over-emphasising limitations typical of all early trials of a novel approach. A further meta-analysis of ACT published by Powers, Zum Vorde Sive Vording and Emmelkamp (2009) revealed ACT to be effective in relation to control conditions (effect size = 0.42), but no more effective than other already established treatments across a range of domains (effect size = 0.18, p = 0.13). In their letter of response, Levin and Hayes (2009) identified issues within the dataset presented, arguing that some treatments were miscategorised as control data. A re-analysis correcting this displayed that ACT was superior to some established treatments, such as nicotine replacement patches. Finally, Herbert and Forman (2013) dictate that more care should be given when presenting limited research as an indicator of perceived effectiveness of ACT. They state that a lack of empirical research is to be expected from a relatively new approach compared to the well-established approaches it is being measured against. Furthermore, it could be argued that evidence of ACT being as effective as other approaches is promising and should fuel further research into alternative approaches, rather than disqualify the need to introduce new ways of working.

1.5. Clinical Applications of ACT with Adolescents

In line with a surge in ACT research in the last decade, numerous publications have emerged in relation to its clinical applications in treating emotional distress in young people (Swain et al., 2015). Though a full exploration of these studies is not feasible in this paper, the current section aims to briefly outline some of the existing empirical research into clinical ACT-based treatment aimed at specifically at adolescents.

Fine et al. (2012) explored the use of Acceptance Enhanced Behaviour Therapy (AEBT) in treating the relatively understudied trichotillomania/TTM (hair-pulling) in adolescents. Treatment sessions combined elements of Habit Reversal Training (HRT) and ACT and were conducted with patients receiving treatment for TTM (n=2). Both participants in the study reported clinically significant gains in treatment as determined

by at least 2 weeks of abstinence from hair pulling, in addition to reports of decreased distress. The relative contributions of HRT and ACT were not analysed, and thus the efficacy of ACT specifically could not be ascertained. Despite this, the authors stipulated their preliminary findings as encouraging, noting the importance of replicating the study on a larger scale and including outcome measures related to acceptance and experiential avoidance.

A study by Hayes, Boyd and Sewell (2011) compared ACT with treatment as usual (TAU) for adolescents referred to a psychiatric outpatient service for depression. Results were reported to show clinically reliable and significantly greater improvements in measures of depression in the ACT condition (d=0.38). However, the exclusion of certain participants following the pre-test measures (n=13) resulted in an imbalance in group sizes (ACT n=22, TAU n=16). Drop-out rates at follow-up were also cited as a limitation of the study, with ACT and TAU longer-term post-measures being completed by 8 and 4 participants respectively. The authors argued the observed gains in the ACT group remained promising. The importance of conducting larger-scale replications of the study was also stated, to advance treatments available for adolescent depression.

Another study by Makki et al. (2018) found ACT to be a suitable intervention during brief paediatric psychiatric inpatient treatment. This naturalistic study involved upskilling staff to implement ACT-based sessions with inpatients. Data collected at three time intervals from patients and their parents at the point of discharge revealed increases in self-reported satisfaction with inpatient treatment and knowledge of ACT over time. Psychological flexibility measures from group sessions also highlighted increased psychological flexibility of patients over time. Despite the design of this study not allowing for individual comparisons compared to a control, the results highlighted the feasibility of implementing ACT practices in psychiatric settings and generated a positive response from patients and their families.

Positive results for ACT in treating adolescent Post-Traumatic Stress (PTS) have also been found. For example, a study by Woidneck, Morrison and Twohig (2014) revealed preliminary support for a 10-session ACT protocol used to treat PTS in adolescents in community and residential facility samples. A cited limitation of the results of this research was the reliance on daily self-monitoring of PTS symptoms by participants, as

this was inconsistent. Furthermore, the participants in the residential sample were also receiving other forms of treatment, thus improvements may not have been directly linked to ACT sessions. However, ACT was shown to be an effective across multiple trauma types, and for individuals with comorbid conditions such as eating disorders. The protocol also received high ratings of acceptability amongst participants.

1.6. Rationale for an ACT-Based Social and Emotional Curriculum

It is evident that ACT has experienced struggles in perforating the sphere of mainstream applied psychology. Whilst there have been some clear teething problems in the initial stages of its development, ACT appears to be accruing evermore recognition in research literature and is showing some promising results in clinically applied research with adolescents. With its theoretical foundations, contextual relevance and clinical applications having been considered, ACT will now be considered with regards to supporting the social and emotional development of adolescents in school settings.

As previously discussed, studying mental health-promoting programmes in schools is one way to facilitate early intervention. School-based programmes may have an additional benefit in helping to normalise participation in activities and interventions related to social and emotional health (Van der Gucht et al., 2017). Several articles exploring the application of ACT in school settings argue its utility in supporting universal interventions. In a paper exploring the role of EPs in furthering ACT practice in schools, Gillard, Flaxman and Hooper (2018) assert that the transdiagnostic nature of ACT has the potential to develop effective and sustainable practices to promote psychological wellbeing for all pupils. Burckhardt et al. (2017) add that universal prevention programmes, evidenced by approaches such as ACT, avoid the logistical difficulties of mass-screening processes and ensure no pupil misses the opportunity to learn invaluable skills.

More specifically, the core components of acceptance and mindfulness-based skills are offered as unique and highly beneficial aspects of ACT to instil in young minds. For example, Ciarrochi et al. (2011) conducted a longitudinal study with 776 adolescents to explore whether self-reported levels of acceptance and awareness predicted changes in well-being over time. Participants completed initial measures of mindfulness, emotional

awareness, and experiential acceptance, as well as measures of major personality traits. To measure changes, further assessments of emotional well-being were completed across a 1-year interval. Results showed that 'Acting with Awareness', emotional awareness, and experiential acceptance were all linked to prosocial tendencies and showed direct correlations with increased wellbeing across the year. Despite this being an indirect study, the authors claimed that these findings highlight that awareness and acceptance may be critical mechanisms in promoting adolescent well-being. It was argued that future research into adolescent wellbeing should further explore the impact of promoting these concepts in young people by using an experimental design. These findings informed later publications by Ciarrochi et al. (2016) and Ciarrochi and Hayes (2016) arguing the benefits of teaching ACT skills in relation to identified social and emotional learning outcomes in education.

In addition to being suitable for application in universal interventions, Gillard et al. (2018), considered the potential use of ACT-based approaches for supporting students presenting with ongoing challenging behaviour. A rise in permanent exclusions in the UK was cited as an indicator that support may be lacking for this population in education. The ACT model is presented as a possible framework to help support pupils exhibiting challenging behaviour as it normalises the emotional experience of anger, instead focusing on how one relates and responds to this experience. As such, ACT-based intervention may help pupils to understand their feelings and commit to pro-social behaviour that is in line with their values. Validating the experiences of pupils exhibiting challenging behaviour and placing their own values as motivators for change may constitute a radically novel approach to a population that are notoriously difficult to engage.

1.7. Educational Applications of ACT with Adolescents: A Systematic Literature Review

Foreword

Several attempts to examine the use of ACT in school settings have taken place over the last decade. This includes the publication of manuals, development of applied programmes and comparative studies between ACT and CBT in improving outcomes for students. For the purpose of this paper, articles have been selected in relation to

specific inclusion criteria. Variations of the key terms 'ACT', 'Adolescents', 'Intervention', Emotional Wellbeing' and 'Education' were combined in an advanced search on the PsycInfo database (for a detailed depiction of search terms see Appendix B). 322 results were generated, with 6 articles being retained for review following a screening of titles and abstracts (for a flow chart of the article refinement process, see Appendix A). The studies selected for review are all empirical studies, carried out with the target population of adolescents, have taken place in educational settings, consisted of face-to-face support and have directly measured the impact on social and emotional wellbeing. 316 studies were discounted in relation to identified exclusion criteria including: target populations outside of the specified age-range, e.g. university students and primary aged pupils, interventions administered outside of the school setting and unpublished doctoral research studies (for a full list of inclusion and exclusion criteria, see Appendix A). Further scrutiny of cited articles in key ACT research papers and use of the publication search engine on the Association for Contextual and Behavioural Science (ACBS) website revealed no additional papers of direct relevance. It is to the author's knowledge that the following is an exhaustive list of the studies meeting the inclusion criteria specified at the time of writing.

Critical Review of Selected Studies

Outcomes of an acceptance and commitment therapy-based skills training group for students with high-functioning autism spectrum disorder: A quasi-experimental pilot study (Pahnke et al., 2014).

- *Description*

The aim of this pilot study was to evaluate the feasibility and outcomes of a modified ACT protocol for adolescents and young adults reported to have a diagnosis of high-functioning Autism Spectrum Disorder (ASD), a population that was identified as having relatively low levels of psychological flexibility. The National Autistic Society (NAS, 2020) defines autism as "a lifelong developmental disability which affects how people communicate and interact with the world". The chosen research design was a quasi-experimental, two-group trial, with intervention and waiting list conditions. Participants were recruited at a special school in Stockholm. 28 pupils from six school classes were

included in the study, with 5–7 students in each class between 13 and 21 years old. The 6-week ACT-based skills training programme consisted of two 40-min group sessions per week and 6- to 12-min of daily mindfulness exercises in the classroom. Sessions were conducted within the students' usual school class groups. The six participating school classes were randomized to either skills training or the waiting list. The waiting list group received skills training after the study was completed.

- *Findings*

The paper concludes that overall, good feasibility of the training programme was measured. This included the content of the programme motivating pupils to attend and being perceived as acceptable by school staff. The ASD specific adaptations of the ACT protocol were reported to be meaningful for the target population and the interim mindfulness activities administered by school staff optimising effectuation of the training. Participant outcome measures and key findings were as follows:

- The Stress Survey Schedule (Groden et al. 2001) whereby decreases in self and teacher reported stress ($p = .044$ and $p = .045$) were observed in the experimental group.
- The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1999) whereby decreases in self and teacher reported hyperactivity ($p = .010$ and $p = .026$) symptoms and teacher reported emotional symptoms ($p = .004$) were reported in the experimental group, alongside an increase in self-reported prosocial behaviour ($p = .034$).
- The Beck Youth Inventory Scales (BYI) (Beck, Beck & Jolly, 2001) whereby a group-by-time interaction effect was observed for the total score ($F(2, 52) = 3.68$, $p = .032$).

These results were reported to have been maintained in a 2-month follow-up measure. This is compared with the control group, whose adverse symptoms were reported to have generally increased in post-treatment measures. General patterns in the outcome measures was reported to be consistent between self and teacher ratings, as well as across different questionnaires. The paper summarises that the results gained indicate

ACT as a potentially valuable approach for facilitating everyday life and alleviating symptoms of stress and psychological distress in pupils with ASD.

- *Critiques and Considerations*

Despite asserting the school enrolled approximately 50 students with high-functioning ASD, only 28 pupils took part in this study. Eligibility criteria were not fully explained. The authors acknowledge that a major limitation was the small sample size, including decreased opportunity to account for the effects of background variables on outcomes. Two of the measures used were additionally outside the valid age range for older participants. Participant preference for remaining in their usual classes for purposes of routine did not allow for individualised randomisation, therefore impacting on the efficacy of results.

A major limitation of this study was lack of validation of the researcher-developed ACT sessions, interim mindfulness activities and programme feasibility questionnaires. Researchers also did not validate changes to the format of the Stress-Survey Schedule into a self-report form for students, or a 'psychological distress' measure comprised of elements of the BYI. Additionally, outcome measures were selected in relation to clinical experience and were not necessarily consistent with ACT theory. Therefore, results of these measures may not display effectiveness of ACT as an approach, particularly as 'psychological flexibility' was not directly measured, despite a lack of this concept in ASD pupils being cited as a rationale for the study. Replicability of this study by school staff in other specialist educational settings is limited, as content of sessions were not published. Furthermore, sessions were conducted by a graduate psychologist and ACT therapist who both had significant experience in psychological theory.

Overall analyses and conclusions were reported in general terms, without accounting for the individual relationships within data sub-sets. This included over-generalisation of a correlation between self and teacher-ratings and psychological distress being reduced pre-post treatment compared to the control group and including 'statistical trends' and interaction effects that were not statistically significant in conclusions.

The Effectiveness of Acceptance and Commitment Therapy for Adolescent Mental Health: Swedish and Australian Pilot Outcomes (Livheim et al., 2015).

- *Description*

This paper outlines the results of two school-based studies implementing the ACT Experiential Adolescent Group, a manualized 8-week group programme developed by Hayes and Rowse (2008). This intervention is cited as being available online. The Australian study tested the ACT group intervention for its effects on depression, whereas the Swedish study considered the effects on stress. Both studies compared experimental conditions with TAU conditions specific to each population.

Pupils in the Australian study were recruited initially through referrals from school counsellors/ welfare co-ordinators who were asked to invite students experiencing mild to moderate, but not severe, depressive symptoms to take part. The SDQ was subsequently administered with student volunteers to confirm levels of risk criteria. A final sample of 66 pupils aged between 12 and 18 took part in the study with a mean age of 14.6. The programme was delivered in five high schools in accordance with the manual and facilitators were registered psychologists. Sessions in three of the schools were co-facilitated by clinical psychology graduate students and in two of the schools by the school counsellor. All facilitators had received at least two days of ACT training and were supervised by the authors of the programme. In this study, the control condition received twelve weeks of monitoring support from the school counsellor, identified as TAU. Changes in depressive symptoms were measured by administering the Reynolds Adolescent Depression Scale-2 (RADS-2) (Reynolds, 2010) in both conditions, pre and post intervention. Psychological flexibility scores were also measured through administration of the Avoidance and Fusion Questionnaire-Youth, 8 item (AFQ-Y8) (Greco, Lambert and Baer, 2008). Programme satisfaction was measured via a six-item anonymous questionnaire.

Pupils in the Swedish study were recruited from a school identified as having high levels of stress by the 'Chief Physician' of schools in the county. Potential participants were assessed against inclusion criteria of scoring above the 80th percentile on scales measuring psychological problems. Pupils experiencing severely elevated levels of

psychological distress were also excluded from this study. Screening measures used were the SDQ, The Perceived Stress Scale (PSS) (Cohen and Janicki-Deverts, 2012) and the General Health Questionnaire (GHQ-12) (Gao et al.2004). A final sample of 32 pupils aged 14-15 took part in the study. Due to time constraints, the programme was adapted to fit within a period of six weeks. Sessions were delivered by clinical psychology students who had received four days of ACT training. In this study, the TAU condition received individual support from school nurse, including individual counselling in somge cases. Pre and post comparisons of stress levels were assessed using the Depression, Anxiety and Stress Scale 21-item (DASS-21) (Brown et al., 1997), Satisfaction with Life Scale (SWLS) (Neto, 1993), AFQ-Y (17 item) (Greco et al., 2008) and Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003). Programme satisfaction was measured via an anonymous eight-item questionnaire.

- *Findings*

Mixed Model Repeated Measures (MMRM) was used to investigate effects for data collected at pre and post in both studies.

Reported results in the Australian study showed a significant and large time by treatment interaction (F (1, 44.7)= 7.59, p=0.008, Cohen's d=0.86) in depressive symptoms on the RADS-2. Significant and medium time by treatment interactions were also observed on the AFQ-Y8 (F (1, 48.34)=5.74, p=0.021, Cohen's d=0.73). In terms of programme satisfaction, overall response rate was reported to be 'unanimously positive' with the majority of participants indicating that they would not change anything about the sessions.

Results reported in the Swedish study indicated a significant and large time by treatment interaction on the PSS (F(1, 23.0)=8.21, p=0.009, Cohen's d=1.20). Results for SWLS showed no significant results. Depression, Stress and general mental health all showed an effect for condition only (p= 0.013, 0.031, and 0.03, respectively). Anxiety showed a marginally significant and large interaction between time and condition (F(1, 24.038)=4.00, p=0.057, Cohen's d=0.80). Results for the MAAS showed a marginally significant and medium time by treatment interactions (F(1, 24.14)=3.68, p=0.067, Cohen's d=0.75). Results for the AFQ-Y17 showed no significant effects. 91%

of participants gave exclusively positive feedback on the programme, with 50% reporting their experience on the course as very valuable and the rest as quite valuable. All the respondents reported that they would recommend the programme to a friend.

- *Critiques and Considerations*

An initial aim set out in this paper was to evidence the effectiveness of the intervention by conducting research under 'real-world conditions in ordinary schools.' The authors argued the feasibility of replicating the study on a wider scale, as facilitators only received four days of ACT training, perceived as a small investment for future implementations. However, all sessions in both studies were delivered by registered or training psychologists, with Swedish pilot sessions running for 90 minutes after school hours. Specific experimental group sizes were also not reported. An additional interesting aspect of this research was the gendered delivery of sessions. Both studies reported disproportionate ratios of female to male volunteers, but also concluded due to the age of participants, single gender groups would allow pupils to fully engage with the programme. Therefore, it could be argued that these conditions are not in line with normal school practices, which generally consist of mixed gender classes and a lack of time and resources to dedicate to staff training and after-school sessions. The authors do suggest implementing this programme as part of the regular curricula but do not assert how this may be achieved in practice.

The nature of the studies being 'transdiagnostic' is also referred to in this paper, as the same programme was applied to study both depression and stress. However, inclusion/exclusion criteria for participants was arguably restrictive, by excluding potential participants who were experiencing 'severe' levels of distress. Reliance on participants being referred by the school counsellors in the Australian study also reads as subjective, as this may have resulted in pupils not overtly exhibiting symptoms being missed. The rationale for focusing on the pre-identified school in the Swedish study was also not explored. Thus, it could be argued that conversely, the studies relied on diagnostic criteria for pupils to access the intervention. Interestingly, the paper concludes by stating further studies showing effectiveness of this ACT group treatment could be helpful for the large group of adolescents that do not currently access support

because their problems are not 'acute or severe enough'. Whether or not control conditions received intervention post-research is also unspecified.

The final summary of collaborative findings in this paper negates the lack of significant effects on mindfulness and psychological flexibility in the Swedish study by reporting a 'marginally significant' increase in mindfulness skills in the ACT group compared to usual care with a medium effect size. Researchers conclude that mindfulness-based activities were lacking in the Swedish version of the programme and that the smaller sample may account for no significant increase in psychological flexibility post-intervention. It is also alluded to that delivery of the programme was different in the respective studies, in the recommendation that future deliveries of the programme are quality assured.

There are several limitations acknowledged by the authors of the research which should be noted. Firstly, all participants were volunteers on some level, therefore do not represent the population of pupils who chose not to volunteer. Secondly, the subjectivity of using exclusively self-reported measures in the absence of more objective measures of impact that may have lent themselves to follow-up investigations in the longer-term. In a final note, the authors declare that they have no conflict of interest, which could be contested on the grounds of two of the authors having developed the programme being examined.

As a final consideration, the fact that a proportionately high drop-out rate was observed in an Australian alternative provision setting was not really explored in much depth in relation to overall programme satisfaction. There may have been aspects of the programme that were unfavourable to this population which could have been identified through further investigation.

A randomized controlled trial of strong minds: A school-based mental health program combining acceptance and commitment therapy and positive psychology (Burckhardt et al., 2016).

- *Description*

This study piloted the 'Strong Minds' programme with pupils in years 10 and 11, aged 14-15 and 15-16 respectively, recruited from an Episcopalian faith high school in

Australia. From the 320 students across the year groups, 267 participants were retained, with 139 in the Strong Minds condition and 128 in the control condition. All students who consented to participate were included in the study. The programme was developed by two of the authors experienced in ACT, in collaboration with cited experts in the field of positive psychology and comprised concepts from both approaches. Session content included the six core areas of ACT; Values, Committed Action, Contact with Present Moment, Observer-self, Acceptance of Emotions, and Thought Defusion and four key aspects of positive psychology; Meaning, Kindness, Social Relationships, and Healthy Lifestyles. 16 half hour sessions totalling 8 hours were delivered to the Strong Minds condition, spread over 3 months. Sessions were delivered by the lead author who was a registered psychologist, with facilitative support from a research assistant. For two-thirds of the program, year groups were combined for the presentation of materials and for the other third they were instructed separately due to competing commitments. The aim of the sessions was to educate students about the concepts and to encourage them to apply these concepts to their lives. Students in the control condition continued to attend their usual 'Pastoral Care' classes.

- *Findings*

The aim of this study was to test whether the programme was effective at reducing symptoms in participants with elevated symptoms at baseline and whether the programme was effective at increasing wellbeing across the entire sample. The DASS-21 and Flourishing Scale (FS) (Diener et al., 2010) were used pre and post intervention to measure effects.

When years 10 and 11 were examined together, there was a statistically significant reduction of depression scores (p= .04), stress scores (p= .006) and DASS-Total scores (p= .02) for the Strong Minds condition compared to the control condition. However, differences between the conditions failed to reach statistical significance on the measure of anxiety. When examined separately, significant differences between the control and Strong Minds condition for all DASS-21 scores and the FS score were observed for Year 10 (depression (p= .02), stress (p= <.001), anxiety (p= .05) and DASS-Total scores (p= .002). However, none of the differences on the DASS-21 or the FS were statistically significant for Year 11.

An additional analysis of dropouts versus completers indicated that students who did not complete the post-intervention measures had significantly higher symptoms of anxiety and depression than those who did. They were also significantly more likely to be younger.

- *Critiques and Considerations*

The authors in this study cited there were no exclusion criteria, however the reason for focusing on years 10 and 11 was not provided, despite the school catering for pupils from years 7 to 12. This sample also limits the generalisability of findings, due to a high ratio of males to females. This was accounted for by the school previously admitting exclusively males. The school was additionally reported to be a relatively affluent school compared to the national average.

Although not a fault of the researchers, students who declined to participate in the study still attended the condition to which they would have been allocated, as the school decided it was part of the required curriculum. Despite not being required to complete any of the self-report assessments, this still poses ethical concerns over freedom of will and possible perceived pressure to take part from school staff. It is also unclear whether the control condition received intervention following the study.

The researchers advocate future adaptations of the programme to be embedded into the school curriculum, arguing the large group delivery format has numerous advantages compared to smaller groups. In addition to a lack of supporting evidence for this statement, the authors do not provide a comprehensive breakdown of sessions to replicate. Session aims were vaguely described as ensuring the concepts were adequately explained and that students were instructed in how they could be used. Sessions were also delivered in the school's amphitheatre to accommodate the large cohort, a resource which is unlikely to be available in most schools. Furthermore, the programme was facilitated by one of its authors, a registered psychologist receiving supervision from senior researchers. Thus, they were likely to possess confidence in delivering such interventions.

A limitation acknowledged by the researchers was a reliance on self-report measures for analysis. In addition, there did not appear to be a measure of psychological

flexibility, a noted core outcome for ACT. A lack of qualitative feedback from participants was a further weakness of this study. Some of the hypotheses relating to weaker results were unfounded, for example that the lack of change in year 11 participants may be due to exam stress and the heightened relevance of 'romantic relationships to this age group'. Reference to the drop-out data was included, with similarly unsubstantiated theories, but no follow up data was sought to explore this. This is interesting, considering the aim of the programme was to decrease elevated symptoms and these pupils tended to have elevated baseline scores. This might suggest that these pupils' levels of distress restricted their ability to continue with the study, which would warrant further exploration.

Acceptance and Commitment Therapy (ACT) for Adolescents: Outcomes of a Large-Sample, School-Based, Cluster-Randomized Controlled Trial (Van der Gucht et al., 2017).

- *Description*

This study measured the impact of a brief, classroom-based ACT programme adapted to the Flemish school context from an earlier model. The programme consisted of four weekly two-hour sessions that were integrated as part of the school curriculum. Sessions were delivered by teachers that had received two days of ACT training, in order to test the feasibility and effectiveness of a staff-led ACT intervention. Participants were 616 adolescents aged 14–21, attending one of 14 secondary schools in a Dutch-speaking region of Belgium. Inclusion criteria for the schools were to have at least one pair of parallel classes in the 5th grade and two teachers motivated to follow and teach the ACT training. Each participating school offered one or two pairs of parallel classes. Within pairs, one class was randomised to the ACT condition, the other to a no-intervention control condition. All sessions included ACT educational theory and background, as well as practical exercises and homework tasks. All facilitators received two supervision sessions from the training instructors at specific points during the programme.

- *Findings*

Students in both conditions completed questionnaires prior to randomisation, a week before the start of the intervention, 1-8 weeks post-intervention and at a one-year

follow-up. All assessments were administered during regular school hours by the school staff. The Youth Self Report (YSR) (Achenbach, 1991) was used to assess internalising and externalising problems, as well as thought and attention problems. Quality of life was measured by the World Health Organization Quality of Life questionnaire (WHOQoL) (Skevington et al., 2004) and the 17-item AFQ-Y assessed experiential avoidance and cognitive fusion.

Data analysis revealed no statistically significant benefits on any of the outcome measures, thus null findings. Detailed inspection of effect sizes indicated similar, small differences over time in both conditions leading to a conclusion that improvements were likely due to the passage of time, multiple testing, or other effects. Possible explanations for these findings included the condensed nature of the programme, lack of facilitator efficacy, lack of programme fidelity across groups and inconsistency of timescales in collecting post-data.

- *Critiques and Considerations*

Ages of the final sample of pupils was not clear, as the authors stipulated that only 5th grade students could participate but included the age range of 14-21 in their overall sample description. Without knowing the UK equivalent to this stage, it is difficult to ascertain the age of pupils. It is also not explained why only 5th grade pupils were included. It was also not apparent if and how pupils caught up on lesson content missed in parallel lessons. Facilitators were reported to be from a range of disciplines, including mathematics. Thus, the academic impact of taking part on participants is not clear.

In terms of replicability, references were made to the original programme that was adapted for the study, but on closer inspection these constituted an unpublished Masters thesis and a publication in Dutch. In terms of adapting this study in different contexts/countries, this poses limitations.

The researchers acknowledge a weakness in the post-treatment assessment window being too large. However, insufficient attention was credited to the possible implications of multiple repeats of measures with participants. It is likely that participants became overly familiar with questions asked, possibly recalling their previous answers.

As touched upon in the article, further investigation into the training programme for staff is warranted. Results may also simply reflect flaws in the programme that need addressing for efficacy in future. Despite claims that the intervention may have been too brief, eight hours of intensive teaching on the core skills of ACT reads as quite significant in comparison to having no intervention at all. For programmes like this to be embraced in school curriculums, teaching staff are likely to be the facilitators, in the absence of trained psychologists to perform this duty for every school. Therefore, these results show that careful attention must be paid to proposed programmes and their feasible delivery by school staff.

A Novel Third Wave Contextual Approach of Positive Behavior Support in School for Adolescents at High Psychosocial Risk: Rationale, Feasibility, and First Pilot Outcomes (Marino et al., 2019).

- *Description*

This study explored the feasibility of a 12-session, ACT-based school intervention with adolescents identified at high psychosocial risk. Participants were recruited from a school located in a low Socio-Economic Status (SES) and severely deprived district in Messina, Italy. The final experimental group consisted of 13 adolescents between 12-14 years old. The intervention was adapted from the DNA-V programme for adolescents developed by Hayes and Ciarrochi (2015). The programme attempts to build skills in emotional literacy, psychological flexibility, and engagement with values-based actions to foster resilience and wellbeing. Pupils received 12, 90-minute sessions, once a week, delivered by two qualified clinical psychologists and a CBT psychotherapist.

- *Findings*

The research aimed to answer questions related to the feasibility and effectiveness of the intervention with the target population of adolescents at high psychosocial risk. Qualitative interviews, observations and ACT outcome relevant questionnaires were proposed to gather this information. Interviews with teachers and pupils were envisaged, alongside statistical data gathered through administration of the Child and Adolescent Mindfulness Measure (CAMM) (Kuby et al., 2015) and the 17-item AFQ-Y pre and post intervention.

The results on the AFQ-Y total score revealed a statistically significant improvement, with a mean decrease of 19%. Results on the CAMM also revealed an improvement, with a mean decrease of 8%. However, this improvement was not statistically significant. The authors concluded that the final sample was too small to reach an appropriate significance level for a full randomised control trial, due to a low participation rate. A qualitative data analysis was also deemed not possible, accounted for again by a low participation rate.

- *Critiques and Considerations*

Initial observations of three potential target classes were reported to result in the exclusion of two classes. Extreme behavioural problems and low acceptability from students was cited as the rationale for this. The authors argued that for these classes to access the intervention successfully, significant prior work on the social environment, behaviour, adherence to rules and motivation of pupils were necessary. The purpose of the intervention was explained to pupils as a path that would support them in choosing socially appropriate behaviour. Despite asserting the need for evidence-informed practices to support this population, the exclusion of pupils on the grounds of acceptable behaviour seems contradictory. Further, the explanation of the programme may have been misconstrued as an imposed behavioural modification initiative instead of a journey of self-identified values and acting with subjective meaning. Contrastingly, the study was presented to school staff and parents as a bullying reduction and prevention program in order to increase acceptability, which was cited as being high. However, bullying reduction or prevention measures were not included in the research.

The researchers considered the intervention's potential to positively influence social behaviour and conduct but argued a lack of social and cognitive resources available to the participants prevented full engagement with the necessary components to achieve this. The unsuitability of the sample was cited several times throughout the analysis of measures and results of the study. Suggestions for future research included timing responses to questionnaires to increase attention, randomising questions for each participant and using a technological device to encourage participation. Whilst this shows considerations for engaging pupils in future, such assertions appear to define participant characteristics as the barrier to successful implementation, rather than

issues with the delivery and content of materials themselves. It could be argued that holding too high expectations of pupils' behaviour was a weakness of this study. Furthermore, teachers' unwillingness to participate in the study was noted, but not explored.

Finally, plans to explore gamifying the protocol to increase engagement were discussed. This was found to be an attractive concept to pupils, evidenced in a series of qualitative interviews following the pilot. Such information is valuable for future research and the inclusion of this qualitative data in the paper would have been a valuable addition. A lack of control group was also a limitation of this study.

ACT for adolescents: Impact of a pilot group intervention on psychological wellbeing (Smith, Oxman & Hayes, 2020).*

(*NOTE: this study was published after the completion of the author's own research study. It was latterly added to the literature review due to its conformity to the inclusion criteria. Therefore, the appraisal of this study did not specifically contribute to the development of the author's research questions. However, due to the noted similarities of its limitations with previous papers, its critiques have been included in the discussion section. The results of this study in relation to the author's findings will also be considered in part two of the thesis.

- *Description*

This study investigated the impact of a six-session school-based ACT intervention with adolescent girls. Sessions were an hour long and based on the book 'Get Out of Your Mind and Into Your Life for Teens' (Ciarrochi, Hayes & Bailey, 2012). Participants (n=10) were aged between 13 and 15, attending years 7 (n=3), 8 (n=4) and 9 (n=3) and recruited from one public high school in Australia through an advertisement in a parent newsletter, referrals by school staff and self-referral from students. Pupils were eligible to take part if they were experiencing symptoms of mild to moderate anxiety and/or depression, based on the DSM-5. Participants were excluded if they exhibited signs of active suicidality, psychosis, schizophrenia, learning difficulties and chronic illness or were already receiving psychological treatment. A preliminary screening of participants took place, using the Depression and Anxiety scales of the BYI-2 and the 'clinical

judgement' of the researchers following a short interview. Sessions were facilitated by two of the researchers, who were also practicing psychologists, on the school site and ran consecutively over six weeks.

- *Findings*

A within-subject design was employed for this research, comparing pre and post scores of individual participants on measures of anxiety, depression and psychological flexibility. All participants completed the anxiety and depression scales on the BYI and the AFQ-Y 17-item on the week prior to the first session and the week following the final session, respectively. Eight of the participants attended all six sessions on their scheduled dates. Catch-up sessions were provided for those who missed sessions.

Paired samples t-tests of pre and post scores revealed statistically significant reductions in levels of anxiety $t(8) = 3.58$, $p = .007$, Cohen's $d = .74$ and psychological inflexibility $t(9) = 1.55$, $p = .022$, Cohen's $d = .38$. Scores for depression were reported to have reduced overall, but were not significant $t(9) = 1.16$, $p = .277$, Cohen's $d = .31$. One participant's score was reported to have increased on the depression scale following the intervention.

- *Critiques and Considerations*

The authors cited the inherent limitations of having a small sample size but did not justify or explain recruiting an all-female cohort. The rationale for targeting adolescent girls was not outlined in the introduction and the specific implications of the findings for this population were not addressed in the discussion. It would have been useful to know if girls were approached for a reason or if this occurred by chance.

It was additionally not stated how many pupils were hoped to be recruited for the study. As participants were from three different year groups, it can be assumed that potential participants were not confined to a specific age group, however this was not explained. A control group was also not included as part of the research design, which further limits the extent to which findings can be generalised.

The recruitment process was not made explicitly clear, particularly regarding the information given to parents and how they elected for their children to take part. Self-

referral by pupils was cited to be a result of 'word of mouth' amongst students, but it was again not clear how pupils were alerted to the study and informed of its purpose. Referrals by school staff also poses limitations, in that psychological suffering of potential participants was subjective to teachers' perceptions of their behaviour. This may have resulted in some pupils being missed.

The authors stated that the screening process protocol was not sufficiently defined, resulting in a wide range of pre-test scores for anxiety and depression, from average to extremely elevated. It was cited that 'clinical judgement' took precedence due to most of the participants being existing clients of the School Psychology Service and therefore known to the facilitators. What constituted 'clinical judgement' was not outlined and the potential implications of being known to the researchers was not considered, inclusion of participants was therefore likely to have been highly subjective. There was also a risk of demand characteristics, due to participants having an existing relationship with the facilitators. Clarity on the nature of 'being known' to the psychology service and how this was managed appropriately may have mitigated these limitations.

Assumptions of the programme's efficacy were based solely on the quantitative data derived from the BYI and AFQ-Y. Qualitative data from participants was not gathered and therefore a richer exploration of participants' emotional wellbeing post intervention could not be provided. Including interviews as part of the research design would have enabled triangulation of the results of the questionnaires with participants' responses. This would have been particularly useful in unpicking the increased depression score for one of the pupils, which was not sufficiently addressed in the discussion. Follow up measures with participants would also have revealed the longer-term impact of the intervention.

The authors cited difficulty in ensuring participants were not receiving additional psychological treatment alongside the intervention. It was stated that during the process, it became apparent that some participants would benefit from more targeted support that was beyond the scope of the group programme. As such, it was reported that by the end of the study, most of the participants were engaging in 'extra psychological support' from the school psychologists/facilitators, though the nature of

this support was not referenced. This compromises the validity of the significant findings, as they cannot be strictly linked to the intervention.

The study aimed to investigate the feasibility of implementing ACT sessions in the school environment. However, sessions were delivered by school psychologists and data was not collected from school staff. Additionally, programme acceptability amongst participants was not included as a measure. Reference to a full breakdown of the intervention used was not included, with future implementors encouraged to contact the authors for more details. This does not lend itself to wider replication as a school-based intervention, as materials and guidance on implementation were not easily accessible.

A final limitation of the study was researchers' affiliation with the intervention used. The book cited as the basis for the sessions was co-authored by one of the researchers. This researcher also oversaw and reviewed the final intervention used in the study. Potential biases in the data linked to this were not discussed. A pilot study of the intervention may also have strengthened the rationale to use it.

1.8. Discussion

What has been Learned from the Literature

Relevance of ACT in Supporting Emotional Wellbeing

This paper has evidenced the importance of fostering the social and emotional wellbeing of adolescents, coupled with the role schools can play in achieving this at a preventative level. ACT has been considered in relation to its status as a novel, third-wave therapy and found to have over 35 years of theoretical and empirical work under its belt. An early pre-occupation with strengthening the theoretical foundations of the approach has accounted for its relatively recent foray into empirical, applied behavioural science. Disregarding attempts to scrutinise ACT against approaches with significantly larger back-catalogues of applied research, ACT has shown some promising results in treatment across a range of domains. This includes clinical applications with adolescents receiving treatment for mental health conditions.

Potential Benefits of Applying ACT in Schools

Arguments for a preventative, ACT-based social and emotional curriculum have been discussed. Key assertions include its inherently transdiagnostic approach, suited to promoting wider, whole-school approaches and components of mindfulness and acceptance that have been found to have direct correlations with adolescent wellbeing. ACT has further been argued as a novel approach to supporting pupils presenting with ongoing challenging behaviour, due to its focus on self-identified, value driven behaviour, compared with imposed rationales for behaviour modification.

Appraisal of Existing Empirical Research

Empirical literature exploring the implementation of ACT-based interventions with adolescents in school settings have been explored. This has included applications in: a special school in Stockholm with pupils diagnosed with high-functioning autism, Swedish and Australian mainstream high-schools with pupils experiencing mild to moderate symptoms of stress and depression, a private school in Sydney with students in years 10 and 11, 14 high- schools in a Dutch-speaking region of Belgium with pupils in the 5th grade and an Italian high-school in a low SES area with pupils at high psychosocial risk.

Preliminary findings of these studies revealed significant reductions in hyperactivity and emotional symptoms in pupils with high-functioning ASD, as well as increases in prosocial behaviour compared to a control (Pahnke et al., 2014). Significant reductions in anxiety and depression were also found for year 10 pupils, as well as increased scores on the FS (Burckhardt et al., 2016). Significant reductions in anxiety were also found in a study by Smith et al. (2020), though this was not compared with a control. Livheim et al. (2015) and Smith et al. (2020) noted significant reductions in psychological inflexibility from participants post-intervention, with a significantly higher quality of life also cited in Livheim et al. (2015).

Despite displaying some promising results for school-based adaptations of ACT, there were a number of limitations apparent in the literature which will now be addressed.

Identified Gaps in the Empirical Literature and Implications for Future Research

- *UK Context-Specific Research*

To the author's knowledge, no published empirical ACT research in UK schools with adolescents exists. Whilst the studies explored in this paper provided valuable information surrounding possible programme implementation, they often comprised of elements specific to the educational models of the countries within which they were tested. For example, control conditions whereby pupils attended 'pastoral care' classes in Australia (Burckhardt et al., 2016). Further investigation into the feasibility of such programmes in the UK context is warranted, utilising control conditions and curriculum-based interventions relevant to the UK education system.

- *Affiliations with Utilised Programmes*

ACT-based interventions ranged across studies but tended to be products developed by one or more of the authors (Pahnke et al., 2014; Livheim et al., 2015; Burckhardt et al., 2016 & Smith et al., 2020). Future researchers should acknowledge the potential impact of any affiliations with the programmes being tested. It is further important that novel interventions are validated by objective researchers.

- *Barriers to 'Real World' Applicability*

Sessions were mainly delivered by trained psychologists, except in one study (Van der Gucht et al., 2017) where teachers were trained to deliver the programme to pupils, which was argued to have possibly influenced the null findings of this research. Whilst delivery by trained psychologists was cited to improve efficacy of interventions, this is simply not feasible in wider school applications. Further exploration surrounding train-the-trainer models is necessary, in considering alleviations of identified barriers in future school-based implementations. It is important that future research considers the feasibility of applying such programmes for school staff. This includes being transparent about the content and delivery of tested programmes and consideration of the practical complications associated with space, time and implementing these as part of the curriculum.

- *Measures of Effectiveness*

There was a distinct lack of consistency in outcome measures used to test the efficacy and feasibility of ACT school-based interventions. This included the use of unvalidated researcher-developed measures and diagnostic batteries incongruent with the principles of ACT. Future research should carefully consider selected outcome measures, ensuring their fidelity in measuring intended concepts of ACT, such as psychological flexibility. It is important that measures are relatively established and validated forms of assessment and that any novel measures are verified through pilot testing of validity in measuring target outcomes. Furthermore, consistent timescales of collecting post-data are imperative to strengthen comparisons between individuals and conditions.

It is also important to consider the general reliance of these studies on self-report measures. Whilst useful tools for analyses, it is important that future adaptations combine similar mechanisms with other-report questionnaires and enhanced qualitative data gathered through observation and interview. This is likely to provide a fuller picture of the effectiveness of interventions, considering factors outside of those that can be tested through subjective measures of wellbeing.

- *Transdiagnostic/Universal Applications*

Only two of the studies could be classified as attempts to uncover the utility of ACT as a universal school-based prevention programme, although both studies focused on specific year groups. One of these studies found significant effects on the whole population compared to a control, but only in one of the year groups studied (Burckhardt et al., 2016). The other found no significant effects on the whole population compared to a control, but cited issues with facilitator competence as a barrier (Van der Gucht et al., 2017). It is argued that the possibilities of transdiagnostic, universal applications of ACT school-based programmes with adolescents have not been fully explored.

- *Pupils with Challenging Behaviour*

Two of the studies considered the impact of ACT with populations susceptible to challenging behaviours, with mixed results. Reductions in symptoms of psychological distress and an increase in pro-social behaviour were noted in a pilot study with adolescents diagnosed with high-functioning autism (Pahnke et al., 2014). In a study with pupils at high psychosocial risk, small increases in the psychological flexibility and mindfulness of pupils were identified, though not compared with a control, but lack of active participation and engagement from pupils was deemed a significant barrier for effective implementation and analysis of qualitative data (Marino et al., 2019). Considering the proposed benefits of the inherent principles of ACT with pupils at risk of exclusion (Gillard et al., 2018), it is important that future research is conducted that explores how programmes may be adapted to support and motivate pupils in this risk-category. Enhanced qualitative data collection surrounding components of the programme would be useful in mapping out future provisions that appeal to and cater for pupils who are perhaps accessing alternative provisions for social, emotional and behavioural difficulties,

- *Role of Educational Psychologists*

Finally, programme inception and delivery or supporting of delivery in these studies was mainly conducted by clinical psychologists or ACT qualified practitioners, except Smith et al. (2020) which included school psychologists in Australia. As EPs have direct links with schools, in addition to expertise in supporting the delivery of interventions, it is argued that the role of this profession is overlooked in relation to school-based applications of ACT. Further, EPs are uniquely placed as having sufficient knowledge and expertise of both psychoeducational theory and contextual issues and processes relevant to educational settings.

1.9. Conclusions

This paper has examined the theoretical rationale and practical implications of implementing school-based interventions underpinned by concepts of ACT to support the social and emotional wellbeing of adolescents. Consideration has been given to the importance of addressing emotional wellbeing in this population on a global and local

scale, including justifications for schools to play a key role in preventative action. The emergence of ACT, including theoretical background and comparisons with alternative approaches has been discussed, culminating in an argument for the application of ACT components in social and emotional curriculums aimed at adolescents. Six empirical studies selected against identified inclusion criteria have been critically discussed, with subsequent considerations for further research outlined.

The author hoped to retain some of these recommendations in her own applied research into the effectiveness of an ACT informed approach with adolescents in a UK secondary school. As such, the over-arching research question and sub-research questions displayed in Figure 2a were devised. Due to difficulties in recruiting a mainstream cohort (see Appendix E for sampling timelines) it was only possible to recruit a select number of pupils accessing alternative provision for challenging behaviour. Therefore, the over-arching research question and sub-research questions were adapted to suit this population. Changes to the intended outcome measures (discussed further in part three of the thesis) also resulted in the modification of 'resilience' to 'emotional wellbeing'. The revised research questions are shown in Figure 2b.

Figure 2a

Overarching research question:

Is delivery of ACT-based lessons as part of the school curriculum an effective and feasible approach to supporting the emotional wellbeing of adolescents?

Sub-research questions:

- *What impact do whole-class lessons based on ACT have on Key Stage 4 mainstream pupils' levels of resilience and psychological flexibility in the short-term?*
- *What impact do whole-class lessons based on ACT have on Key Stage 4 mainstream pupils' levels of resilience and psychological flexibility in the longer-term?*

- *What impact do whole-class lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of resilience and psychological flexibility in the short-term?*
- *What impact do whole-class lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of resilience and psychological flexibility in the longer-term?*

Figure 2b

Overarching research question:

Is the delivery of ACT-based lessons as part of a UK school curriculum an effective and feasible approach to supporting the emotional wellbeing of adolescents identified as exhibiting challenging behaviours?

Sub-research questions:

- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the short-term?*
- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the longer-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the short-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the longer-term?*

2. EMPIRICAL RESEARCH PAPER

2.1. Introduction

Context

Burckhardt et al. (2016) argue that mental illness is increasingly being regarded as a global public health issue. Others acknowledge that the incremental rise in mental health disorders reported over the last decade are perhaps related to general increases in the population and the reduced stigma attached to disclosing mental health issues (Bor et al., 2014). In the UK, one in eight children aged between 5 and 19 are reported to have a diagnosable mental health condition, equating to approximately three children in every classroom (Young Minds, 2019). A report by Public Health England (PHE) (2015) highlighted that in an average class of thirty 15 year old pupils, three could have a mental health disorder, ten will have witnessed parental separation, one may have experienced the death of a parent, seven are likely to have experienced bullying and six may be self-harming.

NHS Digital (2018) highlighted that the start of adolescence coincides with the move to secondary education and that around one in seven 11 to 16 year olds in their survey were identified with a mental health disorder. Stress has been cited as a contributory factor in the dysfunction of the prefrontal cortex, a brain region critical for emotional regulation (Arnsten & Shanksy, 2004). Bailen et al. (2019) further argue that puberty during adolescence is associated with significant hormonal changes, including several neurobiological factors that can contribute to an exaggeration of the stress response. Social factors such as an increase in independence and reliance on peer networks during this phase were also argued to influence stress levels. Adolescents presenting with ongoing challenging behaviour and social and emotional needs are further vulnerable, partly evidenced by a rise in permanent exclusions in the UK (Gillard et al, 2015). In spite of these

apparent risk-factors, a review of neurocognitive research (Ahmed et al., 2015) found that brain regions involved in emotional regulation, such as the prefrontal cortex, appear to continue developing during adolescence, suggesting a heightened 'plasticity' of the brain during this phase. Therefore, Ahmed et al. (2015) argue that adolescence constitutes a critical phase for the development of adaptive emotional regulation through preventative intervention.

Young Minds (2018) reported that ¾ of 5-19 year olds with a mental health condition do not have access to specialist support. However, NHS Digital (2018) reported that 2/3 (66.4%) of 5-19 year olds with mental health conditions did receive access to support from professional services as a whole, with ¼ (25.2 %) of this support being from mental health specialists. An impact report published by NICE (2019) reported that CYPMHS in England treated approximately 30.5% of children and young people with a diagnosable mental health condition in 2017/18, compared with an estimated 25% in 2014/15. However, the report concluded that overall, children and young people experiencing mental health conditions do not get the care they require.

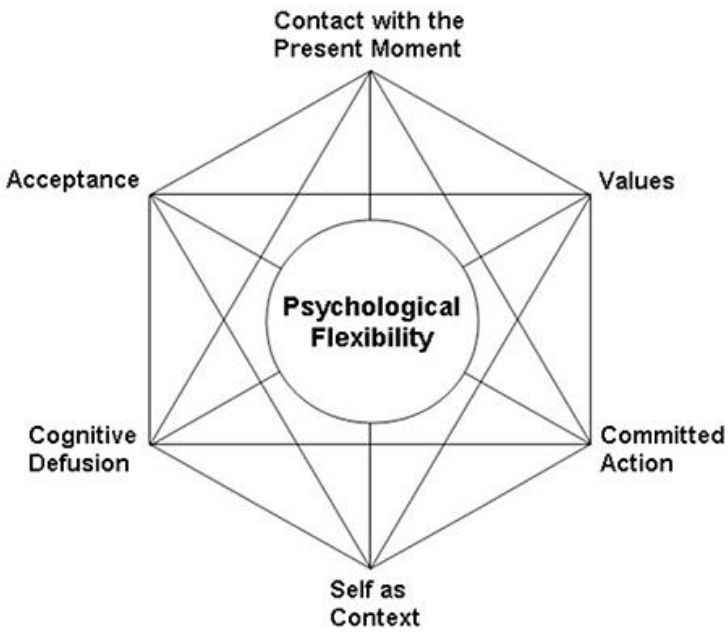
Many have identified schools as the ideal setting for preventative interventions (e.g. Pattinson et al., 2009; Marino et al., 2019; Wolpert et al., 2016 & Gilman and Hueber, 2006). In the last decade, various good practice and legislative documents have been published in England and Wales (PHE, 2015; Young Wales, 2010; DoH & DoE, 2017 & Welsh Government, 2019) that highlight the need for a national commitment to whole-school approaches that tackle emotional health; recognising the duty of schools to support pupils to be resilient and mentally healthy.

Acceptance and Commitment Therapy (ACT)

ACT is a psychological approach that seeks to contextually reframe the experience of difficult emotions (Harris, 2009). ACT poses the purpose and

context of behaviour as mediators of change, therefore assuming rapid and significant changes can be achieved through treatment, as deeply ingrained and conditioned life experiences do not need to be addressed over time (Hayes, 2004). The goal of ACT is to reach, or work towards, a state of psychological flexibility and to continue to apply practices to maintain it. Psychological flexibility is presented as a product of six core processes, each highly reciprocal (Fletcher & Hayes, 2005). These six processes are visually represented in what has collectively become known as the 'ACT Hexaflex', depicted in Figure 1 (Juncos et al., 2017).

Figure 1



Applying ACT with Pupils Exhibiting Challenging Behaviour

Several studies have argued the potential benefits of promoting ACT in schools (e.g. Ciarrochi, Kashdan, Leeson, Heaven and Jordan, 2011; Ciarrochi, Atkins, Hayes, Sahdra and Parker, 2016 & Ciarrochi and Hayes, 2016). Building on this, Gillard, Flaxman and Hooper (2018) highlight the potential for ACT to support students presenting with ongoing challenging behaviour specifically, as it helps to normalise and make sense of emotions

such as anger, which often underpin behaviour. ACT encourages reflection on one's existing relationship with difficult emotions, and re-training oneself to react mindfully when they arise. Identifying and acting in line with personal values is a core component of this process. Validating the emotional experiences of pupils exhibiting challenging behaviour, and placing their own values as motivators for change, may constitute a novel approach to a population that are notoriously difficult to engage. Considering the additional stressors present during adolescence (Arnsten & Shansky, 2004), providing emotional support for pupils during this phase may be critical. School-based programmes may constitute an effective form of early intervention and help to normalise participation in activities and interventions related to social and emotional health (Van der Gucht et al., 2017).

Gaps in the Existing Literature

For the current study, a targeted review was conducted of existing empirical ACT research that consisted of: implementation of face-to face ACT-based sessions in an educational setting with adolescents and direct measurement of the impact of ACT intervention on levels of social and emotional wellbeing. Six empirical studies were yielded from these search criteria (Pahnke et al., 2014; Livheim et al., 2015; Burckhardt et al., 2016; Van der Gucht et al., 2017; Marino et al., 2019 & Smith et al., 2020) and critically analysed to reveal the following:

- *UK Context-Specific Research*

  To the author's knowledge, no published empirical ACT research in UK schools with adolescents exists. Whilst relevant international research provides valuable information surrounding possible implementations of programmes, this tends to include elements specific to the educational models of the countries within which they were trialled. For example, control conditions whereby pupils attended 'pastoral care' classes in Australia (Burckhardt et al., 2016).

- *Affiliations with Utilised Programmes*

  Most of the ACT interventions used in school-based research have been developed and reviewed by one or more of the authors (Pahnke et al., 2014; Livheim et al., 2015; Burckhardt et al., 2016; Marino et al., 2019 & Smith et al., 2020). This constitutes potential bias in the interpretations of results provided, as the researchers may have been personally invested in the success of these programmes.

- *Barriers to 'Real World' Applicability*

  Facilitators of school-based ACT interventions in existing studies tend to have received relevant ACT training and/or are trained psychologists (Pahnke et al., 2014; Livheim et al., 2015; Burckhardt et al., 2016; Marino et al., 2019 & Smith et al., 2020). Teachers did deliver sessions in one reviewed study (Van der Gucht et al., 2017), however this was cited as a major contributor to a lack of significant results post-intervention, despite teachers receiving two full days of ACT training and consequent supervision sessions. Furthermore, the exact programmes implemented across most of the studies were not fully explained or signposted, thus limiting their replicability in school settings.

- *Measures of Effectiveness*

  There appears to be a lack of consistency in outcome measures used to test the efficacy and feasibility of ACT school-based interventions. This has included the use of unvalidated researcher-developed measures and/or measures not specific to the intended concepts of ACT. There was additionally a tendency to rely on self-report measures across the studies, including a reliance on quantitative data.

- *Pupils with Challenging Behaviour*

  One of the six studies focused on pupils at 'high psychosocial risk' in a deprived region in Italy (Marino et al., 2019). Lack of efficacy of ACT-based

intervention with this population was associated with unsuitable pupil characteristics. Considering the proposed benefits of the inherent principles of ACT with these at-risk pupils, it is important that future research is conducted that explores how programmes may be adapted to this cohort, including enhanced qualitative data collection.

Considering the existing theoretical and empirical literature, the research questions depicted in Figure 2b were developed and aim to be addressed in the current study.

Figure 2b

Overarching research question:

Is the delivery of ACT-based lessons as part of a UK school curriculum an effective and feasible approach to supporting the emotional wellbeing of adolescents identified as exhibiting challenging behaviours?

Sub-research questions:

- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the short-term?*
- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the longer-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the short-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the longer-term?*

2.2. Methodology

Design

A pragmatic approach was taken to formulate this study, employing a mixed-methods research design to enable the use of multiple methods in gathering the views of participants on changes to social and emotional wellbeing over time. Pragmatism allows researchers to uncover the most effective method of problem-solving without being constrained by strict adherence to a certain ontological or epistemological stance (Long & Sandford, 2016). Retaining flexibility in choosing appropriate methodology to answer specific research questions arguably allows for more effective research to be conducted (Johnson & Onwuegbuzie, 2004). As such, two epistemological positions were taken. Firstly, the use of quantitative measures with participants assumed a positivist position, that knowledge about emotional wellbeing can be objectively measured through standardised questionnaires. Secondly, in collecting qualitative data from participants, an interpretivist epistemological position was taken. From this stance it was assumed that valid knowledge could be gained from the verbal constructions of participants. However, in line with an overall ontological position of social constructionism, combining these measures aimed to seek a holistic account of participants' constructions of changes to their wellbeing over time. A more detailed discussion of the chosen epistemological position is presented in part 3 of the thesis.

Participants

Inclusion Criteria

The young people that participated in this study conformed to the following inclusion criteria:

- Aged between 15 and 16 years old in Key Stage 4 (Year 10 or 11).
- Accessing some form of alternative provision specifically to support with challenging behaviour.

- Able to give informed assent to take part in the research and informed consent from parents or guardians if under the age of 16.
- Able to commit to participation in data collection and/or intervention sessions within the designated timeframe.

The member of staff that participated in this study conformed to the following inclusion criteria:

- Be an employed member of staff in the alternative provision.
- Having regular and ongoing interaction with the young people constituting the experimental group in the study.
- Able to give informed assent to take part in the research.
- Able to commit to participation in data collection sessions within the designated timeframe.

The researcher was allowed access to year 11 pupils from an in-house 'SEBD' (Social, Emotional and Behavioural Difficulties) unit within a mainstream secondary school. The term 'SEBD' was the term used by the school involved in this study, to refer to the types of support offered to pupils through accessing the provision and to the nature of the difficulties exhibited by pupils who are referred in to the unit. Most pupils in the provision have not received a formal 'diagnosis' or 'label' of SEBD, but are regarded to have difficulties that fall within the umbrella term of SEBD. Many variations of the term SEBD are used in education, including Behavioural, Emotional and Social Difficulties (BESD), Emotional and Behavioural Difficulties (EBD) and the more recent Social, Emotional and Mental Health (SEMH) (Scanlon and Barnes-Holmes, 2013; Norwich and Eaton, 2015). The Social, Emotional and Behavioural Association (SEBDA, 2006, p.1) defines SEBD as those who "behave unusually or respond in an extreme fashion to a variety of social, personal, emotional or physical circumstances. Their behaviour may be evident at the personal level (for example through low self-image, anxiety, depression or withdrawal; or through resentment, vindictiveness or defiance); at the verbal level (for example the child may be silent or may threaten, or interrupt, argue or swear a great deal); at the non-verbal level (for example through truancy, failure to observe rules, disruptiveness, destructiveness, aggression or violence); or at the work skills level (for example through an inability or unwillingness to work without

direct supervision, to concentrate, to complete tasks or to follow instructions)". Though the author does not hold a preference for the term SEBD, or particularly value labelling children and young people in this way, it will be used to promote continuity when discussing the pupils in the study as a whole, and sometimes to refer to wider populations of adolescents whose needs may fall within this category.

Pupils are generally offered access to provisions within the unit if it is felt that their displayed behavioural difficulties significantly prevent them from being able to access mainstream lessons successfully. Provisions vary by the amount of time pupils access them. This ranges from full-time education in the unit to timetabled extraction from specific mainstream subjects.

Experimental Group

Pupils in the experimental condition were recruited from a full-time provision within the unit, thus did not access any mainstream lessons.

Four out of the seven pupils in the provision (two females and two males) provided informed assent and parental consent to take part in the study (see Appendix C for information, consent and debrief form templates). All pupils were aged 15 at the start of the study.

A key member of staff working with pupils daily, a higher-level teaching assistant, also consented to take part in the research. This aimed to enable triangulation of both self and other reported measures of wellbeing, as a focus on self-reported measures was an identified weakness of previous research.

Control Group

Pupils in the control condition were recruited from a provision in the unit for occasional access. Four pupils gave informed assent to take part in the study (two females and two males) and were all aged 16. Though not exactly

matched in terms of provision, pupils across both groups were in the same year of study, attended the same school and both accessed lessons within the SEBD unit. However, as the nature of this provision was different to that of the experimental group, staff and pupils in this provision were allocated on a rota basis. Therefore, identifying and recruiting one key staff member who spent equal amounts of time with each pupil was not possible.

Materials

Intervention

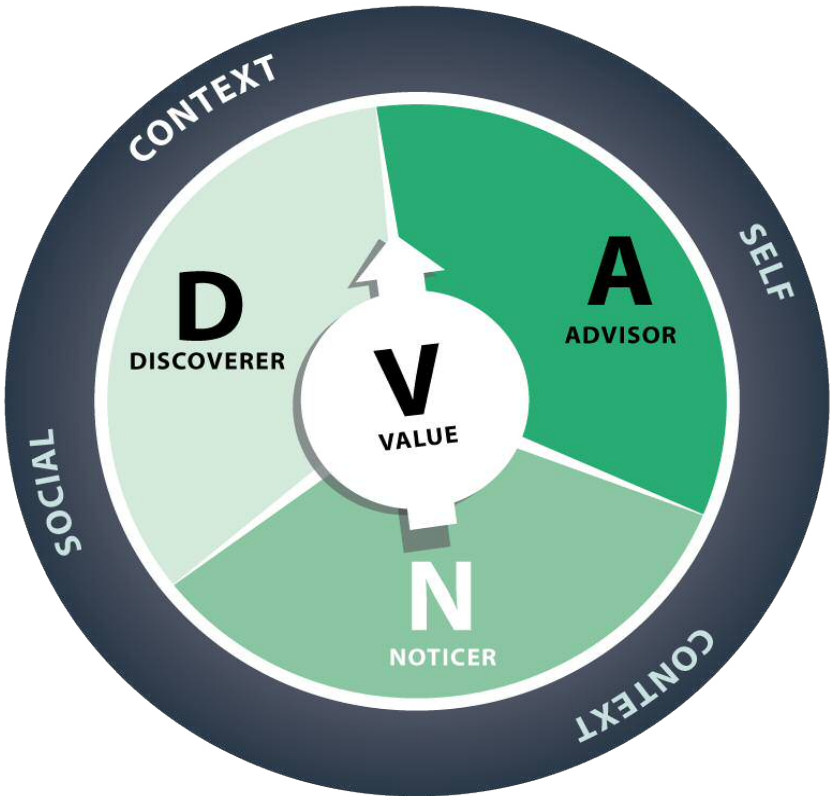
The ACT-based intervention chosen for this study was the 'Write your own DNA' programme developed by Rayner, Hayes and Ciarrochi (2017) based on the DNA-v model for youth development from the resource 'The Thriving Adolescent' by Hayes and Ciarrochi (2015) which is available to download for free online. DNA stands for the personifications of three behavioural functions; the **D**iscoverer (the part of us that learns by doing), the **N**oticer (the ability to become aware of our internal and external environments through our senses) and the **A**dvisor (our inner voice or commentator). Used optimally, these functions should all pursue identified **v**alues, constituting the 'v' in DNA-v. Figure 3 provides a visual display of DNA-v, highlighting 'values' as being at the core of this model. Context also plays a vital role in the DNA-v model, namely self-context and social context and how these impact upon one's DNA.

Short-Term Measures

- *Avoidance and Fusion Questionnaire for Youth 8-Item (AFQ-Y8)*

The AFQ-Y is a tool used to uncover levels of psychological inflexibility within children and young people. Originally developed by Greco et al. (2008), the AFQ-Y has both short (8- item) and longer (17-item) versions. However, the shorter version (AFQ-Y8) has been shown to have greater correlations with other self-reported measures of psychological wellbeing (Renshaw, 2017).

Figure 3



Longer-Term Measures

- *Semi-Structured Interviews (See Appendix D for Interview Schedules)*

  The interview schedule for pupils explored understanding and experiences of the programme, positive and negative aspects of the programme, and participant recommendations for future programmes. A total of 11 open-ended questions related to these areas were presented to structure discussions.

  The interview schedule for the staff member aimed to allow for extended discussion of overall changes related to the SDQ, for example peer relationships and engagement with classroom learning. Adaptations of questions included on the pupil interview schedule were also included, in pursuit of triangulation of qualitative data. A final collection of questions

sought to explore the perceived feasibility of applying the intervention or similar interventions within the alternative provision context.

Procedure

Access to Participants

An initial gatekeeper letter was sent to head teachers of secondary schools within the researcher's home and placement local authorities in South Wales. Due to an initial lack of responses, the researcher contacted the assistant head teacher of one of the schools directly and was granted a meeting to discuss the project. Access to year 11 pupils within the SEBD unit was granted and subsequent briefing and consent collection procedures took place.

Following several failed attempts to successfully recruit a control group for the study from similar full-time provisions (see Appendix E for a sampling timeline), pupils were approached in a sister provision within the SEBD unit, whereby pupils did still attend some mainstream lessons. This sample was identified on the date of the final session of the experimental group's intervention. Gatekeeper consent was acquired from the unit manager to proceed with this sample.

Pre-Data Collection (see Appendix E for a detailed timeline of data collection)

All pupils in the experimental group completed the AFQ-Y8 and all five scales of the BYI-2 on the same day at the beginning of the autumn term, prior to the intervention. The teacher report SDQs for each pupil in the experimental group were completed individually by the key member of staff on the same date.

All pupils in the control group also completed the same questionnaires as the experimental group on the same day but at the beginning of the spring term, due to the delay in sampling discussed previously. The researcher

administered the questionnaires in the same way as the experimental group.

Intervention

Pupils in the experimental group received the six-session programme over the course of 11 weeks. The six sessions (for a full breakdown of session content please refer to Rayner et al. (2017) included in the reference list) were delivered by the researcher, a trainee educational psychologist (TEP) and author of this thesis, who had received no prior ACT training. Several gaps in the delivery of sessions occurred for numerous reasons and attendance of sessions was inconsistent with only one of the four pupils attending all six sessions. The other pupils attended three, four and five sessions respectively (see Appendix E for timelines of attendance and interruptions to sessions), which will be considered in the discussion.

Pupils in the control group did not receive the intervention but were provided with information and further support related to DNA-v following their involvement. Although the researcher had originally hoped these pupils would constitute a wait-list control group, issues related to time scales and mainstream timetables made it unfeasible to return to the school and deliver the intervention with them.

Post-Data Collection

Due to the sporadic attendance of pupils in the experimental condition (see Appendix E), the collection of post-data was inconsistent. Two of the pupils completed post-questionnaires immediately after the final session, with the remaining two pupils completing these 5 and 8 weeks post-intervention respectively. Follow-up interviews took place 5 weeks post-intervention with three pupils and 8 weeks post-intervention with the final pupil. Issues surrounding pupil absences and restricted timeframes also meant that two of the pupils completed their post-questionnaires and follow-up interviews on the same date. The potential implications of disparity in post-data

collection will be discussed later in this paper. The SDQs were completed post-intervention by the member of staff immediately after the final session.

Pupils in the control group all completed post-questionnaires on the same date 5 weeks after their pre-questionnaire data were collected.

Ethical Considerations

This project was reviewed and ethically approved by the School Research Ethics Committee (SREC) at Cardiff University. Gatekeepers, participants, and parents of participants where necessary, were provided with information and consent forms and extended the right to withdraw at any stage of the research. Information related to anonymity and confidentiality procedures following data collection, were outlined within information forms and reiterated throughout the process, as was the right to withdraw (see Appendix C).

2.3. Data Analysis

Quantitative Data: Questionnaires

Cautionary Note

Due to the low sample sizes of both the experimental and control groups, analysis of the quantitative results is presented cautiously. Reported figures are likely to lack statistical power but may indicate areas which may be worth pursuing further in larger-scale research studies.

Preliminary Data Screening

Due to the small number of participants, it would not be expected that data would rigidly conform to the assumptions required for the tests used to analyse data. An initial exploration of the data revealed no outliers in any of the subsets of data (see Appendix F for full results of screening and

assumption tests). The lack of outliers in the data is used as justification to include the small amount of data not meeting assumptions.

- *Self-Report Questionnaire Data (AFQ-Y8 and BYI-2)*

  To assess the normal distribution of results, the Shapiro-Wilk test of normality was run within the 24 subsets of data (experimental and control groups across 6 scales pre and post).

  To assess homogeneity of variance of results across conditions, Levene's Test of Equality of Error Variances was run within the 12 subsets of data (6 scales pre and post).

  As at least three conditions need to be present for sphericity to be an issue, Mauchly's Test of Sphericity was not applicable.

- *Other-Report Questionnaire Data (SDQ)*

  To assess the normal distribution of results, the Shapiro-Wilk test of normality was run within the 6 subsets of data (change scores for each of the scales).

  Overall, 25 of the 30 subsets of data assessed achieved normal distribution according to the Shapiro- Wilk test of normality. Homogeneity of variance was revealed for 11 of the 12 subsets of data assessed using Levene's Test of Equality of Error Variances. Appendix F displays these results and includes further justification for including data that returned significant results.

Analysis of Questionnaires

- *Self-Report Questionnaire Data (AFQ-Y8 and BYI-2)*

  To analyse the differences pre and post intervention on the self-report measures, two-way repeated measures ANOVA tests were run for each individual scale across the AFQ-Y8 and BYI-2. This test was selected due to

the need to compare two variables: a within-group effect of time (pre and post) and a between-group effect of condition (experimental or control).

- *Other-Report Questionnaire Data (SDQ)*

  To analyse differences pre and post intervention on the SDQ, a paired samples *t*-test was run. This test was selected due to the need to compare differences between the same group of participants at two points in time as depicted by the member of staff. Cohen's *d* was also calculated for each scale to determine effect sizes. This is particularly important to calculate with small numbers of participants as effect size does not consider sample size and thus large effect sizes can be a reliable indicator of significant results if the study was to be conducted on a larger scale.

Hypotheses and Accepted Levels of Significance

For self-report questionnaires, the two-way ANOVA tests aimed to reject the null hypothesis that condition allocation (experimental or control) did not influence respective scale scores over time (pre vs post).

For the other-report questionnaire, a paired samples *t*-test aimed to reject the null hypothesis that the true mean difference between the paired samples was zero.

Results were considered statistically significant at the level of $p = <.05$.

Qualitative Data: Semi-Structured Interviews

Braun and Clarke (2006) describe thematic analysis as a method involving the coding of raw data to establish and report on patterns within the data. This method of analysis was considered appropriate for this part of the research as it would allow for the identification of any themes within the subjective responses given by the participants. Thematic analysis was carried out following the guidelines and recommendations set out by Braun and Clarke (2006) and was conducted in six phases:

- *Familiarisation with the data*
- *Generating initial codes*
- *Searching for themes*
- *Reviewing themes*
- *Defining and naming themes*
- *Producing the report.*

An inductive approach to generating themes was taken. Themes were not selected in relation to pre-existing criteria or hypotheses, instead themes were identified from what was said by participants in the data. A semantic thematic analysis was conducted, as the researcher aimed to code and report on explicitly stated ideas, concepts, meanings and experiences from the data without interpreting underlying meanings from the researcher's perspective.

2.4. Results

Self-Report Outcome Measures: Quantitative Data Analysis

Avoidance and Fusion Questionnaire for Youth (8-item) (AFQ-Y8)

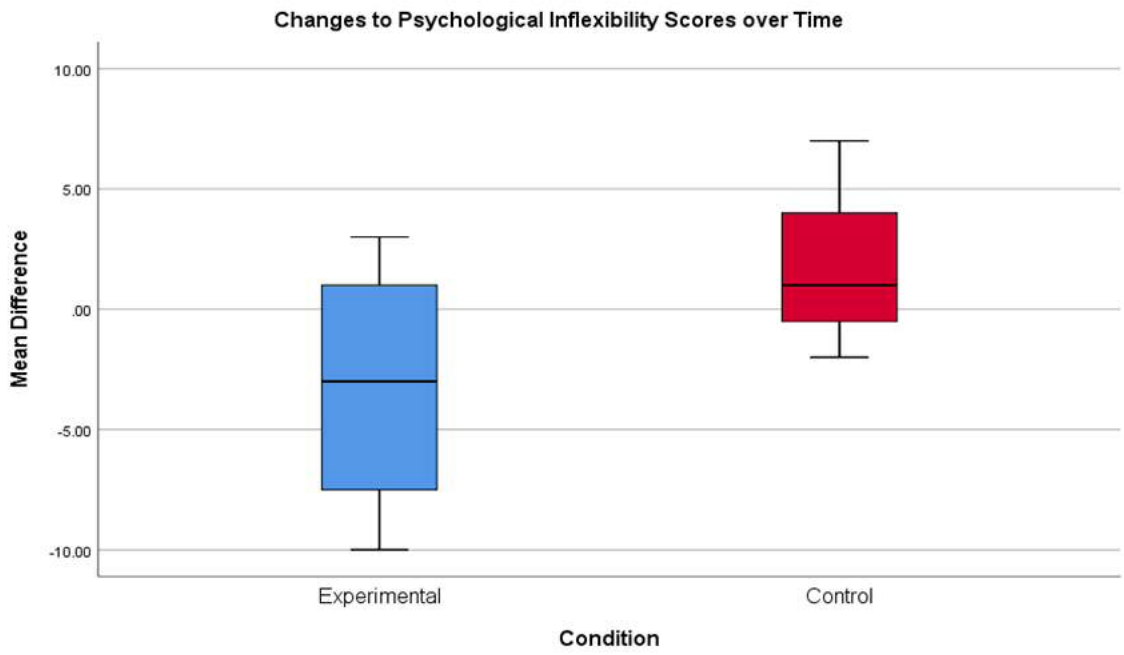
The AFQ-Y8 generates a 'Psychological Inflexibility Score' (max=32), whereby a score of 15 or more indicates a risk of clinical-level internalising problems. Table 1 shows that at baseline, both groups' mean scores fell below 'at-risk', with the experimental group's baseline score being lower than the control. Post-intervention, the mean score for the experimental group decreased, whereas the mean score for the control group increased- progressing to the 'at risk' category.

Table 1

Psychological Inflexibility Mean Score (Standard Deviation)					
Experimental			Control		
Pre	*Post*	*Change*	*Pre*	*Post*	*Change*
9.00 (9.83)	5.76 (5.62)	-3.25 (5.56)	14.33 (12.70)	16.33 (12.66)	+2.00 (4.58)

A visual representation of changes to mean psychological inflexibility scores post intervention is displayed in Figure 4.

Figure 4



A two-way repeated measures ANOVA was conducted to examine the main effects of time, condition and their interaction on psychological inflexibility scores. The following results were found:

There was no significant main effect of time within-groups F (1, 5) = 0.01, p = .77, ηp^2 = 0.02.

There was no significant main effect of condition between-groups F (1, 5) = 1.13, p = .34, ηp^2 = 0.18.

There was no significant interaction between time and condition F (1, 5) = 1.75, p = .24, ηp^2 = 0.26.

As no statistically significant effects were found, the null hypothesis must be accepted, that group allocation did not influence 'Psychological Inflexibility' scores over time. However, from considering the descriptive statistics, shown in table 1 and Figure 3, we can see a small trend in favour of

attending ACT-based sessions on improving psychological flexibility. It is also important to acknowledge that on this scale, group sizes between conditions were unequal, thus may have impacted on the results.

Beck Youth Inventories (BYI-2)

The BYI-2 assesses scores across five domains relevant to social and emotional: Self-Concept, Anxiety, Depression, Anger and Disruptive Behaviour. Table 2 depicts the five mean scores of each group pre and post intervention, including the numerical change of these scores over time. Lower scores indicate lower risk-levels within each scale, *apart from 'Self-Concept' which has an inverted scoring system, and thus higher scores are favourable.

Figure 5 provides a visual depiction of changes in BYI-2 scores over time for each group. Mean scores in the experimental group showed a greater decrease post-intervention than those of the control group for all scales (excluding Self-Concept which showed a positive increase compared to the control, whose score decreased).

A two-way repeated measures ANOVA was conducted for each scale to examine the main effects of time, condition, and their interaction on scores. The following results were found:

- *Beck Self-Concept Inventory for Youth (BSCI-Y)*

  There was no significant main effect of time within-groups F (1, 6) = 0.25, p = .63, ηp^2 = 0.04.

  There was no significant main effect of condition between-groups F (1, 6) = 1.31, p = .3, ηp^2 = 0.18.

  There was no significant interaction between time and condition F (1, 6) = 1.18, p = .32, ηp^2 = 0.16.

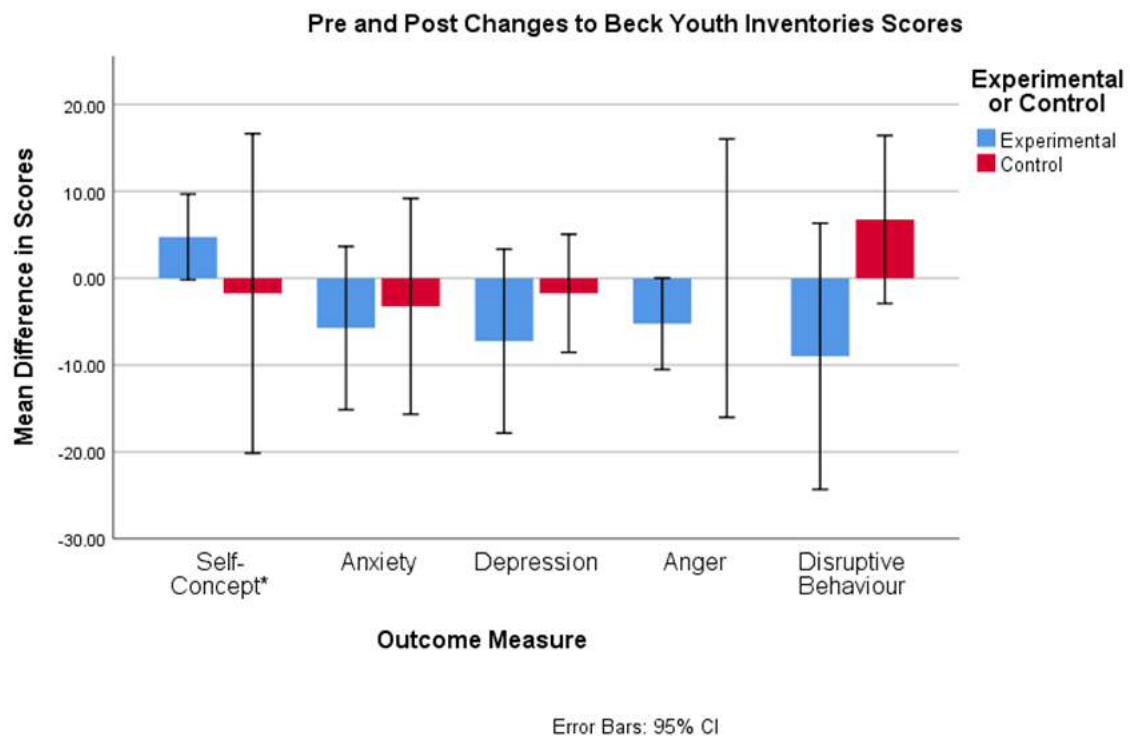
Table 2

BYI-2 Scale	Mean Score (Standard Deviation)					
	Experimental			Control		
	Pre	*Post*	*Change*	*Pre*	*Post*	*Change*
Self-Concept	45.50 (16.84)	50.25 (14.20)	+4.75 (3.10)	38.25 (11.50)	36.50 (11.39)	-1.75 (11.56)
Anxiety	54.50 (13.80)	48.75 (10.21)	-5.75 (5.91)	51.00 (6.83)	47.75 (8.42)	-3.25 (7.80)
Depression	57.25 (13.02)	50.00 (9.20)	-7.25 (6.65)	56.25 (9.84)	54.50 (12.82)	-1.75 (4.27)
Anger	57.00 (8.49)	51.75 (9.74)	-5.25 (3.30)	61.25 (11.62)	61.25 (16.59)	0.00 (10.10)
Disruptive Behaviour	62.00 (0.82)	53.00 (9.20)	-9.00 (9.63)	58.50 (16.18)	65.25 (21.23)	+6.75 (6.08)

Self-Concept= <40 Much lower than average, 40-44 Lower than average, 45-55 Average, >55 Above average

All other scales= <55 Average, 55-59 Mildly elevated, 60-69 Moderately elevated, >70 Extremely elevated

Figure 5



As no statistically significant effects were found, the null hypothesis must be accepted, that group allocation did not influence 'Self-Concept' scores over time. However, from considering the descriptive statistics, shown in table 2 and Figure 5, we can see a small trend in favour of attending ACT-based sessions on improving self-concept. Experimental group mean scores increased post intervention, remaining in the 'average' range. Control group mean scores decreased post intervention, remaining in the 'much lower than average' range.

- *Beck Anxiety Inventory for Youth (BAI-Y)*

  There was no significant main effect of time within-groups F (1, 6) = 3.38, p = .12, ηp^2 = 0.36.

  There was no significant main effect of condition between-groups F (1, 6) = 0.11, p = .75, ηp^2 = 0.02.

  There was no significant interaction between time and condition F (1, 6) = 0.26, p = .63, ηp^2 = 0.04.

  As no statistically significant effects were found, the null hypothesis must be accepted, that group allocation did not influence 'Anxiety' scores over time. However, from considering the descriptive statistics, shown in table 2 and Figure 5, we can see a small trend in favour of attending ACT-based sessions on improving levels of anxiety. Whilst mean scores in both groups decreased over time and remained within the 'average' range, a greater decrease was shown in the experimental condition.

- *Beck Depression Inventory for Youth (BDI-Y)*

  There was no significant main effect of time within-groups F (1, 6) = 5.18, p = .06, ηp^2 = 0.46.

  There was no significant main effect of condition between-groups F (1, 6) = 0.05, p = .83, ηp^2 = 0.01.

There was no significant interaction between time and condition F (1, 6) = 1.94, p = .21, ηp^2 = 0.24.

As no statistically significant effects were found, the null hypothesis must be accepted, that group allocation did not influence 'Depression' scores over time. However, from considering the descriptive statistics, shown in table 2 and Figure 5, we can see a small trend in favour of attending ACT-based sessions on improving levels of depression. Whilst mean scores in both groups decreased over time, moving from 'mildly elevated' to 'average', a greater decrease was shown in the experimental condition.

- *Beck Anger Inventory for Youth (BANI-Y) Scores*

There was no significant main effect of time within-groups F (1, 6) = 0.98, p = .36, ηp^2 = 0.14.

There was no significant main effect of condition between-groups F (1, 6) = 0.73, p = .43, ηp^2 = 0.11.

There was no significant interaction between time and condition F (1, 6) = 0.98, p = .36, ηp^2 = 0.14.

As no statistically significant effects were found, the null hypothesis must be accepted, that group allocation did not influence 'Anger' scores over time. However, from considering the descriptive statistics, shown in table 2 and Figure 5, we can see a small trend in favour of attending ACT-based sessions on improving levels of anger. Experimental group mean scores decreased over time, moving from the 'mildly elevated' to the 'average' range. Control group mean scores stayed the same over time, remaining in the 'moderately elevated' range.

- *Beck Disruptive Behaviour Inventory for Youth (BDBI-Y) Scores*

There was no significant main effect of time within-groups F (1, 6) = 0.16, p = .71, ηp^2 = 0.03.

There was no significant main effect of condition between-groups F (1, 6) = 0.21, p = .66, ηp^2 = 0.03.

There was a statistically significant effect between time and condition F (1, 6) = 7.66, p = .03, ηp^2 = 0.56.

As a statistically significant effect was found between time and condition, the null hypothesis can be rejected, indicating that group allocation did influence 'Disruptive Behaviour' scores over time.

Considering the descriptive statistics, shown in table 2 and Figure 5, there appears to be a large trend in favour of attending ACT-based sessions on improving levels of disruptive behaviour compared to the control. Experimental group mean scores decreased over time, moving from 'moderately elevated' to 'average'. Control group mean scores increased over time, moving from 'mildly elevated' to 'moderately elevated'. Additional paired sample *t*-tests were conducted to further explore changes in disruptive behaviour scores over time within each condition. There was no significant difference in scores pre and post for either the experimental group t (3) = 1.87, p = .16 or the control group t (3) = -2.22, p = .11. Therefore, it cannot be stated that attending ACT did significantly impact on perceived levels of disruptive behaviour.

Summary

This analysis revealed that statistically, the null hypothesis; that group condition did not affect changes in scores, was accepted on measures of psychological flexibility, self-concept, anxiety, depression and anger. However, considering the descriptive statistics, small positive trends over time were noted in the experimental group. The null hypothesis was rejected on the measure of disruptive behaviour, thus indicating that group condition did have a significant effect on scores over time. Considering this, and trends evident in the descriptive statistics in Figure 5, targeting this

outcome measure specifically in future implementations may be worth consideration.

Lack of significant statistical data and emerging trends within the descriptive data on the self-reported outcome measures may be explained by several factors. Firstly, disparity between group data collection timescales meant that more time had passed between pre and post measures for the experimental group. This may have impacted on the post scores negatively, as the effects of the intervention were not always measured immediately after the final session, or positively, as participants had a longer length of time for their emotional states to naturally change. Time of year was also different between groups for data collection, for example the experimental group had the Christmas holidays between pre and post data collection points, which may also have positively or negatively impacted on their results. Groups not being perfectly matched in terms of the provision they accessed may also have had an impact on scores, as the control group continued to access GCSE mainstream lessons and had their data collected around the time of revision for their exams. Finally, delivery of the intervention and unequal attendance rates for pupils may also have negatively impacted on results. Only one pupil attended all 6 sessions, meaning the true effects of the intervention may not be reflective in the other 3 pupils' scores. Also, due to several logistical issues the sessions were not delivered over 6 consecutive weeks as intended, thus the gaps between sessions may have limited pupils' ability to solidify and build on their knowledge. Further acknowledgements of threats to internal validity of the results are explored in the discussion section of this paper.

Furthermore, as multiple tests were run across the data, Bonferroni corrections should have been calculated to reduce the chances of gaining Type 1 errors, or false positive results. Conducting these corrections would have improved the reliability of tests of significance. However, as no strong significant results were revealed, corrections would be unlikely to alter the results displayed.

Semi-Structured Interviews

Table 3 outlines the key themes identified through thematic analysis of the data collected from the 4 pupils in the experimental group. Six main themes were identified, along with 19 corresponding sub-themes. Themes are not presented in a specific order. A thematic map can additionally be found in Appendix H.

The themes identified reflect the researcher's interpretation of salient concepts identified within pupils' responses. The researcher aimed to collate themes from responses that were considered 'original thoughts' from participants, rather than simply answering 'yes or no' or agreeing with the researcher's statements. What follows is a deeper analysis of each theme and corresponding sub-themes, including supporting quotations from the transcripts and related observations of pupils from the researcher throughout the intervention. Interview length ranged across participants, with some pupils engaging in discussion more than others. Due to the small number of participants, some sub-themes are derived from the responses of one participant only. This included themes that were identified on several occasions within one interview, or only once in cases whereby participants did not often provide extended responses. Themes identified from Thomas's** are most frequent, partly due to his interview being the longest and because he was the only pupil to have attended all sessions and thus likely to have deeper insights.

Table 3

Theme number	Main Theme	Sub-themes
1	Self-Evaluation	▪ *Increased self-awareness* ▪ *Importance of self-kindness* ▪ *Recognising commonality of thoughts* ▪ *Having opportunities to reflect on or talk about oneself*
2	Motivation	▪ *Appreciation of incentives* ▪ *Having a relaxed atmosphere* ▪ *Lack of interest in learning about ACT*
3	Experience of being an 'SEBD' Pupil	▪ *Not a 'one size fits all'* ▪ *Being perceived as 'different'*
4	Interpretation of Programme Content	▪ *Difficulty remembering* ▪ *Not knowing* ▪ *Connection between different parts of the self* ▪ *Improving your life*
5	Engagement	▪ *Making sessions more practical* ▪ *Access to Information* ▪ *Frustration with questioning* ▪ *Trusting relationships*
6	Group Dynamics	▪ *Effect of group size*

***All names cited throughout the thesis are anonymised. Pseudonyms have been provided for ease of reading.*

Theme 1: Self-Evaluation

The first theme relates to pupils' experiences of having the space to self-reflect and noting changes in how they understand thoughts and feelings post-intervention. Reference to self-evaluation occurred 9 times across interviews, with four sub-themes identified:

- *Increased Self-Awareness*

Two pupils reported enjoying and being surprised by the mindfulness task in session two, when they were asked to close their eyes and focus on their breathing and notice any thoughts that distracted them:

> Sadie: "-oh! The breathing exercises…I liked them…" *(T4: 24)*
>
> Thomas: "…tha' was hard-an' it like- I was blown by it… Cause you just fink about everyfin' when you' eyes are closed." (*T1:18-22)*

This might suggest that pupils may not have engaged in an activity such as this before or taken time to sit quietly and reflect on their thoughts.

- *Importance of Self-Kindness*

Thomas felt the sessions taught the importance of not being too hard on yourself and stated that this was an issue for young people accessing alternative provision. For example, he stated:

> "'Cause people like… give their-selves crap for the way they look an' tha' (mm) and they gonna look like tha' for a while, so they may as well just keep it (yeah) and work around yourself." *(T1: 48-50)*

- *Recognising Commonality of Thoughts*

When asked if the intervention had changed the way he thought about himself, Thomas stated that:

> "… I realise now everyfin that I fink, there's like someone- there could be someone else finking the same thing and (mm) I'm not the s- just one person (mm) there's people like me." *(T1: 26-28)*

This suggests that he has gained perspective on his emotional experiences since attending the sessions and perhaps feels reassurance from the fact that difficult thoughts are experienced by everyone at some stage.

- *Having Opportunities to Reflect on or Talk about Oneself*

Two of the pupils reported enjoying sessions involving self-reflection. For example, Aimee reported finding the filling in your DNA-v disc task from session six useful:

> "...uh- the like-when we drew the pictures in the... DNA-v thing (yeah) when we drew the pictures in that circle thing." *(T2: 21-23)*

Activities cited involved the pupils reflecting on themselves and identifying what makes them who they are. The fact that these sessions were memorable might suggest that pupils enjoyed having the opportunity to engage in something personal to them.

Theme 2: Motivation

The second theme relates to responses that appeared to indicate motivational aspects of how the sessions were run and implied lack of motivation to acquire more knowledge around wellbeing. Reference to these concepts occurred on 8 occasions, generating three sub-themes:

- *Appreciation of Incentives*

When asked what he liked about the sessions, Ben stated:

> "Mmm-sweets". *(T3: 10)*

This was considered important to include, as Ben had shown reluctance to participate at each stage of the research process but had not chosen to withdraw and attended all but one of the sessions. Offering this answer, considering a lack of formulated response to most of the other questions, suggests that receiving sweets in sessions was memorable for him and perhaps a large motivator for his ongoing attendance.

- *Relaxed Atmosphere*

Responding to what she liked about the sessions she attended, Aimee stated:

> ""They were quite chilled, like (mm) calm". *(T2: 11)*

This suggests that for Aimee, perhaps the overall relaxed nature of the sessions compared to 'normal lessons' was a motivator for her to attend and engage.

- *Lack of Interest in Learning about ACT*

Pupils appeared uninterested in reading or engaging with information and resources given to them about the programme throughout the process. This was reflected in all four pupils citing that they did not know what the intervention was going to be about prior to it starting and either did not want or were not bothered about receiving more information about ACT following the intervention (except Thomas who said "yes").

When asked how it may be best to support emotional wellbeing in alternative provisions, Aimee stated:

> "I don't really know, because...you can put all the posters up you want (mm) but no-one's gonna read them". *(T2: 62-63)*

This may highlight the importance of finding ways to motivate pupils to want to learn about ACT and apply it in their lives prior to distributing relevant information and resources or implementing related interventions.

Theme 3: Experience of being an 'SEBD' Pupil

The third theme relates to expressed ideas around perceptions of pupils accessing alternative provision and ways of supporting this population. These concepts were referred to on seven occasions, with two identified sub-themes:

- *Not a 'One Size Fits All'*

When asked if this would be a good programme to use with teenagers accessing alternative provision, three of the four pupils responded that it would depend on the individual. For example:

> Sadie: "Um, depends on who really, cause some people can't concentrate...can't like, focus". *(T4: 40 & 43)*
>
> Aimee: "...it's just not going to work for kids like Ben because he's just a piece of work...It's just- you have to take a different approach with everybody, you can't just (yeah)-like put one thing to everyone". *(T2: 49-50 & 53-54)*

This may highlight a collective view that a straightforward application of a programme such as this is unlikely to be successful without considering the needs and views of the individual pupils involved.

- *Being Perceived as 'Different'*

When asked to expand on his response that pupils accessing alternative

> "'Cause they're naughty and everyone looks at us different (mm)-compared to like the high sets". *(T1: 54-55)*

The assertion that pupils accessing alternative provision are 'naughty' is interesting, as is the comparison of pupils in alternative provisions with 'high sets'. This suggests Thomas associated provision in the unit with low academic ability. Aimee also cited feeling different, but from her peers within the alternative provision, stating:

> **"I'm not really like the rest of them am I?"** *(T2: 46-47)*

As Aimee was reported to be a high achiever academically by staff, she may be inferring that she does not conform to the 'norm' of what pupils 'should' be like within the provision.

Theme 4: Interpretation of Programme Content

The fourth theme relates to responses from pupils on what they thought the programme was about. 12 responses were coded as being relevant to this theme, constituting 4 sub-themes:

- *Difficulty Remembering*

  This sub-theme was derived from the final interview with Sadie, which took place 8 weeks post-intervention and 13 weeks after the last session she was in attendance for. The supporting quotations for this sub-theme are not verbal, rather the excessively long pauses after nearly all the questions. This has been inferred as Sadie's difficulty in recalling her experiences of the sessions due to the amount of time lapsed and therefore may have impaired her ability to fully contribute to a discussion on its usefulness.

- *Not Knowing*

  Ben and Sadie responded to several questions related to the programme with "I dunno". Aimee displayed signs of frustration on several occasions about not knowing how to articulate herself, for example:

> "Wellbeing (yeah), uhhm, *makes noise of frustration* (it's not a test- don't worry!) like, I don't know…" and "I dunno-like…understand (mm-) -things." *(T2: 2-5)*

This may have been impacted by the previously noted lack of motivation to fully engage with its content, difficulty remembering, a lack of true understanding of the aims of the intervention or difficulties in being able to express this learning during interview.

- *Connection between Different Parts of the Self*

  When asked if she had learned anything new from the sessions, Aimee articulated:

> "Like- they're all connected". *(T2: 32)*

This may be inferred as an attempt to explain the relationship between the different parts of the DNA-v model. As she previously cited the DNA-v disc task as useful, this may have been an important learning point for Sadie, to acknowledge that there is an interaction between the different parts of herself.

- *Improving your Life*

  Thomas's response to what the programme was about was:

> "How…people change? (mm?) and how this programme can affect people's lives- make it better." *(T1: 2-3)*

Thomas may have been referencing the aim of the programme to equip young people with 'a handbook for life' by gaining a better understanding of

themselves and what is important to them. In session one, a 'game of life' activity took place, in which Thomas was very engaged.

Theme 5: Engagement

The fifth theme relates to pupils expressed views on engaging young people with the programme and their experience of engaging with the data collection process. References related to this theme occurred 7 times, with 4 sub-themes identified:

- *Making Sessions More Practical*

When asked what could have been better about the sessions, Thomas stipulated:

> **"More activities… We coulda' done like-word searches-or like things and you 'ave to find the words".** *(T1: 38 & 59-60)*

Thomas responded best to activities that were creative during sessions and identified creativity as one of his strengths in session four. This may highlight the need to tailor activities to suit the learning style of individual pupils.

- *Access to Information*

There were numerous technological difficulties during sessions related to the projector and sometimes links to videos not working. Thomas also reported needing:

> **"a better TV so we can actually see"** *(T1:35)*

Sadie stated:

> **"…- I think there should be posters around- and leaflets or whatever."** *(T4: 53)*

These are useful reflections to consider, as more planning may be necessary to ensure resources are presented in a way that may best engage certain individuals.

- *Frustration with Questioning*

Ben stated frustration with being questioned on three occasions during his interview. For example, when asked if he had learned anything from the sessions he stipulated:

> **"That they have very stupid questions!"** *(T3: 19)*

As Ben's interview took place immediately after his completion of the post-data questionnaires (for reasons cited previously), it was inferred that he was expressing frustration with the process of data collection. Though perhaps not directly relevant to Ben's experience of the intervention, this is still an important finding to consider, as it may impact on further adaptations of this study.

- *Trusting Relationships*

When asked what would engage pupils in emotional wellbeing interventions, Aimee stated:

> **"Like, I think for most of us, it's just having like, just a one trusted adult that we can talk to like one of the teachers".** *(T2: 67-68)*

This suggests that Aimee believes pupils in such provisions are more likely to respond to or be willing to seek emotional support from adults whom they know and trust.

Theme 6: Group Dynamics

The final theme relates to references of the importance of group factors in promoting a successful intervention experience. There were 2 responses related to this theme, each constituting one of the sub-themes:

- *Effect of Group Size*

Aimee's response to what could be improved about the sessions was:

> **"…I dunno if it would be better with more people (yeah), but also I think it might not be better with more people so I don't really know."** *(T2: 35-36)*

Though contradictory, Aimee's consideration of the benefits of having more people in the group versus having a small group is a valid reflection. This sub-theme ties in with the previously explored sub-theme of 'not a 'one size fits all'', as deciding on appropriate group sizes is likely to be influenced by the characteristics of the pupils involved.

Summary

Pupils identified valuable insights into their experiences of the intervention. Notably, the appreciation of having opportunities for self-reflection and interpretations of the programme as recognising connectedness of different elements of the self and improving your life. These findings may correlate with the previously noted decreases on the disruptive behaviour scale of the BYI-2, as pupils may have learned to become more self-aware and regulate their emotions to make better choices.

Pupils responses gave some indication of the motivators for their continued attendance of sessions, included the relaxed approach taken and the presence of sweets. However, analysis of the data revealed a general lack of motivation or interest in the specific topic of ACT. Importance of the individuality of pupils accessing alternative provision was prevalent, alongside the perceived stigma that can be attached to belonging to this

population. Having trusting relationships with adults in school was highlighted as important for them. Another identified theme was the need to consider how to stimulate pupils' interest based on their preferred ways of learning and to consider the impact of group dynamics.

Other Report Outcome Measures: Quantitative Data Analysis

Strengths and Difficulties Questionnaire (SDQ)

- *Pre-Scores*

  All mean scores prior to the intervention were in either the 'normal' or 'borderline' range. This was an interesting finding considering the scales related specifically to some of the behaviours you might typically expect to be elevated in pupils who are accessing alternative provision for challenging behaviours.

- *Post-Scores*

  Nevertheless, small positive trends in post-intervention scores were observed, with all mean scale scores decreasing (***bar 'Prosocial Behaviour' which has an inverted scoring system and increased), see table 4. Figure 6 provides a visual display of changes in scores over time.

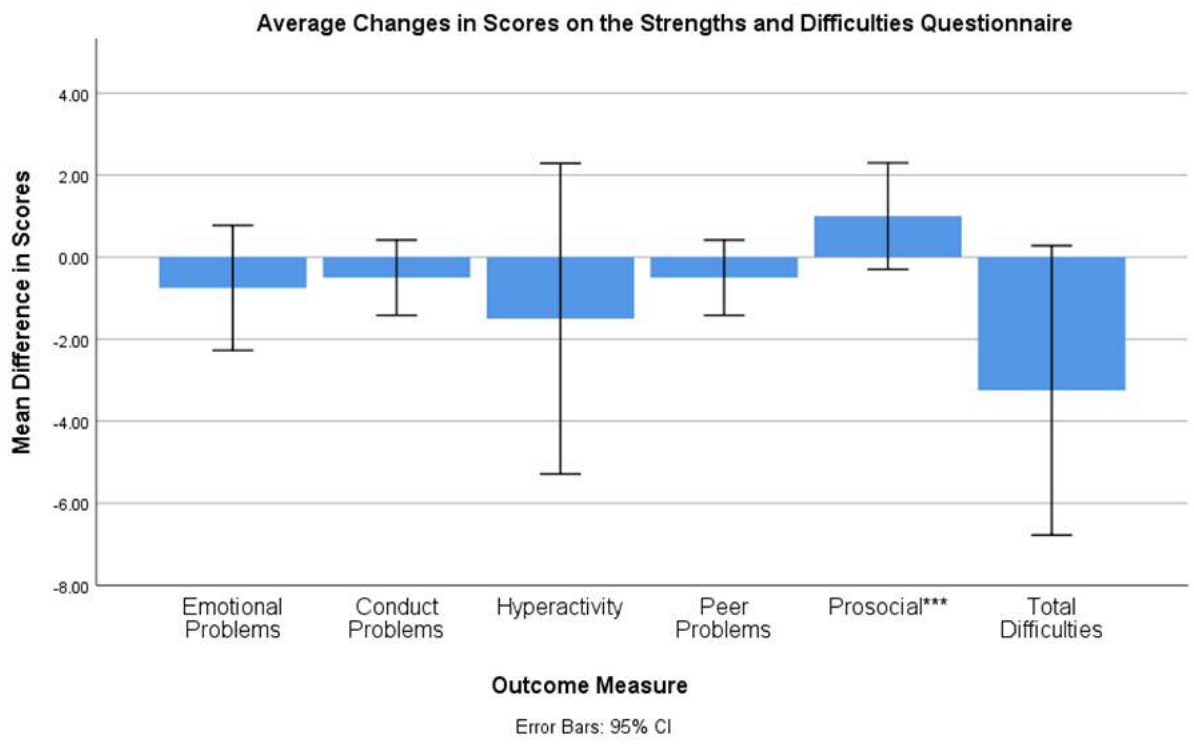
  Paired samples *t*-tests were administered to compare scores on the six scales of the SDQ before and after the intervention. Cohen's *d* scores were also calculated to determine effect sizes.

Table 4

SDQ Scale	Mean Score (Standard Deviation)		
	Pre	*Post*	*Change*
Emotional Problems (EPS)	1.25 (1.50)	0.50 (0.58)	-0.75 (0.96)
Conduct Problems (CPS)	2.25 (1.50)	1.75 (0.96)	-0.50 (0.58)
Hyperactivity (HAS)	5.50 (5.20)	4.00 (4.55)	-1.50 (2.38)
Peer Problems (PPS)	1.00 (1.41)	0.50 (1.00)	-0.50 (0.58)
Prosocial Behaviour (PSS)	5.50 (2.65)	6.50 (2.38)	+1.00 (0.82)
Total Difficulties Score (TDS)	*10.00 (4.08)*	*6.75 (4.65)*	*-3.25 (2.22)*

	Normal	*Borderline*	*Abnormal*
EPS	*0-4*	*5*	*6-10*
CPS	*0-2*	*3*	*4-10*
HAS	*0-5*	*6*	*7-10*
PPS	*0-3*	*4*	*5-10*
PSS	*6-10*	*5*	*0-4*
TDS	*0-11*	*12-15*	*16-40*

Figure 6



There was no significant difference in scores for pre and post conditions, on any of the scales, as depicted below:

- *Emotional Problems Scores*

  t (3) = 1.57, p = .22, d = 0.78.

- *Conduct Problems Scores*

  t (3) = 1.73, p = .18, d = 0.87.

- *Hyperactivity Scores*

  t (3) = 1.26, p = .30, d = 0.63.

- *Peer Problems Scores*

  t (3) = 1.73, p = .18, d = 0.87.

- *Prosocial Behaviour Scores*

  t (3) = -2.45, p = 0.09, d = 1.22.

- *Total Difficulties Scores*

  t (3) = 2.93, p = .06, d = 1.47.

Summary

As no statistically significant effects were found, the null hypothesis must be accepted, that attending the intervention did not influence 'SDQ' scores over time and the true difference between pre and post scores is equal to 0. Lack of significant statistical data on the other-reported outcome measure may also be explained by some of the previously discussed issues. Namely, lack of consistent pupil attendance to sessions and sessions not being delivered over 6 consecutive weeks.

However, from considering the descriptive statistics displayed in table 4 and Figure 6, there is a noticeable small trend in scores decreasing over time (apart from prosocial behaviour scores which positively increased). The 'Total Difficulties' scale was close to significance at the level of p= .06 and

this is reflected in the relatively large decrease in mean score over time compared to the individual measures. This may indicate that the intervention was effective in promoting positive overall change for pupils in relation to their strengths and difficulties, rather than on individual aspects. Additionally, Field (2013) suggests that a large effect size with a non-significant result suggests that the study should be replicated with a larger sample size. In line with suggested interpretative cut-off scores for Cohen's *d,* Conduct Problems, Peer Problems, Prosocial Behaviour and Total Difficulties scores suggest large effect sizes at $d = > 0.8$. Ordinarily, this would indicate that significant results might be observed for these scales in a larger scale trial. However, the member of staff was inadvertently allowed to complete post scores on the same copies of SDQ he used to complete pre scores for pupils. Therefore, he was able to see the scores he had originally put for each pupil whilst deciding where to score them post intervention. This constitutes a major administrative flaw, which limits the ability to make claims surrounding positive trends and large effect sizes revealed in the data.

Other Report Measures: Qualitative Data Analysis

Semi-Structured Interview

Table 5 outlines the key themes identified through thematic analysis of the data collected from the key member of staff in the experimental group. Four main themes were defined, along with 16 corresponding sub-themes. Themes are not presented in a specific order. A thematic map can additionally be found in Appendix H.

Table 5

Theme number	Main Theme	Sub-themes
1	Changes to Pupils' Behaviour	▪ *More confident and friendly* ▪ *More mature* ▪ *More helpful*
2	Changes to Pupils' Engagement with Learning	▪ *Improved work-ethic* ▪ *Frustration with other pupils misbehaving* ▪ *Amount of time spent trying to engage pupils* ▪ *Limited expectations of pupil with ADHD*
3	Ideas for Future Delivery of Sessions	▪ *More practical* ▪ *Organisation* ▪ *Timespan of session delivery* ▪ *Embedding as part of an SEBD curriculum* ▪ *Importance of relationship building with pupils* ▪ *Feasibility*
4	Additional Ideas to Support Emotional Wellbeing of Pupils	▪ *Social Media* ▪ *Influence of communities* ▪ *Early intervention*

The themes identified reflect the researcher's interpretation of salient concepts emerging from discussions with Mr Edwards**. As this analysis comprised of only one interview, frequency of reference to certain concepts was not a priority. It is important to consider that inferences are based on the subjective responses of one participant, therefore cannot be generalised to all staff in alternative provisions.

Theme 1: Changes to Pupils' Behaviour

The first theme relates to reported changes in pupils' behaviour post-intervention. Three sub-themes were identified in relation to this theme:

- *More Confident and Friendly*

Mr Edwards noted changes in this respect primarily for the girls that participated in the study, as illustrated in the following extract:

> "…more confident, more confident and more…friendly with like, like- the ones like Aimee, (mm) who is probably more confident with adults, even though I've put down- I've put on here *referencing the strengths and difficulties questionnaire* to say she is still confident with adults (mm), 'cause she is but I have noticed a bit of a difference as well though (mm)- she's more involved and- the one I thought was the most different was Sadie (oh okay). I- I don't know if it's anything to do with it- it could just be a coincidence but she's more… I have noticed she's more involved with like *references the name of the provision* whereas, as I say, before you started (mm) she was more like… out of it- like a bit of an individual in there" *(T5: 3-12)*

These reports of increased amenability with others links with the increase in the 'Prosocial Behaviour' scale from the 'borderline' to 'average' range. Mr Edwards' reference to the SDQ also highlights a potential issue with the measures of change available, as he did not know how to report a further increase in confidence for a pupil who he already felt was confident to begin with. The comments about Sadie are also important to acknowledge, as Sadie did not identify changes herself during interview.

- *More Mature*

Mr Edwards discussed the changes he had noted in levels of maturity from the pupils, particularly Thomas as evidenced in the following quote:

> "…He-he's just seems more, a bit more mature like he-he has his days (mm) like days where he's not-he's not been great (yeah) but he's cert-yeah like I've noticed little like- just his decision making (mm) like well 'I'm not going to do this now because I'll get in trouble' (mm) … So yeah, I suppose, yeah- definitely in him." *(T5: 16-20)*

- *More Helpful*

Mr Edwards acknowledged that both Thomas and Ben presented as more helpful to others post-intervention. For example:

> **"…Ben is probably more willing to help his peers (mm) and whereas before he was capable of like throwing a temp-a bit of a tantrum, he's not really doing that as much now"** *(T5: 65-66)*

This may suggest that pupils benefitted from programme content related to identifying and acting in line with your values, as Ben identified kindness as a personal value during this session.

Theme 2: Changes to Pupils' Engagement with Learning

The second theme refers to responses indicating changes to pupils' attitude towards and engagement with learning in the alternative provision post-intervention. Four sub-themes were identified:

- *Improved Work-Ethic*

In addition to increased maturity, Mr Edwards also noted changes to Thomas's engagement with learning:

> **"Again, probably Thomas, he's had like-I'd say before, he'd mostly be one of the one's you'd sort of sit on (mm) and make- but he has had his days in the last couple of weeks where you haven't really heard a peep out of him he's just got on with it … used to be really hyper, at the moment he's not too bad…"** *(T5: 22-24 & 47-48)*

Thomas was highlighted specifically, as he had been previously difficult to engage in learning. Reference to a decrease in his hyperactivity levels also correlates with Thomas's individual scores on the HAS of the SDQ decreasing

from the maximum 'abnormal' score of 10 to a 'normal' score of 5. Thomas's statement about the programme being about changing your life may also indicate his increased motivation for learning, as he may have become more conscious of choices which could result in more positive life outcomes.

- *Frustration with Other Pupils Misbehaving*

Mr Edwards stipulated a change in how some of the pupils who had received intervention responded to those that chose not to take part during lessons. For example:

> "…because they have maybe acted a bit more mature, or their acting a bit more involved with the group (mm), the others in the group are maybe annoying them a bit more or are a bit too childish for them (right) and their like getting a bit more easily fed up 'cause they wanna just-have a chat, not run around, mess around (mm)- just get on with their work so yeah there is a difference". *(T5: 29-34)*

He also cited Thomas's frustration with Ben specifically:

> "…like Thomas and Ben- there are times when Ben wants to like- you know he's quite hyper (mm) and excitable- he wants to mess around, and Thomas just (mm) isn't interested and is getting fed up with him" *(T5: 37-39)*

- *Amount of Time Spent Trying to Engage Pupils*

Mr Edwards reported having to spend both more and less time attempting to engage pupils in learning post-intervention, as illustrated in the following extract:

"… probably both sides of it (mm). Like Thomas I probably don't actually have to spend as much time with him (mm) because he's quite engaged (mm), whereas Sadie, because she's more confident and more involved-… you probably have to spend a bit more time with her (mm) cause she wants to have a chat rather than just get on with it (mm) …"

(T5: 56-61)

This is interesting, as an increase in Sadie's prosocial behaviours have consequently resulted in her being less engaged with learning.

- *Limited Expectations of Pupil with ADHD*

Ben was often cited as being a distraction for other pupils and was not reported to be displaying many changes post-intervention. For example:

"and like Ben obviously struggles with his ADHD (yeah) so I wouldn't have expected a massive change … 'cause he's got-quite-bad- ADHD"

(T5: 46-47 & 67)

This might suggest that Mr Edwards was considering any changes in Ben's behaviour to conform to what he was observing from other pupils, thus having limited expectations of this being possible for him. Ben's individual scores on the SDQ pre and post intervention revealed no or very little change across all scales. This might be a further indicator that the measure was too simplistic to account for smaller nuances in behavioural change or that there was no change for him.

Theme 3: Ideas for Future Delivery of Sessions

The third theme relates to the generation of numerous ideas to improve or support future interventions with children in similar provisions. Mr Edwards was present for two of the six sessions (session one and session three) and

thus was able to reflect on these observations of the programme. Six sub-themes were defined for this theme:

- *More Practical*

A similar theme to that of the pupils was identified, in that sessions could be more practical and include specific creative activities to work on. For example:

> "...for the ones I saw, for those pupils- SEBD pupils- I'd say they need to be- they need to have like a piece of work (mm)- so they need to be like creating a bit of work (mm). Even if it's just a diagram... you'd probably see more results then because when they do stuff, they tend to take more of it in..." *(T5: 72-74 & 83-84)*

This relates to pupils' suggestions of having more activities to complete. These findings may suggest that having something practical to do is more favourable and effective than engaging in discussions or role play activities.

- *Organisation*

It was reported that flexibility is key to organising an effective intervention with this population, specifically accounting for low attendance rates and relinquishing control over things such as seating plans. Mr Edwards stated:

> "...first thing in the morning would be the best, when they've (mm) just come in, but then obviously if their attendance is low then they won't be here first thing...if you let them sit where they want, as long as they stay in a group (mm)...if they want to sit with the tables in this way or that way then it just makes it easier for you (mm) and they're just happy then." *(T5: 87-95)*

- *Timespan of Session Delivery*

Mr Edwards felt that programmes such as these should be implemented over many months, not weeks:

> "I'm in my 5th year of working with these types of kids (mm) and like, I've seen a lot of different things (mm) …the one I've seen evidence that they have sort of developed is through like a long-term (mm) intervention… say a couple of months and through talking with them and having that relationship with them then I've actually seen them improve a lot more…" *(T5: 98-105)*

This may indicate that having longer-term, ongoing intervention is more effective for pupils accessing alternative provision.

- *Embedding as Part of an SEBD Curriculum*

Building on his point regarding the benefits of longevity of interventions, Mr Edwards cited:

> "…for me, if I was to sort of turn what you've made- or what you've got (mm) into something that could like really make a difference to them- it would be like making it part of an SEBD curriculum, so something that maybe you weren't having someone coming into schools" *(T5: 107-110)*

Mr Edwards' suggestion therefore is that including ACT principles and practices throughout the curriculum may result in great benefits for pupils than having an intensive and discrete short-term intervention.

- *Importance of Relationship Building with Pupils*

The importance of allocating time to build trusting relationships with young people in alternative provisions was argued by Mr Edwards:

"…when you start with this group (mm) it doesn't matter who you are- th-the start is probably the most difficult (mm) because they don't know who you are, they don't want to work for you. So when people come in and say okay I'm gonna do one session-they don't wanna do it and they don't care if they upset you or annoy you (yeah)… I'd say to come in on an inset day and talk to staff saying like 'these are some of the conversations you could have (mm)." *(T5: 110-116)*

It appears that Mr Edwards felt staff members should be approached and trained to deliver interventions, as they already have positive working relationships with their pupils.

- *Feasibility*

When asked if he felt it would be feasible for staff to implement such programmes, Mr Edwards stated:

"…yeah you definitely could-I'm not sure if the results would be amazing but you could 100%…I think with these sorts of departments, as long as you have got people who are willing to give up the time to tweak it (yeah) and make it more suitable for the pupils in that provision…having a pack of work and having that (mm) like set out in front of me so I know what I have got to talk to them about and I know how these kids work in a normal lesson (mm)…I'd be happy to sit down and make something but I'm not sure I'd have the understanding to make it (yeah)." *(T5: 148-153 & 158-166)*

This indicates that staff members may be best placed to deliver interventions provided they have access to existing resources and are willing to dedicate time to personalise the content for their pupils.

Theme 4: Additional Ideas to Support Emotional Wellbeing of Pupils

The final theme refers to general ideas offered by Mr Edwards on supporting the emotional wellbeing of pupils in schools. Three sub-themes were identified from the relevant data:

- *Social Media*

Education related to social media was reported as a major factor in supporting the emotional wellbeing of adolescents, as this is where Mr Edwards felt young people acquire most of their knowledge. He argued this was more pertinent for girls in the provision, for example:

> **"...the girls-like you could link it to social media and they would probably listen to that (mm), they do use it more than the boys- but the boys- I just- I don't think you'd be able to actually get them to just sit down and actually understand it (mm)- like I can't think of a way..."** *(T5: 134-137)*

These points correlate with the researcher's observations during the intervention, whereby pupils would often revert to using their mobile phones during activities. These findings suggest that incorporating a social media aspect to the intervention may serve to enhance engagement with its content. Mr Edwards seems to suggest that relating ideas to the experience of using social media is also important. It is further interesting that Mr Edwards drew comparisons between boys and girls in the provision in terms of their ability to access and understand concepts surrounding emotional wellbeing.

- *Influence of Communities*

Mr Edwards argued the perceived struggle to engage boys with learning emotional wellbeing is largely influenced by their disaffection with school:

"like the boys- I think they're so-they're so like disaffected (mm) and the communities they live in, their parents probably had the same sort of school experience as them (mm)…most of the parents I've met- they don't have that intelligence level to probably really gain a proper understanding (mm)…" *(T5: 129-134)*

Mr Edwards' comment suggests that the culture of the communities that pupils reside in may impact on their motivation to learn about and apply emotional wellbeing resources to support themselves.

- *Early Intervention*

Mr Edwards argued the importance of early intervention in developing social and emotional literacy skills:

"…it would have to start at like primary school, like really young- it's not enough to just make it part of PSE lessons when they get to secondary…it's not just about teaching them things like acceptance- it's teaching them why it's important- like they know they should behave-they should be nice and good, but they don't understand why they should be that way" *(T5:140-145)*

Mr Edwards may be suggesting that by encouraging motivation and understanding for prosocial behaviours and emotional wellbeing practices from an early age, this will become part of the 'norm' and allow pupils to continue to be motivated to develop these skills throughout their education.

Summary

Thematic analysis of the qualitative data collected from Mr Edwards revealed perceived improvements to pupils' levels of confidence, prosocial behaviour and work ethic. Thomas was reported to have presented with the most changes in relation to his behaviour and was the only pupil who attended all sessions of the intervention. This may indicate the impact of

this intervention on improving behaviour, perhaps having the greatest effect when completed in its entirety.

Responses from Mr Edwards also highlighted the importance of triangulation methods as he identified changes for pupils who had not reported these. Deeper analysis of some of the responses also revealed the potential restrictiveness of the SDQ in measuring impact for pupils who may have made small improvements.

In correlation with pupil interview findings, the importance of knowing and having a trusting relationship with pupils was reported to be salient and likely to have the most impact. School staff were suggested to be best placed to deliver interventions as they have the knowledge to adapt materials to suit their pupils. Involving pupils in the organisation of things such as seating plans and making sessions more practical were also cited as ways to enhance pupils' engagement. Embedding interventions as part of the curriculum from an early age and over time was stated as important to consider in future. Additionally, considering the wider context for pupils in how they are likely to engage with interventions, such as family contexts and the influence of social media.

2.5. Discussion

Potential Effectiveness of Intervention with Pupils Exhibiting Challenging Behaviours

- *Emotional Wellbeing*

Considering the extremely low sample sizes, the overall trends in the quantitative measures of wellbeing are promising. The descriptive statistics revealed that pupils' scores on all self-report measures in the experimental condition showed greater improvements compared with the control condition. Albeit not significant, psychological flexibility also increased in the experimental condition and decreased in the control. These findings

tentatively mirror the improvements in levels of emotional wellbeing and psychological flexibility evidenced in previous ACT research (Pahnke et al., 2014; Burckhardt et al., 2016 & Smith et al., 2020; Livheim et al., 2015 & Marino et al., 2019). Despite several threats to the internal validity of the data collected (discussed under 'limitations' further on in this paper), these trends may still warrant further replications of this study to ascertain whether or not these findings are replicated with larger samples without interference from logistical and methodological limitations.

Thematic analysis of the qualitative data revealed that pupils in the experimental group enjoyed having opportunities to self-reflect through group activities and noticed changes to how they perceive negative emotions. For example, engaging in mindfulness activities allowed pupils to recognise the lack of control they have over their thoughts and one pupil expressed the idea of acceptance around physical attributes that are out of our control. This pupil also acknowledged his realisation that difficult emotions are a common experience and that he was not alone, which is a key concept within ACT. This may be important to consider, as having the chance to think and talk about themselves in more depth appeared a novel experience for pupils in the study. Providing these opportunities through using similar interventions in similar settings may constitute a way forward in helping pupils to navigate some of their difficult emotions. The member of staff also noted improvements in the confidence and friendliness of pupils, particularly the girls. None of the previous research reviewed included qualitative data from pupils or staff members in their results, therefore, links cannot be drawn. These findings may highlight the benefits of including this data and support larger-scale replications of the study to unpick further the potential impact of the intervention on pupils' levels of self-awareness, self-kindness and acknowledgement that difficult thoughts and feelings are common to all.

- *Behaviour*

Analysis of pupil responses to the BYI-2 found a statistically significant interaction between time and condition on the 'Disruptive Behaviour' scale on the BYI-2 at p = .03. Though subsequent individual t-tests did not reveal significant changes within groups, this still suggests that changes in scores were significantly different for those who attended the sessions compared to those who did not. The descriptive statistics show that experimental group mean scores decreased over time, moving from 'moderately elevated' to 'average'. Control group mean scores increased over time, moving from 'mildly elevated' to 'moderately elevated'. These findings should be viewed with caution, due to the previous discussed limitations regarding situational differences between the experimental and control groups and data collection timescales (discussed further in the 'limitations' section of this paper). However, none of the examined research into ACT in schools included self-reported measures of disruptive behaviour. As this has been highlighted as a potentially salient aspect of change for this population, conducting this study with larger sample sizes using measures of behaviour might be helpful in drawing any conclusive links between ACT interventions and levels of disruptive behaviour.

No statistically significant effects were found between pre and post scores on the teacher reported SDQ. However, effect sizes calculated using Cohen's d revealed large effect sizes for scores on the 'Conduct Problems', 'Peer Problems', 'Prosocial Behaviour' and 'Total Difficulties' scales. The 'Total Difficulties' scale also revealed a marginally significant effect at p = .06. The internal validity of the teacher reported data was compromised, as discussed previously and later in this report. Therefore, it cannot be assumed that this is a valid reflection of the statistically significant results that may be found in larger replications of this study. However, as Pahnke et al. (2014) also noted an increase in prosocial behaviour following an ACT-based intervention, repeating the intervention following appropriate data collection protocols would be useful in uncovering whether or not similar

results are generated in other-reported levels of overall difficulties and behaviour.

Key themes identified from the staff qualitative data included increases in pro-social behaviour, maturity, and work-ethic of pupils, particularly for the pupil who had attended every session. This suggests that attending the full course of sessions has the greatest impact on changes to behaviour over time.

Practical Feedback on Session Content and Delivery

A major benefit of conducting follow-up interviews with pupils and the staff member in the experimental condition was the programme feedback and suggestions for future implementations with the target population. Though one previous study included feedback data (Livheim et al., 2015), this was derived from anonymised questionnaires and therefore did not provide detailed, contextualised responses from participants. As feedback on the sessions was not necessarily linked to the outcome measure of effects of ACT on wellbeing, another research question was to determine the feasibility of conducting the intervention. Pupils' responses, particularly in relation to session content and delivery, provided information on how it can be improved to ensure its feasibility with other groups of pupils. Whilst this may have constituted a section in its own right, often, feedback on elements of the course also linked in with aspects of wellbeing, for example reporting enjoying mindfulness activities which also increased levels of self-awareness. Thus, it would have been difficult to easily separate the two areas, i.e. changes to wellbeing and feedback on sessions.

- *Session Content*

  Pupils appreciated the opportunity to think and talk about themselves during sessions and particularly enjoyed the breathing exercise in session two. However, pupils felt sessions could be improved by having access to better technology to watch video clips on and having a more interactive

display of information, e.g. PowerPoints. Marino et al. (2019) also noted the potential benefits of making ACT sessions more interactive. Both the staff member and pupils acknowledged the need for the programme to be adapted to suit the individual needs of pupils, particularly the inclusion of more practical activities to work on.

- *Session Delivery*

  The member of staff expressed that staff within alternative provisions are best placed to deliver such interventions as they know their pupils best, can adapt materials effectively and have established trusting relationships with pupils. He also cited the potential efficacy of embedding principles of the programme early on in education, as part of a curriculum used with pupils over time. This contradicts assertions in Van der Gucht et al.'s (2017) study, as they cited teachers' lack of facilitator competency as a factor in the null findings of the research.

- *Engagement*

  Like the findings presented in Marino et al. (2019), participants' engagement with the information, materials and sessions offered was inconsistent. Thematic analysis of the pupil interviews revealed that pupils may have lacked interest in learning about ACT and motivation to engage with its content. Both pupils and staff noted relationships as being a key factor in supporting pupils accessing alternative provision emotionally. Establishing trusting relationships and collaborating with pupils on emotional support interventions may therefore be crucial to their success. This may include pre-intervention sessions on the relevance of ACT in supporting pupil wellbeing to promote engagement.

Negative Perceptions of Pupils Exhibiting Challenging Behaviours

A recurring theme at every stage of this research was the constructions of 'SEBD' pupils in comparison to their mainstream counterparts. In the initial meeting with the assistant head teacher for the school, an earlier version of

the research design was presented that involved recruiting mainstream pupils in key stage 4. The possibility of withdrawing mainstream pupils was quickly dismissed, as curriculum commitments were considered too important. Contrastingly, the assistant head was happy for year 11 pupils in the SEBD unit to be withdrawn, despite feeling they were undeserving of 'any more intervention'.

Though not an inherent measure in the qualitative interview schedules, themes related to perceptions of SEBD pupils were identified. One pupil reported that SEBD pupils are looked at differently from pupils in 'higher sets' and are considered 'naughty'. The key member of staff in the provision cited low expectations for emotional and social development in the boys in his setting, considering their 'disaffection' as a fixed result of their home environments. He also perceived one pupil's diagnosis of ADHD as constituting a significant barrier to positive change. These findings link with previously cited critiques of Marino et al.'s (2019) study, whereby potential participants were discounted for being perceived as 'too disruptive'. The researchers also stated that "there was a high frequency of neurodevelopmental and mild cognitive impairments" amongst participants (Marino et al., 2019, p.12) as evidenced by 'Borderline Intellectual Functioning' scores on Raven's Progressive Matrices (RPM) and the inclusion of one pupil with a diagnosis of ADHD and another with Oppositional Defiant Disorder (ODD). This was stated to be a possible contributory factor to the lack of impact of the intervention. Despite evident concerns related to the phraseology used in these claims, this further displays negative assumptions of pupils in these provisions as being 'beyond help'. It also goes against the basic foundations of ACT as being a 'transdiagnostic' approach to supporting wellbeing.

Replicability

The researcher has endeavoured to make the structure and design of this study as clear and accessible as possible. Whilst there remains work to do

for the outcome measures to be fully accessible to those not in the field of applied psychology, most components of this research are available online and referenced. The member of staff cited feeling confident to replicate this, or a similar, intervention, provided he had access to resources and instructions. Preliminary analyses of experiences of pupils in the present study have revealed that a larger scale replication is likely to achieve positive and significant results.

Limitations

Timescales

Timescales were a consistent issue throughout the research process. Firstly, gaining samples through gatekeeper and parental consent took longer than expected and time was wasted on trying to recruit mainstream participants for the original design. Delivery of sessions was also interrupted for various reasons, including GCSE exams, school holidays, school trips and illness. There were also significant gaps in data collection due to pupil non-attendance. This resulted in large gaps (mean=15 weeks) between pre and post measure collection for pupils in the experimental condition, compared to a 5-week gap between pre and post for all pupils in the control group. The final pupil from whom data was collected struggled to recall her experiences of the intervention as too much time had elapsed. Noted changes in the experimental group scores compared to the control group may therefore have been influenced by general changes over a longer period of time. Two of the four pupils also had their short-term post-intervention measures collected at the same time as the follow-up interview at 5 weeks and 8 weeks post-intervention respectively. Therefore, immediate effects of the intervention should be interpreted with caution. Research conducted by Van-Der Gucht et al. (2017) into the effectiveness of a teacher-led ACT-based intervention also lacked statistically significant benefits on outcome measures. Inconsistency of timescales in collecting post-data was cited as one possible explanation for this.

Fidelity of Delivery

Execution of the 'Write your own DNA' programme did not rigidly conform to recommended structure and content. Omission of certain activities in sessions was necessary, due to lack of engagement from pupils. This was particularly evident in activities requiring role-play. Adaptations to the programme in response to the individual needs of the pupils is therefore important to consider in future. An hour was often not sufficient to cover everything planned for each session. There were also several technical issues along the way, usually related to faulty technology in the setting or video clips not working. Conducting a pilot study to quality assure materials may have overcome some of these issues.

Relevance, Accessibility and Reliability of Outcome Measures

Despite acknowledging a weakness of previous research for using measures incompatible with the core concepts of ACT, this study relied on the use of a psychometric test of 'social and emotional impairment' (BYI-2), inclusive of pathologising terms such as 'anxiety' and 'depression'. The researcher had intended to use The Resiliency Scales for Children & Adolescents™- A Profile of Personal Strengths (RSCA) but was unable to gain access to this resource prior to data collection. Furthermore, the BYI-2 is not available for use by teaching professionals, and thus is not an accessible outcome measure for staff to implement in any future adaptations of this study. The member of staff also cited difficulties in accounting for changes on the SDQ as there was no room to acknowledge the further improvement noted for a pupil who had a high score for confidence before the intervention. It may be worth considering the use of an extended likert scale, to enable such progress to be demonstrated.

The BYI-2 and AFQ-Y8 were administered verbally by the researcher to pupils in both the experimental and control groups. Therefore, lack of social desirability cannot be definitively claimed, which is cited as one of the five

indicators for data quality by Deleeuw and Van der Zouwen (1988). As the researcher was present and recording the pupils' responses, pupils may not have been fully honest and may have been conforming to expectations of social desirability when answering questions. The researcher did assure participants were aware of their anonymity, which can minimise the potential for this to occur. Bowling (2005) also argued that the cognitive demands placed on participants during self-reported questionnaires can be problematic in ensuring quality of data, as they are required to listen to, understand and communicate their responses to questions multiple times. This can result in cognitive fatigue, whereby participants answer at random to lessen the amount they have to think and reach the end of the questionnaire. Participants were reminded frequently that they were permitted to take breaks during the questionnaire process to reduce the possibility of this occurring. Finally, as the researcher was known to pupils and the member of staff in the experimental group, this increased the likelihood of interviewer bias. Participants may have responded, particularly in the post data collection phase, in favour of perceived hopes of the researcher for example, answering more positively to prove the intervention 'worked'. This was particularly problematic in the staff-reported questionnaire, as he was able to see his previous responses when responding post intervention and thus may have consciously or unconsciously reported improvements in pupils' wellbeing and behaviour. Participants were frequently reminded that the researcher had no affiliation with the intervention or specific hopes for its effectiveness to try and counteract the possible effects of this.

Quality and Analysis of Data

- *Comparisons between Groups*

The control and experimental groups were not exactly matched in terms of provision and starting levels. Due to the sampling issues experienced, the control group identified were as close to the original cohort as was feasible.

Though starting scores on self-report measures could not have been predicted or controlled in this design, it is still pertinent to acknowledge that comparing these groups may not be truly reliable, as they were not pair-matched in relation to pre-measure scores.

- *Low Sample Sizes*

  Low sample sizes greatly impacted the power of the analyses and there was no comparative control condition for the SDQ measure. Qualitative data analysis often relied on the responses of one participant, which is especially important to consider in the staff thematic analysis.

- *Quality Assurance of Interview Schedules*

  Interview questions were developed by the researcher and were not piloted prior to the study. This would have helped to identify any flaws in their design and assure their efficacy in measuring the intended outcomes.

2.6. Conclusions

Implications for Future Research

The researcher fully endorses and hopes for further research to be conducted into the application of ACT-based approaches in schools with pupils exhibiting challenging behaviours. To build on the findings of this research, the following should be considered:

- Allow sufficient time for planning, recruitment, and implementation phases.
- Adapt materials and session activities to suit target groups by liaising with participants.
- Consider the importance of trusting relationships with pupils by supporting staff to deliver ACT-based interventions. This may improve their efficacy and 'real-world' applicability.
- Carefully consider the relevance of outcome measures selected to evaluate the success of ACT-based interventions with adolescents.

- Conduct pilot studies of intended programmes and researcher-developed measures.
- Consider exploring embedding principles of ACT as part of a social and emotional curriculum as opposed to a discrete intervention.
- Finally, though beyond the scope of this study to explore in greater depth, the findings related to negative perceptions of pupils exhibiting challenging behaviours is noteworthy. It is important that future research conducted with similar populations explores and is sensitive to any perceived prejudices against pupils with SEBD and of the contexts surrounding their experiences of education.

Relevance to the Field of Educational Psychology

The process of conducting, analysing, and reporting this thesis has revealed the following pertinent points that might be considered by practicing educational psychologists:

- *Barriers faced by school staff in committing to emotional wellbeing interventions and practices.*

  It was extremely difficult to recruit schools to participate in this study. From conversations with senior members of staff, it appears that curriculum and time pressures take priority over implementing approaches such as these. Though this may have been specific to the schools approached for this research, and to the age of prospective participants, it is still important to consider creative ways of implementing emotional wellbeing support for pupils in schools that does not overly interfere with conflicting agendas. EPs are particularly well placed to support implementations of wellbeing interventions in schools as they have existing relationships with settings and are also in touch with emerging trends and ideas in psychology, such as ACT.

- *Perceptions of pupils accessing alternative provisions.*

  This is important to reiterate here, as it is essential to acknowledge how the pupils in this study were perceived by themselves, their peers and adults

working with them when offering support. Change work related to the emotional wellbeing of pupils accessing alternative provisions for SEBD is likely to start from reframing some of these perceptions.

- *Motivation of pupils.*

  Though pupils in this study did commit to sessions when they were present in school, there was a distinct lack of interest in fully engaging with the learning concepts presented. Pupils in the provision who did not consent cited concerns over what the programme would entail, not seeing the point or not wishing to provide a signature. A key reflection is the importance of spending sufficient time with pupils prior to implementing any intervention on emotional wellbeing, to build trust and to work collaboratively on what information they feel is relevant to them. Also, to fully explain the purpose of sessions and the potential benefits of learning more about emotional wellbeing.

- *Considering who is most important to engage with to effect change*.

  Feedback from pupils and the member of staff in this study revealed that having a deep understanding of and trusting relationship with pupils in these provisions is essential. Involvement from educational psychologists in these settings may therefore be most effective through upskilling and empowering members of staff to implement interventions and strategies.

- *Improving support for pupils in alternative provisions.*

  Finally, pupils in this study provided salient guidance on the types of activities they found helpful. Most notably, the opportunity to focus on and evaluate themselves. This may be useful to consider in consulting with colleagues around this population, as having dedicated space and time to self-reflect may be something that other pupils in these provisions would respond to. Additionally, though the intervention was not directly designed to improve behaviour, this was a recurrent theme throughout the analysis of its impact. Therefore, non-direct interventions for behavioural support may

be an effective way to facilitate this change without exposing pupils to traditional 'restorative' practices of behaviour modification. ACT has been explored in relation to its effectiveness in supporting pupils accessing alternative provisions, and has shown some preliminary support for its application in these settings. Thus, ACT can be considered another 'tool in the toolkit' for EPs when providing support and guidance to settings such as these.

3. CRITICAL REVIEW

3.1. Rationale for the Thesis

Inception of the Research Topic

The initial motive for pursuing research into ACT was borne out of a longstanding interest in the seemingly rising levels of emotional distress in society and the consequent strain on mental health services, as portrayed in the media and in my personal life. My own speculation on how this could or should be tackled effectively led me to the conclusion that schools were surely the best place to start. This resulted in my choice to research 'Primary school teacher and pupil perspectives on emotional wellbeing' for my undergraduate dissertation. Teachers in the study reported feeling ill-equipped to deal with emotional wellbeing and that no explicit teaching about emotional wellbeing and coping strategies took place at a universal level. I was left pondering about the children in that school who *did not* report difficult feelings to teachers; how would they learn healthy coping mechanisms and become informed of the commonality of such emotions? In my later work in secondary schools, I noticed that many young people in my provisions had to reach 'crisis' point before having access to support, such as school-based counselling. I again wondered about those who were not so vocal about their struggles, particularly during an extremely difficult period when a pupil in school took her own life. The desire to play even a tiny part in implementing preventative emotional wellbeing initiatives in schools has been a driving force in my pursuit of a career in educational psychology. I welcomed the opportunity to revisit this area in my doctoral thesis and decided that this time, I wanted to focus on *how* we might achieve universal access to an emotional curriculum that teaches coping skills.

In my first-year placement, one of the Senior EPs was a strong advocate for ACT, engaging in ongoing research and training colleagues in the approach. Human suffering being common to all, teaching acceptance and mindfulness

strategies to cope with difficult emotions and living in accordance with values all seemed, to me, beneficial concepts and skills to leave education knowing. I contacted this former colleague to brainstorm how I might test the effectiveness of ACT as part of a universal curriculum. It was during this discussion that I was alerted to 'The Thriving Adolescent: Write your own DNA'; a six-week intervention designed specifically for adolescents, my target population. This was a free, online programme with all resources and lesson planning included. The programme aimed to develop skills related to the 'Discoverer', 'Noticer' and 'Advisor' (thus: 'DNA'), constructs that had been developed to enhance young people's understanding of the core concepts of ACT. I concluded that trialling this would be a good measure of the feasibility of implementing ACT in schools, thus my research topic was conceived.

Reviewing the Literature

To support the development of my research question, I felt it was first necessary to unpick the current issues surrounding emotional wellbeing in adolescents. I had selected this population due to my personal experience of working with teenagers. Having a pre-identified population before conducting my literature review was perhaps a weakness of my research. Had I widened my scope to consider emotional wellbeing in children and young people more generally, a different target stage of development may have emerged. Further, my own experiences of working in a behavioural unit also guided me towards the additional consideration of tackling emotional wellbeing for pupils identified as having Social, Emotional and Behavioural Difficulties. On reflection, this may have limited my attention to other specific populations of adolescents that may benefit from such approaches, for example More Able and Talented (MAT) pupils. However, having a specific target population in mind before reviewing the literature was beneficial in that it allowed me to fully immerse myself in the relevant issues and theory pertaining to them. I would argue that this is preferable over the

production of a watered-down consideration of emotional wellbeing for all developmental stages to identify a target population.

As previously depicted, my decision to focus on ACT was influenced by the promotion of this approach in my first-year placement. Arguably, favouring this approach for speculation hindered the opportunity to explore other approaches in addressing emotional wellbeing for adolescents. I tried to minimise bias towards ACT by including a comparative section of ACT vs other psychological approaches and ensuring the possible limitations of ACT were discussed. However, the literature review still prioritised the exploration of ACT as an approach. Due to the constraints offered by doctoral research, I would argue it impractical to offer equal consideration to each legitimate approach. Again, I note a strength in providing a comprehensive exploration of ACT in relation to other approaches, in place of a weaker analysis of every possible approach. The exploration of the relevance of ACT for school-based social and emotional curriculums was instigated by my interest in a preventative, universal approach to wellbeing. Whilst not the only possible application of ACT to promote universal access to support, for example rolling out programmes in youth centres in communities, this seemed the most relevant application to the role of the educational psychologist and in adding to knowledge to the field. Furthermore, as attendance is compulsory, it should follow that more young people would access education and skills through intervention on school-site.

Selecting papers to critically analyse was based on the inclusion criteria of being applied research, involving face-to-face intervention based on ACT specifically, being carried out with adolescents in educational settings and directly measuring the impact on pupils' levels of emotional wellbeing. I did not include the search term for the intervention I had previously discovered, i.e. 'The Thriving Adolescent: Write your own DNA', for two reasons. Firstly, as it was published in 2017, it was likely that existing published papers trialling it would be minimal. Secondly, I wanted to widen the scope to allow

for any other trialled interventions or curriculums to emerge that may be more suited to my proposed research design. Only 5 papers were initially generated that met inclusion criteria, with a sixth being published during the write up of the thesis (see Appendix A). 316 papers were excluded against a number of exclusion criteria, (see Appendix A for full list), including: being carried out with a different age group e.g. university students or primary age children, being trialled in a clinical setting, measuring impact on other factors such as sleep and attention or not specifically mentioning ACT as the underlying basis of intervention, for example citing 'mindfulness'. Discounting such papers arguably limited the breadth of analysis offered in the review, however sticking to the inclusion criteria enabled the clear depiction of a lack of research into my chosen area, thus warranting further exploration. Having such a small number of studies to analyse also allowed for a sufficiently in-depth dissection of the apparent strengths and limitations of existing research. This was helpful in allowing me to revise the focus and design of my own research, in accordance with identified gaps in the literature.

3.2. Defining my Research Questions

Upon completion of the literature review, I was able to consolidate my perception of what was yet to be fully answered within the original research questions depicted in Figure 2a.

I acknowledge that selecting Key Stage 4 as a target population contradicts my earlier critiques of previous research not fully embracing a universal application of ACT in schools. Due to the constraints of a doctoral thesis, it was necessary for me to refine my focus to one population and I attempted to design the research to prompt an initial exploration of the feasibility of applying such lessons as part of the curriculum. Resilience and psychological flexibility were selected as outcome measures for their relevance to the core concepts of ACT. I noted that outcome measures on previous studies did not always consider this. Research questions referring to the longer-term impact

of sessions were not consistently included in the literature, hence constituting a key component of my research. In assessing the impact for the specific population of adolescents identified as having SEBD, I decided that investigation into a universal approach within alternative provisions would allow me to achieve this. I was also interested to triangulate this data with any perceived changes to behaviour.

Due to previously cited difficulties in recruiting a mainstream cohort (see Appendix E) it was only possible to recruit a select number of pupils accessing alternative provision for challenging behaviour. Therefore, I had to narrow the focus of my research questions as shown in Figure 2b. Accepting this was difficult, as I had hoped to advocate for emotional wellbeing lessons to be accessible to all pupils, not a select few. However, investigating what works to support pupils labelled as having 'SEBD' was part of the original design and I was allowed to explore this in a depth that would not have otherwise been possible.

Changes in terminology were also necessary, due to a last-minute change of an outcome measure. As the BYI-2 could not be cited as a specific measure of 'resilience', this was changed to 'emotional wellbeing'. My naivety in assuming a wide range of resources would be available in my placement local authority was the main factor in me not gaining access to the RSCA in time. On reflection, I should have avoided this by seeking the resource much further in advance of implementing the research.

Figure 2a

Overarching research question:

Is delivery of ACT-based lessons as part of the school curriculum an effective and feasible approach to supporting the emotional wellbeing of adolescents?

Sub-research questions:

- *What impact do whole-class lessons based on ACT have on Key Stage 4 mainstream pupils' levels of resilience and psychological flexibility in the short-term?*
- *What impact do whole-class lessons based on ACT have on Key Stage 4 mainstream pupils' levels of resilience and psychological flexibility in the longer-term?*

- *What impact do whole-class lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of resilience and psychological flexibility in the short-term?*
- *What impact do whole-class lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of resilience and psychological flexibility in the longer-term?*

- *What impact do whole-class lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the short-term?*
- *What impact do whole-class lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the longer-term?*

Figure 2b

Overarching research question:

Is the delivery of ACT-based lessons as part of a UK school curriculum an effective and feasible approach to supporting the emotional wellbeing of adolescents identified as exhibiting challenging behaviours?

Sub-research questions:

- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the short-term?*
- *What impact do lessons based on ACT have on Key Stage 4 pupils attending alternative provisions' levels of emotional wellbeing, psychological flexibility in the longer-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the short-term?*
- *What impact do lessons based on ACT have on the perceived behaviour of young people in KS4 accessing alternative provision in the longer-term?*

3.3. Ontological and Epistemological Positions

As previously cited in part 1 of the thesis, the principles of ACT are largely derivative of a branch of pragmatism called functional contextualism; the appraisal of context in making sense of human behaviour (Hayes, 2004). As such, Long and Sandford (2016) argue that Contextual Behavioural Science (CBS) research inherently lends itself to a pragmatic approach to scientific knowledge and progress. The historically favoured philosophical paradigm of realism attempts to limit the impact of human bias in pursuit of gaining an accurate representation of objective truth. In contrast, the philosophical

paradigm of pragmatism aims to uncover the most effective method of problem-solving, often identified and guided by the values of the researcher (Long & Sandford, 2016). Long and Sandford (2016) highlight that researchers in the field of psychology are often motivated by personal values, such as a desire to help people, and that pragmatism allows for these values to be realised in scientific research by forming an essential part of the research design. In considering my own motivations for conducting this research, I noted that I was driven by a desire to help inform emotional wellbeing agendas in schools that may ultimately hinder the widespread increase in mental health suffering. In adopting a pragmatic approach to conducting my research, I would be permitted to explore the most effective methods to answer my chosen research questions, without being constrained by strict adherence to a certain ontological or epistemological stance. Long and Sandford (2016) argue that conceptual preferences need only be an issue if they are not made explicit and owned by the researcher. Therefore, the combination of quantitative and qualitative analyses in my research can be justified by being transparent about the differing epistemological positions being utilised in each. Further, combining such positions can be argued as my conception of the most effective approach to answering my research questions and gaining an insight into what works to enhance emotional wellbeing in adolescents.

Prior to establishing my research design and methodology, it was important for me to consider the ontological position I was taking in terms of understanding the experience of emotional wellbeing in adolescents and the school system. I determined that I was adopting a social constructionist perspective, as I perceived the reality of emotional wellbeing and its promotion in schools as being a product of its construction by the individual pupils and staff taking part in the study. I also acknowledged that deciphering meanings from this research would also be reliant on my own social constructions of changes measured and the experience of implementing an intervention. Through using ACT as an approach, I also

noted that I was inherently realising emotional wellbeing as a concept that can be changed through shifting constructions on what it means to be emotionally 'unwell'.

In exploring constructs of emotional wellbeing from participants, I utilised two epistemological positions. Firstly, in administering quantitative measures of wellbeing with participants I naturally assumed a positivist position, that knowledge about emotional wellbeing can be objectively measured through standardised questionnaires. However, my motivation for including these measures was to provide an indicator of the impact of attending sessions, by seeking a comprehensive account of individual participants' self-perceptions of their levels of wellbeing. Data generated did not serve to provide objective diagnoses of psychological health or suffering, instead it was used to compare the overall emotional experiences felt by the participants in this study in relation to having attended ACT sessions or not.

Secondly, in collecting qualitative data from participants, an interpretivist epistemological position was taken. As discussed above, through this process I believed valid knowledge and interpretations of changes to emotional wellbeing and the feasibility of implementing ACT-based lessons were to be found in the interpretations of the participants involved, rather than seeking absolute truths applicable to all adolescents and school settings. As such, the inclusion of qualitative data collection aimed to further contextualise the emotional experiences of participants post-intervention and allow for deeper insights into their experiences of the programme. This hoped to build on the results of the quantitative data in providing a rich account of the impact of the intervention on overall emotional and social wellbeing.

Combining these epistemological positions in pursuit of a social constructionist stance meant the data generated, and consequent analysis, was by design going to be subjective. The research did not intend to achieve a large-scale investigation into the implementation and impact of ACT on the

emotional wellbeing of adolescents in school, which may constitute a limitation to researchers of differing viewpoints. However, I felt a deeper understanding of the experience of young people in this smaller-scale research, using multiple methods, would provide a rich understanding of the successes and limitations of ACT interventions and generate useful findings to support and navigate future implementations. Furthermore, the freedom to draw on the benefits of multiple, ordinarily exclusive, positions allowed me to form more holistic conclusions from my findings that may not have otherwise been possible.

3.4. Methodology

In order to test the effectiveness and feasibility of implementing an ACT-based curriculum with the target population, I intended to deliver the six sessions of the 'The Thriving Adolescent' intervention with both mainstream and alternative provision populations and compare any changes in comparison to a control condition in each. As the intervention is available for free, and its related resources accessible to everybody, I felt this was a structure that could be easily replicated by future studies. I chose to use an existing intervention, as I wanted to avoid any affiliation with its development or investment in its measured success, a noted potential weakness of other studies reviewed (Pahnke et al., 2014; Livheim et al., 2015 & Burckhardt et al., 2016). Delivering the sessions myself was arguably in contrast to my critique of previous studies in the literature review: that interventions were carried out almost exclusively by trained psychologists, thus not constituting 'real-world' applications. Whilst I acknowledge that it would have perhaps been more prudent to evaluate a naturalistic implementation of the sessions, i.e. by regular staff members to pupils, I felt this was asking a lot from school staff in addition to them releasing students and dedicating time and space to the project. Had this research been conducted over a longer period, it may have been feasible to provide preliminary and ongoing support for teachers to facilitate the intervention. However, in the existing timescales, I felt this would not be possible. To

counteract the impact of any prior knowledge and training, I purposely limited my familiarisation with the intervention to match the time I perceived staff would realistically have to prepare for lessons, i.e. an hour dedicated to planning each session. It is also worth noting that I had not had any formal training on ACT.

For the mainstream condition, I proposed that I would conduct a randomised control trial by administering pre questionnaires to an entire year group in Key Stage 4, match-pair pupils with similar scores and randomly assign one from each pair to either an experimental or control group. This model was to be replicated for the alternative provision condition, albeit on a smaller scale, with the likelihood of not finding exact pair matches. An alternative approach to this which I considered, was to conduct action research with experimental mainstream and alternative provision groups. This would have allowed me to gather extensive feedback from pupils at every stage of the research process, including observational data, and use this information to consider how this programme may be implemented best in collaboration with participants and measure changes in perceived levels of wellbeing at various points of the study. This would have mitigated a number of the logistical issues in my attempt to implement an RCT, the impact of which is discussed later on in this appraisal. However, I felt that conducting an RCT would offer the opportunity for more robust analyses of the effectiveness of existing ACT-based programmes and allow the design to be easily replicated. The ability to compare results with pupils who had not been exposed to ACT intervention was also preferable to ascertain the significance of any measured changes. Further, action research typically involves amending the process at various points time in response to participants' views and needs. A key factor in my research design was to make it as replicable in real-world settings as possible. It is unlikely that staff members would have the time or psychological expertise to alter parts of the intervention or feel confident to do so.

The premise of this research lent itself to a mixed-methods design, as I wanted to use multiple methods to gather the views of participants to identify changes to their emotional wellbeing over time. I proposed the combined use of pre and post self-report questionnaires and follow-up semi-structured interviews with pupils in both the mainstream and alternative provision samples, with an additional pre and post other-report questionnaire and follow-up semi-structured interview with a member of staff in the alternative provision. The RSCA and the AFQ-Y8 were initially identified to constitute pre and post measures of wellbeing, due to their relevance to the core components of ACT. I wanted to ensure measures were appropriate, as previous research tended to favour measures that were not consistent with the intended outcomes of ACT. I felt the inclusion of a quantitative measure of wellbeing was important to limit the researcher bias of interpreting the emotional experience of participants through interviews alone. This would also have enabled the initial information gathering to be feasible across a large sample. Semi-structured interviews at a 4 week follow up were selected to gather constructions of the overall experience of the intervention and further exploration of any changes noted from the post quantitative data. I hoped to conduct these with two pupils from each experimental group. Focus groups might have been another way to elicit this information and would have allowed for greater generation of follow-up data as more pupils could have taken part in the same timeframe. However, due to the nature of the sessions and measured outcomes, I felt a group forum would not have been appropriate to discuss individuals' experiences it would have been difficult to ensure every pupil had equal opportunities to share their views. A focus group may have generated a more general discussion of the strengths and weaknesses of the programme, however I sought to gain a deeper insight into the perceived emotional and social changes of the participants. However, conducting a focus group prior to the intervention may have been a better way to elicit expectations for the intervention, as pupils found it difficult to remember or articulate this during post-interviews. Equally, conducting a focus group after

the individual interviews may have offered an opportunity to check some of the assumptions I had drawn from their responses. Another method that might have been considered is case studies. As I had initially hoped to recruit large cohorts of pupils from both mainstream and alternative provision settings I had not considered this to be an option. However, the final sample of four pupils, and the data generated from them, would have lent itself to this approach. The benefits of adopting a case study approach is that it would have allowed me the freedom to discuss the individual and collective results of participants without feeling constrained by a need to statistically quantify their significance in relation to a control group.

The Strengths and Difficulties Questionnaire was identified to measure staff perceptions of pupils' behaviour in the alternative provision condition pre and post intervention. This was selected due to the core scales of emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour being deemed relevant to pupils accessing provision for SEBD. This is also a widely available resource, so was favourable in terms of replicability in future research.

It would perhaps have been useful to consider collecting secondary school data, such as attendance figures and academic performance of participants. However, I felt that this may detract from the intended changes proposed by an ACT-based intervention, e.g. to promote resilience and emotional wellbeing, and pre-empt expectations of amelioration of attendance, academic engagement, and achievement figures.

3.5. Analysis of Results

As previously discussed, a pragmatic approach was taken in selecting methods of data collection, in relation to their perceived effectiveness of answering the research question. Subsequent analysis of the data also aimed to draw upon the most suitable techniques to measure how *effective* sessions were in supporting emotional wellbeing and how *feasible* this

intervention is for application in school settings. Employing this approach can be described as a form of implementation science, as it involved the scientific study of methods to produce findings that may inform and improve evidence-based practice in schools related to emotional wellbeing. The use of mixed-methods is common in implementation studies, as they aim to collate information from a range of sources to inform and improve the quality of services (Bauer, Damschroder, Hagedorn, Smith & Kilbourne, 2015).

Quantitative Data

It was decided that the most appropriate way of analysing the effectiveness of the intervention was to firstly consider changes in the social and emotional wellbeing of those who had received the intervention compared to those who had not. To achieve this, two-way repeated measures ANOVA tests were run for all scales on the AFQ-Y8 and BYI-2, comparing a within-group effect of time (pre and post) and a between-group effect of condition (experimental or control). An additional paired samples *t* test was run, to analyse changes to scores on the SDQ for pupils in the experimental group pre and post intervention. Quantifying the emotional wellbeing and behaviour of participants in this way is linked to a positivist epistemological position, as it suggests that changes in these constructs can be objectively measured and analysed. However, the use of these tests was arguably used in line with my overall ontological position of social-constructionism, as I aimed to use the constructions of pupils and the member of staff (as evidenced by their self-ratings on questionnaire items) to ascertain the impact of the intervention. Furthermore, the use of statistical tests allowed some objectivity in analysing the significance of changes between groups and over time, that would not have been achieved through qualitative data analysis alone. The analysis of scores did not attempt to suggest that scores were definitive reflections of participants' emotional and behavioural states. Rather, it focused on whether average changes in scores were significantly different across conditions and/or over time. Individual scores in relation to

diagnostic criteria were not considered relevant or in line with the assumptions of the research.

The calculation of effect sizes using partial eta squared and Cohen's *d* was an additional benefit of incorporating quantitative data analysis. This allowed me to draw conclusions of the potential impact this programme could have and helped advocate for more research to be done to support emotional wellbeing interventions in schools. It also provided extra information on the effectiveness of the intervention that could not have been gained from the qualitative data.

Qualitative Data

The collection and analysis of qualitative data from participants in the experimental condition aimed to further explore the effectiveness of the intervention. Additional information related to the feasibility of implementing the programme in schools was also hoped to be gained. Latent thematic analysis of the interview transcripts was in line with an interpretivist epistemological position. Thus, I believed the effectiveness and feasibility of the intervention could be reliably measured through exploring the constructions inherent in participants' responses. Using thematic analysis for such a small number of interviews, and in the staff condition only one interview, is arguably incongruent with traditional applications of this approach. However, the process of identifying themes as depicted by Braun and Clarke (2006) seemed the most sensible approach to take in making sense of and organising the qualitative data collected. I maintained that all constructions related to the impact of the programme or of the participants' general experiences were valid and could constitute 'themes'. I acknowledge that themes are generally regarded to be drawn from multiple citations across larger subsets of data, however this was not possible to achieve with the number of participants I had recruited. I was careful to acknowledge that the findings related to a small population and did not

claim to generalise themes to be relevant for all pupils in alternative provisions.

Potential bias, related to my subjective constructions and understanding of the key themes, was arguably mitigated by my ability to cross-reference results from the quantitative data. In contrast, pre-conceptions based on the findings from the quantitative data might have influenced my generation of key themes during the coding process. However, every attempt was made to remain guided by original thoughts identified in the data. This included a complete re-analysis of the pupil transcripts following my realisation that the initial themes generated were correlated with the questions asked, not necessarily the responses given.

Observational Data

An unintended addition to the analysis of results was my own observations from delivering the sessions. When writing up my results section, I found myself reflecting on some of the findings in relation to what I had observed from individual pupils during different stages of the process. Though no formal 'academic' recording and analysis of my observations had been included as part of the research design, I felt considering them helped to strengthen and contextualise some of the key themes discussed. I did not feel as though my observations biased my interpretations of the data, as it was only after my analysis that I began to make these links and I maintained my method of uncovering the 'original thoughts' of participants as previously discussed throughout.

3.6. Ethical Considerations

The most prominent ethical consideration for this research was the possibility of participants feeling concerned about their mental health, by being asked to complete measures of emotional wellbeing and delivering an intervention that supports emotional development. To minimise this risk, explicit information sheets on what the research would involve were

devised, highlighting that pupils were not being approached due to any concerns related to their emotional wellbeing. The right to withdraw at any stage was also extended and reiterated as part of each lesson plan. Debrief forms were also developed for participants, including links to further support for emotional wellbeing should they feel they needed it. Information sheets for those not selected to take part in the study were also devised, including links to these resources.

Pressure to participate was also an identified potential concern. Information forms (see Appendix C) clearly stated that pupils did not have to take part, and again highlighted the right to withdraw at any stage of the process should they choose to take part.

A further consideration was the use of a potentially vulnerable population i.e. the potential for there to be children under the age of 16 and those identified as having SEBD. Only those able to give informed consent were to be considered for the study and parental consent was also required for those under the age of 16.

In the initial research design, it was proposed that pupils in the control conditions would be placed on a waiting-list to receive the intervention, following the culmination of sessions with the experimental groups. This was to ensure that these pupils had the same access to the potential benefits of receiving the intervention.

The implementation of sessions was proposed to minimise the impact on academic learning as much as possible, through collaboration with senior staff on timetabling. Reminders about confidentiality outside of sessions was an integral part of lesson planning and participants were made aware of the anonymity of results post data collection.

3.7. Contribution to Knowledge and Dissemination

The Research Process

A major barrier to conducting this research was gaining access to participants (see Appendix E). In the initial stages, several attempts were made to recruit schools to take part, mainly through contacting head teachers and ALNCos of schools in both my local and placement authorities. No responses were received to the first wave of invitation letters sent. On reflection, the timing of these letters was poor, as it was the start of a new academic year and staff were likely to be preoccupied. I also had preconceived notions that many schools would welcome the opportunity to have a novel approach implemented in their schools, free of charge. I think this underprepared me for the lack of uptake, and perhaps resulted in insufficient attention being paid to the attractiveness of taking part in the original information sheets. I was eventually able to secure a meeting with a senior member of staff in the school I was previously employed by, largely due to my existing contacts within the setting. Future research of this nature should spend sufficient time considering how schools may be approached and engaged in the most effective way and allow a sufficient time frame to engage staff before a planned start date.

My full proposal to conduct the research with both mainstream and alternative provision samples was rejected early on in my meeting with the senior staff member. I was informed that it would be logistically impossible to release KS4 pupils from any lesson to receive the intervention due to the demands of the curriculum. It was also made clear that there was unlikely to be a room available for me to use. Though I had been prepared to negotiate how this might work for the school in relation to pupils' timetables, I had not envisaged a complete refusal. I reflected after this meeting that I had not fully considered the pressures school staff face with regards to the curriculum, as even six hours out of an academic year was perceived as detrimental. Despite this being the case for this individual setting, it made

me reflect that this may have been a major factor in the lack of responses from other schools. Interestingly, the prospect of conducting the same process with pupils in the school's alternative provision for pupils identified as having SEBD was met with the opposite response. I was given the go-ahead to liaise with the unit manager to implement the intervention with pupils in the year 11 provision. Perceived disruptions to the learning schedules of these pupils appeared not to constitute the same issue as their mainstream counterparts. Though this may have been more linked to the fact that they remain in the same room all day, which would provide a natural space for sessions to take place, it was still interesting to note the stark shift in the staff member's willingness to allow the programme to be run. Though I originally hoped to additionally gain access to mainstream participants in another school, to compliment the already identified alternative provision sample, I was further unsuccessful. Therefore, I was unable to administer an RCT as planned and had to refocus my research design to measure the impact of the intervention solely on an alternative provision population. Future research wishing to recruit pupils from KS4 should again fully consider the likely obstacles to accessing this population prior to designing their proposals. More liaison with senior staff in secondary schools was arguably necessary as a first step, to ensure suggestions for implementation were realistic. This also poses the question of whether any enhanced teaching of social and emotional skills is feasible as part of the curriculum if they are not prioritised in legislation.

Even with preliminary access to this group of students, gaining informed consent from pupils and their parents took more time than expected prior to starting the intervention. As was their right, half the pupils in the provision did not wish to take part. Of those that did consent to take part, it took several attempts to successfully obtain written parental consent. Being on placement in a different part of the country posed a real logistical challenge, as I was unable to check-in more than once a week to collect any received consent forms. Future research should be prepared for frequent

liaison with the school in this phase. Ensuring closer proximity to the school would help to facilitate this.

The actual delivery of sessions was also not as consistent and protected as I would have liked. Pupil attendance was poor, and on several occasions off-site activities clashed with the timings of my sessions. Unfortunately, it was not possible to hold the group in the same room each time, or to have the same, or any, staff member present as previously agreed. This was mainly due to outside agencies requiring a space to work and staff members needing to be released to support the pupils in the provision who had not chosen to take part. Future researchers may consider being explicit and clear from the outset of what the necessary requirements are for the effective delivery of sessions. Perhaps more time spent on the planning phase would have helped to avoid some of these issues.

Lack of access to the RSCA resulted in the use of the BYI-2 to gather quantitative data on levels of emotional wellbeing pre and post intervention. Though a widely recognised and validated tool for measuring the emotional wellbeing of young people, this was not directly correlated with intended outcomes of ACT and therefore a significant weakness in my research. This lack of foresight was largely due to my ignorance of the resources available to practicing EPs across different counties. The tools available in my placement authority were limited and I did not plan far enough in advance to be able to source the kit from elsewhere. It is imperative that future researchers ensure that they have access to preferred measurement tools well in advance of data collection.

Timescales for collecting post data from participants were also inconsistent due to attendance (see Appendix E). Disparity in the length of time between the final session and the collection of post-data across participants was a limitation, as the general passing of time may have impacted any measured changes. Participant responses in the follow-up interviews were also limited. The use of open-ended questions was perhaps an unsuited method for

eliciting information from pupils, as it lent itself to a frequent response of 'I dunno'. This is something to consider for future research, in ensuring interview schedules are detailed enough to navigate a lack of response or clearly formed opinions by having multiple variations or additional questions with a narrower scope. I relied too heavily on my past experiences of conducting interviews, whereby extended responses from participants would guide the natural flow of discussion. The potential impact of demand characteristics was also a factor in collecting data, as I was known to the participants as a previous member of staff in the provision. I tried to minimise this by reiterating clearly at the start of questioning that they should be honest in their answers and that I was not expecting or hoping for changes in any direction. A final flaw in data collection was my oversight in allowing the staff member to provide his post intervention responses to items on the same Strengths and Difficulties Questionnaires he had filled out prior to the intervention starting, by using a different colour pen. Though not a reasonable justification, towards the end of the research process I was attempting to make proceedings as simple as possible for staff, as the organisation of collecting post data was proving to be stressful in competing with the other demands related to preparing pupils for leaving education. Despite this clearly affording the opportunity for demand characteristics to play a role in presenting a more positive picture of pupils post intervention, I felt the staff member was honest in his responses, as was evidenced by his admission that a number of the items had remained the same for some pupils, or in some instances the pupils had regressed.

Finally, several failed attempts to successfully recruit a control group for the study from similar full-time provisions (see Appendix E for a sampling timeline), resulted in the identification of a control group from a sister provision in the unit much later on in the research process. It was difficult to offer these pupils the six-week intervention due to restricted timescales. As these pupils attended mainstream lessons in addition to the provision, it would have further been difficult to negotiate a suitable time and location.

To address this, pupils were provided with personalised information and resource packs following the culmination of the study, based on the ACT sessions, and advised of existing support networks available should they feel they needed it. Staff were also provided with a printed copy of the intervention, should they wish to implement it on a wider scale in the future.

Interpretation of Findings and their Implications

I believe a key strength of my research was the triangulation of findings from multiple sources. This allowed for a holistic interpretation of the effectiveness of the intervention to be achieved and strengthened the conclusions drawn. Adopting a pragmatic approach was fundamental in guiding my interpretations, as it allowed me to retain flexibility in interpreting findings that may have been discounted from a strictly realist stance. For example, non-significant results in the quantitative data analysis were still considered in relation to trends evident in the descriptive statistics and their calculated effect sizes. Some researchers might argue that non-significant results should not be further explored, as they do not constitute objective 'truths'. However, in retaining my over-arching social constructionist stance, I acknowledged that my own interpretations of meanings also constituted valid knowledge. Furthermore, from a pragmatic perspective, contextualising these null findings was an effective way of exploring my research questions in sufficient depth.

I believe the findings of this research provide a greater insight into supporting pupils accessing alternative provision and implementing wellbeing interventions in secondary schools. Findings related to self and other-reported decreases in levels of disruptive behaviour are particularly important, as this highlights the additional benefits of implementing emotional wellbeing interventions with pupils exhibiting challenging behaviours. Interpretation of the results also revealed findings that were not necessarily intended to be measured. For example, the stigma associated

with being a pupil in an alternative provision and negative self-perceptions related to this. I hope the findings of this research support secondary school staff to successfully apply emotional wellbeing interventions, particularly in considering the importance of effective planning and adapting resources to pupils in their settings. Feedback from participants in this study emphasising the importance of existing relationships may also empower staff to feel confident in implementing emotional wellbeing interventions independently.

Future research in this area should build on these findings by considering how best to support school staff to implement interventions to promote emotional wellbeing. Establishing an ACT-based social and emotional curriculum has also been cited as a plausible approach to affecting widespread change, both in the literature and from the member of staff in this study. The findings of this research may support further investigation into how this might be achieved and iterate the importance of ensuring such initiatives are effective and feasible in the school context.

Dissemination

Relevant stakeholders for the dissemination of the research findings are most notably: mainstream secondary school and alternative provision staff- particularly those with a pastoral role, trainee and practicing educational psychologists and researchers in the field of Applied Behavioural and Contextual Science (ABCS), as the results of the study are most relevant to the work carried out by these professionals. Publication of this research would be most accessible to these professionals through forums such as: Tes (formerly known as the Times Educational Supplement), EPNET, relevant research journals and perhaps online domains such as the ELSA website. The findings could also be disseminated at relevant conferences related to improving emotional wellbeing practices in schools. It will be important to ensure the abstract of any future publication is clear and easy to understand to a range of audiences and that this emphasised the extent to which this

study could be replicated. It will be further necessary to sufficiently highlight the key terms associated with the present study, i.e. adolescents accessing alternative provision, ACT and school-based emotional wellbeing interventions, to successfully reach those seeking information.

On a local scale, dissemination will occur through the year 3 poster presentations at the end of the academic year, attended by trainee EPs and some qualified EPs. As I will be taking up employment in the authority where I first came across ACT, there may be additional opportunities for dissemination through liaisons with the senior EP involved in ACT research and training. There could be scope to support schools to consider the best way to implement similar interventions, such as the level of planning needed prior to implementation. The findings of this study may also be used in staff training related to emotional wellbeing support.

3.8. Critical Account of the Development of the Research Practitioner

The process of conducting this research has been a major learning curve for me in my development as both an applied psychologist and a researcher. Research into emotional wellbeing in schools as a post-graduate student offered me the chance to relook at some of the issues explored as an undergraduate, with the benefit of extra years of relevant practical and theoretical experience. A strong investment in the research topic was fundamental in remaining committed throughout some of the challenging periods of the process. Though the design and outcomes of the research were not necessarily what I had envisaged in the initial stages of formulating my thesis proposal, I am still happy with what I have learned and can offer to future researchers in the field.

Given the opportunity to conduct the study again, I would be sure to address the limitations outlined in the previous section, most notably those related to extensive planning and preparation for a multitude of scenarios. I still think it is important to consider how we might teach all young people

skills to cope with difficult emotions in school, as mental health is not an issue that is likely to retreat in the forthcoming years. I intend to pursue this through small actions in my applied work as a psychologist, such as the above suggestions of working with staff in my schools to think about their school offer with regards to emotional wellbeing and how we might reach as many pupils as possible. I remain strong in my stance that ACT-based approaches show promise in alleviating emotional suffering for young people, and plan to keep abreast of any emerging research through forums such as the ACBS website. I will also seek training opportunities to enhance my knowledge and skills in the area, as this was perhaps a weakness in the present study.

My assumptions of staff amenability to trialling wellbeing interventions vastly changed during this process. I will take this experience with me post-qualification, in ensuring I fully understand the wider contexts within which school staff are working and constraints placed upon them. I further realise the importance of assessing existing constructions around what schools should or can be offering in this respect. I hope to navigate this through building strong relationships with colleagues to support small changes in prioritising social and emotional learning. With regards to the population studied, I was unfortunately not overly surprised by the apparent perceptions of SEBD pupils as 'less important' when considering their education. My professional experience both prior to and during this course has strengthened my view that pupils in these provisions are often regarded by the wider school community as 'out of sight, out of mind'. The findings of this research have renewed my drive to assist in shifting negative perceptions of SEBD pupils. For example, working with staff to uncover what does work to support them in reaching their potential, both academically and emotionally. I believe my already established rapport with the pupils in the experimental group was essential to implementing the intervention on any level. It was difficult at times to resist falling back into my previous role, something I think may have impacted on the practical issues experienced

during my visits. I wondered if I was not seen as a 'researcher' or a 'professional' coming in to work with the group, thus staff not always feeling the need to support with sessions.

Overall, my experience of this research study was positive and allowed me to think about relevant issues from multiple perspectives. I look forward to using what I have learned in practice and hope my findings may be useful to colleagues pursuing similar research in future.

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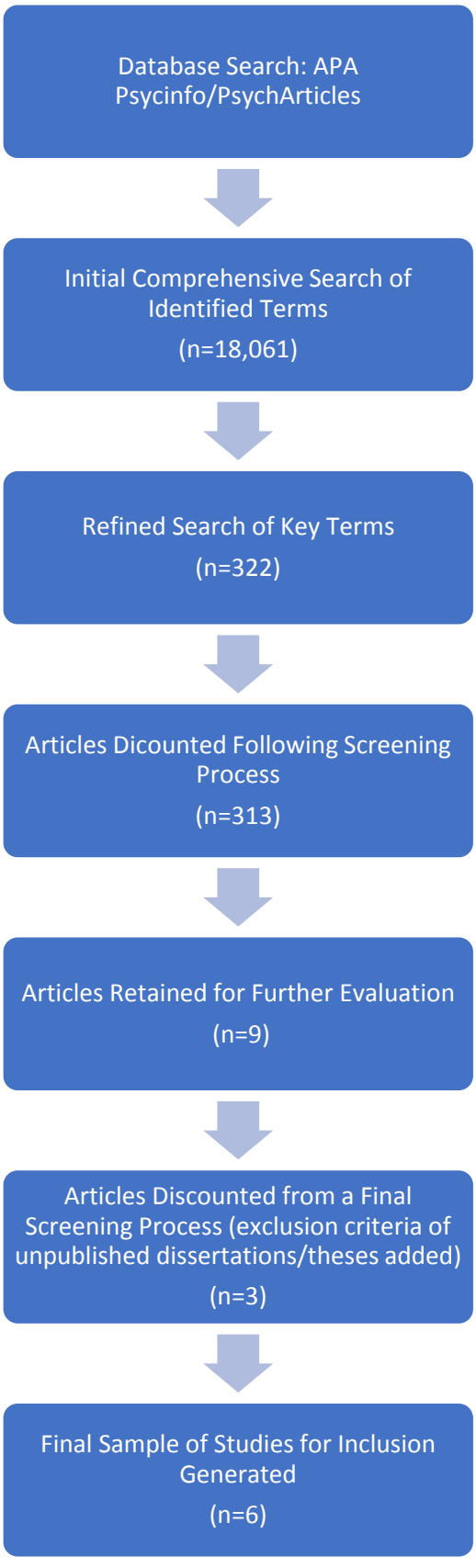
APPENDICES

Appendix A: Flow Chart of Literature Refinement Process



Exclusion Criteria: University, Primary School, Meta-analysis, literature review, combined approaches, mindfulness, dissertations/theses/masters unpublished, research proposals/protocols, feasibility studies, outcome measures not related to wellbeing, clinical applications, indirect intervention (e.g. web-based), book, aimed at parents or teachers

Inclusion Criteria: empirical studies, carried out with adolescents, taken place in educational settings, face-to-face support, directly measured the impact on social and emotional wellbeing

Appendix B: Table of Search Terms and Results

Search Terms #1: 18,061 Results				
ACT	Adolescents	Intervention	Emotional Wellbeing	Education
• *Acceptance and Commitment Therapy* • *Awareness* • *Acceptance* • *Mindfulness* • *Psychological flexibility* • *Relational Frame Theory/RFT* • *Hexaflex* • *Cognitive defusion* • *Functional contextualism*	• *Teenagers* • *Young people* • *Children* • *Child* • *Young adults* • *Adolescence* • *Teens* • *Youth*	• *Programme* • *Trial* • *Protocol* • *Sessions* • *Treatment* • *Lessons* • *Teaching* • *Learning* • *Practise* • *Workshop* • *Training*	• *Mental health* • *SEBD* • *Behaviour* • *EBD* • *Wellbeing* • *Self-esteem* • *Anxiety* • *Depression* • *Self-harm* • *Trauma* • *Resilience* • *Confidence*	• *School* • *Secondary school* • *High school* • *Special school* • *College* • *Pupil referral unit/PRU* • *Alternative provision* • *Learning facility*

Search Terms #2: 322 Results				
ACT	Adolescents	Intervention	Emotional Wellbeing	Education
• *Acceptance and Commitment Therapy*	• *Teenagers* • *Young people* • *Children* • *Child* • *Young adults* • *Adolescence* • *Teens* • *Youth*	• *Programme* • *Trial* • *Sessions* • *Lessons* • *Workshop* • *Training*	• *Mental health* • *SEBD* • *Behaviour* • *EBD* • *Wellbeing* • *Self-esteem* • *Anxiety* • *Depression* • *Self-harm* • *Trauma* • *Resilience* • *Confidence*	• *School* • *College*

Initial Headteacher Letter

School of Psychology
Cardiff University
Tower Building
Park Place
CARDIFF
CF10 3EU

Dear Headteacher,

I am a second-year trainee educational psychologist studying in the School of Psychology, Cardiff University. For my doctoral thesis, I am carrying out research on the impact of Acceptance and Commitment Therapy (ACT) based lessons on the wellbeing and resiliency of adolescents in Key Stage 4. In the current climate of pressures faced by teenagers and rising levels of mental health issues experienced by young people, I feel strongly about the need for an evidence-based emotional curriculum that serves to equip young people to manage difficult emotions and situations. I am writing to enquire whether you would be interested in your school being a part of this study.

The research has two primary strands; firstly, on the impact of ACT lessons as a universal approach. To investigate this, I aim to recruit a cohort of randomly selected pupils from KS4 (the equivalent of a class size). Participants will be asked to attend one hour-long ACT lesson a week for a total of six weeks which would be delivered by myself and would take place in school. Pupils will be asked to complete pre and post standardised measures of emotional wellbeing and psychological flexibility to measure the short-term impact of the sessions and a maximum of two randomly selected pupils from the cohort will be invited to a follow-up interview a minimum of one month following the last session to evaluate the longer-term impact of the sessions. This is also proposed to take place in school.

The second strand of this research is to measure the impact of ACT lessons on the specific population of children identified as attending alternative provision. As my background prior to training was working with pupils in an alternative provision, I have a strong interest in finding what works for these young people to help them to learn at their best. I hope to recruit a small cohort of KS4 pupils who are currently accessing alternative provision either on-site at a mainstream school or off-site at a pupil referral unit (PRU). These pupils will be asked to follow the same process as described above. As an additional measure of any perceived changes in behaviour, staff working with this cohort will also be recruited to complete pre and post measures of behaviour of these pupils to measure short-term impact and a maximum of two staff members will be invited to attend a follow up interview to measure the longer-term impact of the ACT sessions. These are proposed to take place in school.

An additional waiting list control group will be recruited for the mainstream cohort, who will be asked to complete pre and post measures in the same time frame as the experimental group. This is to compare impact of the ACT sessions against pupils who did not receive any input. They will then have the opportunity to receive the same 6 week intervention as the experimental group in the same format in school.

I anticipate your response to this exciting opportunity to be a part of the growing research into ACT in schools and the potential impact it can have on the wellbeing of young people. If you are interested in your school taking part in this research, please contact me via the contact details below to arrange a meeting to discuss this further. I am happy to provide an information or question and answer session to school staff if this would be helpful.

If you would like to find out more about the principles of ACT and the benefits it can provide to both pupil and staff wellbeing, further information can be found at: https://contextualscience.org/acbs

Warm regards,

Sophie Hopkins **E-mail**: HopkinsSR@cardiff.ac.uk

Supervised by: Dr Kyla Honey

Email: HoneyK1@cardiff.ac.uk

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee School of Psychology Cardiff University

Tower Building Park Place Cardiff CF10 3AT

Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

Information Sheet For SLT: ACT Research with SEBD Pupils

Acceptance and Commitment Therapy (ACT) is a relatively novel approach in the world of psychology and has shown some impressive results in research related to the improvement of wellbeing.

ACT has been shown to alleviate suffering in relation to workplace stress, teacher stress, anxiety, depression and pain management, to name a few. The principles of ACT are largely grounded in mindfulness and acting in line with one's values, and so teaches people how to manage difficult emotions but also how to be motivated and proactive in moving towards their goals. ACT is "trans-diagnostic" in that it assumes that human suffering is common to all, not just to those experiencing clinically significant or diagnosable mental health conditions.

'The Thriving Adolescent: Write your own DNA' is a 6-week intervention developed by Louise Hayes (a leader in the field of ACT research) that has been developed specifically for adolescents.

I would like to use this tool to measure the potential impact of ACT based principles on the wellbeing and behaviour of young people accessing alternative provision. Young people identified as having Social, Emotional and Behavioural Difficulties (SEBD) are at higher risk of school exclusion and therefore social and economic marginalisation in adulthood. Previous research has identified the potential impact ACT approaches may have in helping these pupils navigate difficult emotions of anger and threat and move towards more pro-social patterns of behaviour that are driven by their values.

What you will get as a school	What I will need from the school
• A free six-week intervention, delivered by a final year trainee educational psychologist, to a small group of KS4 pupils accessing alternative provision. • A pack of the programme content/resources used to carry on the implementation of these principles should you wish. • A report of the results to share with staff/governors/parents should you wish. • The opportunity for your school to be part of a novel and pioneering approach to wellbeing, with the possibility of the research results reaching publication.	• To distribute information and consent forms for both pupils and parents in KS4 that are accessing alternative provision. • To have a space to deliver the intervention over six weeks (one hour a week). • To distribute pre and post measures of wellbeing and perceived behaviour to pupils and relevant staff members respectively in the first and last sessions of the programme to measure the short-term impact. • To have a space to conduct follow-up interviews with pupils from the experimental group and one follow-up interview with a relevant staff member to measure the longer-term impact of the intervention 6 weeks after the end of the programme.

Information for Young People (Experimental Group)

You have been asked to take part in a research project

Please read through this information to make sure you understand what you are being asked to take part in. You can then decide whether or not you would like to take part in the research.

Who is the researcher?

My name is Sophie and I have a lot of experience of working with teenagers in secondary schools. During the time I spent working in schools, I noticed the growing pressure placed on young people and the high number of pupils experiencing stress and worry about issues both in and out of school.

Now, I am in my third year of training to be an Educational Psychologist at Cardiff University. Educational Psychologists support young people to have the best experience of school that they can, working with pupils, school staff and parents/carers. As part of my course, I am required to carry out some research on a topic that interests me. My major interest is around emotional wellbeing and how schools can be doing more to support their pupils. I am asking for your help with this, to try and find an effective way to tackle wellbeing in schools.

What is the research about?

Levels of stress experienced by teenagers are high, with exams, social media, relationships, substance misuse and bullying (to name a few) all playing a part in compromising wellbeing. Acceptance and Commitment Therapy (ACT) is one approach I have come across that aims to promote wellbeing. Research into programmes based on this approach have been shown to be very effective in reducing levels of stress, worry and even pain. This research hopes to argue that using sessions based on ACT could be a positive way to support pupils in school to maintain and promote wellbeing and to learn valuable skills to take with them into adulthood.

Why have I been asked to take part?

You have <u>not</u> been selected in relation to concerns relating to your emotional wellbeing.

This research is focused on the specific impact ACT lessons can have on the wellbeing of young people attending alternative provision, and as you have been identified as attending alternative provision on-site- you have been contacted. You are being asked to be part of the *control group* in this study. This means you do not have to attend any sessions/interventions on ACT but will complete the same 'before and after' questionnaires as the *experimental group* who will have received sessions. This will help to test if the ACT intervention really is effective or not.

Do I have to take part?

You do not have to take part in the research and do not have to give me a reason why.

What will the research involve?

Before anything starts I have to collect consent from you and your parents/carers. If you and your parents/carers have given consent, you will be asked to complete some questionnaires. In six weeks, you will be asked to complete the same series of questionnaires again.

What will happen to the results of this research?

The anonymised (your name won't be used) results of the research will be written up into a research paper for Cardiff University.There is a chance that this paper will be published in an academic journal.

What are the potential benefits of taking part in this research?

You will be helping to add to research into the impact of ACT and may help develop programmes to support young people in schools in the future. Results of this research may also help to inform approaches in education that aim to help children accessing alternative provision learn best and have a positive schooling experience.

What if I have a complaint?

I hope that you won't have reason to feel this way! But in the event you do:

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT

Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

What happens next?

If you are happy to participate in the research, please fill out the attached consent form, ticking the boxes and returning to a member of staff. Your parents will also need to consent if you are under 16 and they have been given a separate consent form to sign. You won't be able to take part unless they also sign their consent form and return it to school if you are under 16.

Thank you for taking the time to read this information sheet.

Sophie Hopkins: Trainee Educational Psychologist

HopkinsSR@cardiff.ac.uk

If you have any further questions, you may contact me via the email above. Alternatively, you can contact my research supervisor Dr Kyla Honey via: HoneyK1@cardiff.ac.uk

Information for Young People (Control Condition)

You have been asked to take part in a research project

Please read through this information to make sure you understand what you are being asked to take part in. You can then decide whether or not you would like to take part in the research.

Who is the researcher?

My name is Sophie and I have a lot of experience of working with teenagers in secondary schools. During the time I spent working in schools, I noticed the growing pressure placed on young people and the high number of pupils experiencing stress and worry about issues both in and out of school.

Now, I am in my third year of training to be an Educational Psychologist at Cardiff University. Educational Psychologists support young people to have the best experience of school that they can, working with pupils, school staff and parents/carers. As part of my course, I am required to carry out some research on a topic that interests me. My major interest is around emotional wellbeing and how schools can be doing more to support their pupils. I am asking for your help with this, to try and find an effective way to tackle wellbeing in schools.

What is the research about?

Levels of stress experienced by teenagers are high, with exams, social media, relationships, substance misuse and bullying (to name a few) all playing a part in compromising wellbeing. Acceptance and Commitment Therapy (ACT) is one approach I have come across that aims to promote wellbeing. Research into programmes based on this approach have been shown to be very effective in reducing levels of stress, worry and even pain. This research hopes to argue that using sessions based on ACT could be a positive way to support pupils in school to maintain and promote wellbeing and to learn valuable skills to take with them into adulthood.

Why have I been asked to take part?

You have <u>not</u> been selected in relation to concerns relating to your emotional wellbeing.

This research is focused on the specific impact ACT lessons can have on the wellbeing of young people attending alternative provision, and as you have been identified as attending alternative provision on-site- you have been contacted. You are being asked to be part of the *control group* in this study. This means you do not have to attend any sessions/interventions on ACT but will complete the same 'before and after' questionnaires as the *experimental group* who will have received sessions. This will help to test if the ACT intervention really is effective or not.

Do I have to take part?

You do not have to take part in the research and do not have to give me a reason why.

What will the research involve?

Before anything starts I have to collect consent from you and your parents/carers if you are under 16. If you and your parents/carers have given consent, you will be asked to complete some questionnaires. In six weeks, you will be asked to complete the same series of questionnaires again.

What will happen to the results of this research?

The anonymised (your name won't be used) results of the research will be written up into a research paper for Cardiff University. There is a chance that this paper will be published in an academic journal.

What are the potential benefits of taking part in this research?

You will be helping to add to research into the impact of ACT and may help develop programmes to support young people in schools in the future. Results of this research may also help to inform approaches in education that aim to help children accessing alternative provision learn best and have a positive schooling experience.

What if I have a complaint?

I hope that you won't have reason to feel this way! But in the event you do:

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT

Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

What happens next?

If you are happy to participate in the research, please fill out the attached consent form, ticking the boxes and returning to a member of staff. Your parents will also need to consent if you are under 16 and they have been given a separate consent form to sign. You won't be able to take part unless they also sign their consent form and return it to school if you are under 16.

Thank you for taking the time to read this information sheet.

Sophie Hopkins: Trainee Educational Psychologist email: HopkinsSR@cardiff.ac.uk

If you have any further questions, you may contact me via the email above. Alternatively, you can contact my research supervisor Dr Kyla Honey via: HoneyK1@cardiff.ac.uk

Young Person Assent Form

Researcher: Sophie Hopkins **Email:** Sophie Hopkins: hopkinssr@cardiff.ac.uk

Address: School of Psychology, Cardiff University Tower Building 70 Park Place Cardiff CF10 3AT

Please tick the boxes and sign and date if you consent to take part in the research.

I confirm that I have read and understood the information sheet given to me and I have asked the researchers any questions about any part of the research I did not understand.	☐
I confirm that I am choosing voluntarily to take part in the research project.	☐
I agree to any data obtained during the interview to be analysed by the researchers.	☐
Signed	Date
Name in block letters	
Signature of researcher	Date
Name in block letters	
This project is supervised by: Dr Kyla Honey Supervisor email: HoneyK1@cardiff.ac.uk	

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT

Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Privacy Notice:
The information provided on the consent form will be held in compliance with GDPR regulations. Cardiff University is the data controller and Matt Cooper is the data protection officer (inforequest@cardiff.ac.uk). This information is being collected by Sophie Hopkins. This information will be held securely and separately from the research information you provide. Only the researcher will have access to this form and it will be destroyed after 7 years. The lawful basis for processing this information is public interest.

Information Sheet for Parents (Experimental Group)

School of Psychology
Cardiff University
Tower Building
Park Place
CARDIFF
CF10 3EU

Research exploring the impact of Acceptance and Commitment Therapy (ACT) based sessions on pupil wellbeing

Your son/daughter has been asked to take part in a research project exploring the impact of Acceptance and Commitment Therapy (ACT) based sessions on pupil wellbeing

What is the research about?

Acceptance and Commitment Therapy (ACT) is an approach traditionally used in counselling that is founded on principles of acceptance and mindfulness and aims to promote the wellbeing and 'psychological flexibility' of clients so that they have the skills to deal with difficult thoughts and feelings. Whilst this can be used in one-to-one therapy sessions, the principles of ACT have started to emerge in more widespread approaches to promoting wellbeing. Interventions based on the ACT model have been shown to be effective in enhancing wellbeing across a range of contexts, including in the workplace and schools. Instead of ACT being a *reactive* treatment for emotional distress, the researcher argues that ACT could be used as a *preventative* measure by offering young people the chance to learn skills in school that will support them in maintaining good mental health.

In the current climate of pressures faced by teenagers and rising levels of mental health issues experienced by young people, there appears to be a need for an emotional curriculum that serves to equip young people to manage difficult emotions and situations that is based on solid research. Part of this research aims to evaluate the impact of Acceptance and Commitment Therapy (ACT) based lessons specifically on the wellbeing and resiliency of young people in Key Stage 4 that are accessing alternative provision.

Why has my son/daughter been invited to take part in the research project?

Your son/daughter is being asked to take part in the research because their school has elected to take part in this exciting project, and they are in the desired age category for the research and are identified as accessing alternative provision on-site. They have **not** been selected in relation to concerns relating to their emotional wellbeing.

Does my son/daughter have to take part in the research project?

Your son/daughter does not have to take part in the research project. We are asking for your consent and you will not be asked to participate in any further way in the study. If you consent for your son/daughter to take part, please return the consent form ticking the appropriate box. You are free to change your mind and remove your son/daughter from the research at any point without giving a reason. Your son/daughter will also be provided with an information sheet and consent form.

Who is the researcher?

Sophie Hopkins is the researcher, she is a trainee educational psychologist studying at Cardiff University and the research is for her doctoral thesis.

The researcher is contactable by the email address as follows:

Sophie Hopkins: hopkinssr@cardiff.ac.uk

How will the research be conducted?

Your son/daughter will be asked to complete a series of questionnaires designed to measure levels of emotional wellbeing and resiliency. They will then be asked to attend six one-hour ACT based lessons across six weeks that aim to build emotional resilience. These lessons will be delivered by me in school and timetabled to cause the least disruption to their learning schedules. They will then be asked by me to complete the same series of questionnaires they completed before attending the sessions in order to measure any changes to emotional wellbeing and resiliency. They may also be asked to take part in a 45-minute follow-up interview at least one month following the last ACT lesson. This is to measure the longer-term impact of the sessions. These will also take place in school.

Will the information/data be confidential?

Interviews will be audio recorded for transcription purposes, but all transcriptions will be kept confidentially until they are transcribed no later than three weeks following interview, after which time recordings will be deleted. The audio from these interviews will be recorded using mobile phone technology which only the researcher has access to, and the information will be stored securely with a fingerprint locking system. Interviews will be typed (transcribed) on a secure password protected computer. Once the interviews have been transcribed, the audio recording will be deleted and it will no longer be possible to identify the recipient of this interview, hence at this point the interview will be stored anonymously. All transcription data will be kept securely on a password protected Cardiff University server and in a locked filing cabinet in accordance with the Cardiff University's Data Security and Confidentiality Policy and the Data Protection Act. A register will also be taken to record how many sessions each pupil attended for analysis purposes. This will be kept confidentially until the end of the intervention, at which time it will be destroyed.

How long will the research last?

The six ACT lessons are expected to take place in the autumn term over six weeks and will be timetabled to cause the least disruption to your son/daughter's learning. Follow-up interviews are also expected to take place in the autumn term.

What will happen to the results of the research?

The anonymised results of the research will be written up into a research paper for submission at Cardiff University. A summary of this research report will also be shared with the school headteacher. There is a chance that this paper may be published in an academic journal in future.

What are the possible benefits of my son/daughter taking part?

Your son/daughter's participation will be helping to add to the existing body of research into the impact of ACT and may help inform the implementation of emotional curriculums in the future. Results of this research may also help to inform approaches in education that aim to help children identified as accessing alternative provision learn best and have a positive schooling experience. Your son/daughter may also have the chance to learn some proven effective techniques and strategies that can foster a healthy mindset and encourage a positive experience of school and prepare them for challenges beyond school.

Who do I contact if I have a complaint?

If you have any questions about the research, you can also contact the research supervisor at Cardiff University, Dr Kyla Honey via email: HoneyK1@cardiff.ac.uk.

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT

Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

The data controller is Cardiff University and the Data Protection Officer is Matt Cooper CooperM1@cardiff.ac.uk.The lawful basis for the processing of the data you provide is consent.

What are the next steps?

If you are happy for your son/daughter to participate in the research please fill out the attached consent form, ticking the boxes and returning to your son/daughter's school, to be given to a designated member of staff.

Thank you for taking the time to read this information sheet

Sophie Hopkins: Trainee Educational Psychologist
Dr Kyla Honey: Research supervisor

Information Sheet for Parents (Control Group)

School of Psychology
Cardiff University
Tower Building
Park Place
CARDIFF
CF10 3EU

Your son/daughter has been asked to take part in a research project exploring the impact of Acceptance and Commitment Therapy (ACT) based sessions on pupil wellbeing

What is the research about?

Acceptance and Commitment Therapy (ACT) is an approach traditionally used in counselling that is founded on principles of acceptance and mindfulness and aims to promote the wellbeing and 'psychological flexibility' of clients so that they have the skills to deal with difficult thoughts and feelings. This research aims to evaluate the impact of Acceptance and Commitment Therapy (ACT) based lessons specifically on the wellbeing and resiliency of young people in Key Stage 4 that are accessing alternative provision.

Why has my son/daughter been invited to take part in the research project?

Your son/daughter is being asked to take part in the research because they have been identified as accessing alternative provision on-site. They have **not** been selected in relation to concerns relating to their emotional wellbeing. They would be a part of the *control group* in this study. This means they will not receive any intervention but will be asked to complete the same questionnaires as the *experimental group*, who will receive intervention, in the same time frame.

How will the research be conducted?

Your son/daughter will be asked to complete a series of questionnaires designed to measure levels of emotional wellbeing and resiliency. They will then be asked to complete the same series of questionnaires six weeks later.

Who is the researcher?

Sophie Hopkins is the researcher. She is a trainee educational psychologist studying at Cardiff University and the research is for her doctoral thesis.

The researcher is contactable by the email address as follows:

Sophie Hopkins: hopkinssr@cardiff.ac.uk

What will happen to the results of the research?

The anonymised results of the research will be written up into a research paper for submission at Cardiff University. There is a chance that this paper may be published in an academic journal in future.

What are the possible benefits of my son/daughter taking part?

Your son/daughter's participation will be helping to add to the existing body of research into the impact of ACT and may help inform the implementation of emotional curriculums in the future. Results of this research may also help to inform approaches in education that aim to help children identified as accessing alternative provision learn best and have a positive schooling experience.

Who do I contact if I have a complaint?

If you have any questions about the research, you can also contact the research supervisor at Cardiff University, Dr Kyla Honey via email: HoneyK1@cardiff.ac.uk.

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

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Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

The data controller is Cardiff University and the Data Protection Officer is Matt Cooper CooperM1@cardiff.ac.uk.The lawful basis for the processing of the data you provide is consent.

What are the next steps?

If you are happy for your son/daughter to participate in the research please fill out the attached consent form, ticking the boxes and returning to your son/daughter's school, to be given to a designated member of staff.

Thank you for taking the time to read this information sheet

Sophie Hopkins: Trainee Educational Psychologist
Dr Kyla Honey: Research supervisor

Parent Consent form

Researcher: Sophie Hopkins **Email:** hopkinssr@cardiff.ac.uk

Address: School of Psychology, Cardiff University Tower Building 70 Park Place Cardiff CF10 3AT

Please tick the boxes and sign and date if you consent for your child to take part in the research.

I confirm that I have read and understood the information sheet given to me.	☐
I confirm that I am choosing voluntarily to allow my child to take part in the research project.	☐
I agree to any data obtained during the interview to be analysed by the researchers.	☐
Signed (parent/carer)	Date
Name in block letters	
Signature of researcher	Date
Name in block letters	
This project is supervised by: Dr Kyla Honey Supervisor email: HoneyK1@cardiff.ac.uk	
This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to: Secretary of the Ethics Committee School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT	Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk
Privacy Notice: The information provided on the consent form will be held in compliance with GDPR regulations. Cardiff University is the data controller and Matt Cooper is the data protection officer (inforequest@cardiff.ac.uk). This information is being collected by Sophie Hopkins. This information will be held securely and separately from the research information you provide. Only the researcher will have access to this form and it will be destroyed after 7 years. The lawful basis for processing this information is public interest.	

Information Sheet for Member of Staff

School of Psychology
Cardiff University
Tower Building
Park Place
CARDIFF
CF103EU

Research exploring the impact of Acceptance and Commitment Therapy (ACT) based sessions on pupil wellbeing

You are being asked to take part in a research project exploring the impact of Acceptance and Commitment Therapy (ACT) based sessions on pupil wellbeing

What is the research about?

Acceptance and Commitment Therapy (ACT) is an approach traditionally used in counselling that is founded on principles of acceptance and mindfulness and aims to promote the wellbeing and 'psychological flexibility' of clients so that they have the skills to deal with difficult thoughts and feelings. Whilst this can be used in one-to-one therapy sessions, the principles of ACT have started to emerge in more widespread approaches to promoting wellbeing. Interventions based on the ACT model have been shown to be effective in enhancing wellbeing across a range of contexts, including in the workplace and schools. Instead of ACT being a *reactive* treatment for emotional distress, the researcher argues that ACT could be used as a *preventative* measure by offering young people the chance to learn skills that will support them in maintaining good mental health.

In the current climate of pressures faced by teenagers and rising levels of mental health issues experienced by young people, there appears to be a need for an emotional curriculum that serves to equip young people to manage difficult emotions and situations that is based on solid research. Part of this research aims to evaluate the impact of Acceptance and Commitment Therapy (ACT) based lessons specifically on the wellbeing and resiliency of young people in Key Stage 4 that are accessing alternative provision. The researcher is also interested in the impact of ACT lessons on perceived behaviour of young people accessing alternative provision.

Why have you been invited to take part in the research project?

You are being asked to take part in the research because your school has elected to take part in this exciting project, and you are the class teacher or teaching assistant working with the young people in the experimental group who are currently accessing alternative provision on-site.

Do I have to take part in the research project?

You do not have to take part in the research. You do not have to give a reason why you do not want to take part in the research.

Who is the researcher?

Sophie Hopkins is the researcher. She is a trainee educational psychologist studying at Cardiff University and the research is for her doctoral thesis. The researcher is contactable by the email address as follows:

Sophie Hopkins: hopkinssr@cardiff.ac.uk

How will I be involved in the research?

You will be asked to complete some questionnaires designed to measure the perceived strengths and difficulties of the young people involved in this study related to their behaviour. The young people will then be asked to attend six one-hour ACT based lessons across six weeks that aim to build emotional resilience, delivered by me. You will then be asked to complete the same series of questionnaires you completed before the sessions began in order to measure any changes to perceived behaviour in the pupils. You may also be asked to take part in a 45-minute follow-up interview at least one month following the last ACT lesson. This is to measure the longer-term impact of the sessions on behaviour. The interviews will also take place in school.

Will the information/data be confidential?

Interviews will be audio recorded for transcription purposes, but all transcriptions will be kept confidentially until they are transcribed no later than three weeks following interview, after which time recordings will be deleted. The audio from these interviews will be recorded using mobile phone technology which only the researcher has access to, and the information will be stored securely with a fingerprint locking system. Interviews will be typed (transcribed) on a secure password protected computer. Once the interviews have been transcribed, the audio recording will be deleted and it will no longer be possible to identify the recipient of this interview, hence at this point the interview will be stored anonymously. All transcription data will be kept securely on a password protected Cardiff University server and in a locked filing cabinet in accordance with the Cardiff University's Data Security and Confidentiality Policy and the Data Protection Act. Everything you say is confidential unless you report something that suggests you or someone else is at risk of harm. In this case, the researcher will inform the designated safeguarding officer in your school. You will be told if this is going to happen.

How long will the research last?

The six ACT lessons are expected to take place in the autumn term over six weeks and will be timetabled to cause the least disruption to pupils' learning. Follow-up interviews are also expected to take place in the autumn term.

What will happen to the results of the research?

The anonymised results of the research will be written up into a research paper for submission at Cardiff University. A summary of this research report will also be shared with the school headteacher. There is a chance that this paper may be published in an academic journal in future.

What are the possible benefits of taking part?

Your participation will be helping to add to the existing body of research into the impact of ACT and may help to inform the implementation of emotional curriculums in the future. Results of this research may also help to inform approaches in education that aim to help children accessing alternative provision learn best and have a positive schooling experience.

Who do I contact if I have a complaint?

If you have any questions about the research you can contact the research supervisor at Cardiff University, Dr Kyla Honey via email: HoneyK1@cardiff.ac.uk.

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

Secretary of the Ethics Committee School of Psychology Cardiff University Tower Building Park Place Cardiff CF10 3AT

Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

The data controller is Cardiff University and the Data Protection Officer is Matt Cooper CooperM1@cardiff.ac.uk.The lawful basis for the processing of the data you provide is consent.

What are the next steps?

If you are happy to participate in the research please fill out the attached consent form, ticking the boxes and returning to your school admin team.

Thank you for taking the time to read this information sheet

Sophie Hopkins: Trainee Educational Psychologist

Dr Kyla Honey: Research supervisor

Staff Consent Form

Researcher: Sophie Hopkins **Email:** Sophie Hopkins: hopkinssr@cardiff.ac.uk

Address: School of Psychology, Cardiff University Tower Building 70 Park Place Cardiff CF10 3AT

Please tick the boxes and sign and date if you consent to take part in the research.

I confirm that I have read and understood the information sheet given to me and I have asked the researchers any questions about any part of the research I did not understand.	☐
I confirm that I am choosing voluntarily to take part in the research project.	☐
I agree to any data obtained during the interview to be analysed by the researchers.	☐
Signed	Date
Name in block letters	
Signature of researcher	Date
Name in block letters	
This project is supervised by: Dr Kyla Honey Supervisor email: HoneyK1@cardiff.ac.uk	
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Pupil Debrief Form

An investigation of the impact of Acceptance and Commitment Therapy (ACT) in promoting emotional wellbeing and resilience in adolescents

Thank you for taking part in this study.

Purpose of project

The use of Acceptance and Commitment Therapy (ACT) in schools is starting to emerge as an effective way to tackle emotional wellbeing in young people. With the pressures placed on young people increasing and mental health statistics on the rise, this study aimed to evaluate the effectiveness of ACT in raising young people's levels of resilience, both in the short and longer-term. This research looked at the impact of ACT sessions on the specific population of young people accessing alternative provision. This study hopes to add to the body of research that focuses on, and advocates, the promotion of positive mental health in schools.

Methods used to measure the short-term impact of ACT sessions on levels of resiliency

You were asked to complete a series of wellbeing questionnaires. If you were in the experimental group, you were then invited to attend six ACT sessions. If you were in the control group, this means you did not attend the sessions, but were still asked to complete the questionnaires at the same time as those in the experimental group. The purpose of having a control group is so that the researcher can try and evaluate whether any changes in scoring at the end of the six weeks are the result of attending the sessions or whether they might have changed anyway. You then completed the same questionnaires again, either after intervention or after six weeks with no intervention.

If you were in the experimental group, one of your class teachers was also asked to complete questionnaires before and after the six ACT sessions were delivered. These questionnaires were designed to look more specifically at any changes in your behaviour and presentation in class as a result of the ACT sessions.

What happens next: the longer-term impact of ACT sessions on levels of resilience

The researcher will now start to evaluate any differences in the pre and post questionnaires filled out by all participants in both groups. This is hoped to show any short-term effects of having ACT sessions. The researcher will also be conducting follow-up interviews with participants from the experimental group. Remember- you have a right to withdraw at any stage of the process. Please look at your information form for further detail on the interview process. The purpose of these interviews is to evaluate the longer-term impact of the ACT sessions on resilience and wellbeing.

The teacher of the pupils in the experimental group will also be invited to a follow up interview. This is to measure the longer-term impact of the ACT sessions on the behaviour and presentation of pupils in class.

If you feel you need further support dealing with difficult emotions, you might find the website www.youngminds.co.uk a useful resource. You may also benefit from visiting your local GP to discuss available treatment and support networks in your community.

Should you have any further questions, the researcher is contactable via the following email address: Sophie Hopkins: hopkinssr@cardiff.ac.uk

Alternatively, you may contact the research supervisor, who is contactable via the following email address: Dr Kyla Honey: HoneyK1@cardiff.ac.uk

This project has been reviewed and ethically approved by the School Research Ethics Committee (SREC). Any complaints should be directed to:

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Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

Staff Debrief Form

An investigation of the impact of Acceptance and Commitment Therapy (ACT) in promoting emotional wellbeing and resilience in adolescents

Thank you for taking part in this study

Purpose of project

The use of Acceptance and Commitment Therapy (ACT) in schools is starting to emerge as an effective way to tackle emotional wellbeing in young people. With the pressures placed on young people increasing and mental health statistics on the rise, this study aimed to evaluate the effectiveness of ACT in raising young people's levels of resilience, both in the short and longer-term. This research looked at the impact of ACT sessions on the specific population of young people identified as accessing alternative provision. This study hopes to add to the body of research that focuses on, and advocates, the promotion of positive mental health in schools.

Methods used to measure the short-term impact of ACT sessions on levels of resiliency

All pupils in your provision, that gave consent to participate, were asked to complete some wellbeing and resiliency questionnaires. They then went on to attend six sessions of ACT over six weeks and complete the questionnaires a second time following the final session. A control group of pupils accessing a similar provision were also asked to complete the same wellbeing and resiliency questionnaires in the same timeframe but did not receive any intervention.

As the class teacher or teaching assistant of the experimental group, you were asked to complete a questionnaire before and after the six ACT sessions were delivered. These questionnaires were designed to look more specifically at any changes in pupils' behaviour and presentation in class as a result of ACT sessions vs not having ACT sessions.

What happens next: the longer-term impact of ACT sessions on levels of resiliency

The researcher will now start to evaluate any differences in the pre and post questionnaires filled out by all participants in all conditions to highlight any short-term effects of having ACT sessions. The researcher will also be conducting follow-up interviews with participants from the experimental group at least one month following their last ACT session. The purpose of these interviews is to evaluate the longer-term impact of the ACT sessions on resilience and wellbeing.

As the class teacher or teaching assistant of the pupils in the experimental group, you will also be invited to a follow up interview. This is to measure the longer-term impact of the ACT sessions on the behaviour and presentation of pupils in class. You may withdraw from the study at this stage or at any stage leading up to or during interview. You will be notified via email if you are invited to

interview and a suitable time will be arranged. Please consult your information form for further detail on the interview process.

Should you have any further questions, the researcher is contactable via the following email address: Sophie Hopkins: hopkinssr@cardiff.ac.uk

Alternatively, you may contact the research supervisor, who is contactable via the following email address: Dr Kyla Honey: HoneyK1@cardiff.ac.uk

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Tel: 029 2087 0360 Email: psychethics@cardiff.ac.uk

Appendix D: Interview Schedules

Pupil Follow-Up Interview Questions

1. What do you think the programme was about?
2. Did it meet your expectations?
3. What did you like about the sessions?
4. What didn't you like about the sessions?
5. Was there anything you found useful in the sessions? Perhaps from a particular session?
6. Has the intervention changed the way you think about yourself? If so, how?
7. Have you learned anything from the sessions?
8. What could have been better about the sessions? How could the programme be improved?
9. Do you think this is a good programme to use with teenagers accessing alternative provision?
10. What else could we be doing to promote emotional wellbeing in young people accessing alternative provision?
11. Would you like to learn more about DNA-V and acceptance and commitment therapy?

Debrief

Reminder about data and transcription etc.

Any questions?

Staff Follow-Up Interview Questions

SDQ Based Follow-Up Questions

In general, since attending the sessions, have you noticed a change in:

a) The pupils' behaviour?
b) The pupils' emotional regulation skills?
c) The pupils' concentration levels?
d) The pupils' peer relationships?
e) The pupils' engagement with classroom learning?
f) The impact of these pupils on you or the class as a whole? For example, has the amount of time spent attempting to engage these pupils decreased/increased?

Triangulation Questions from Pupil Interview Schedule

12. What have you noticed, if anything, that could have been better about the sessions? This could include timings, layout, organisation, content etc.
13. From the information you have received/brief observations of sessions, do you think this is a good programme to use with teenagers accessing alternative provision?
14. What else do you think we could be doing to promote emotional wellbeing in young people accessing alternative provision? Is there a specific area or areas that you feel are important to target for the pupils you work with?

Feasibility Questions

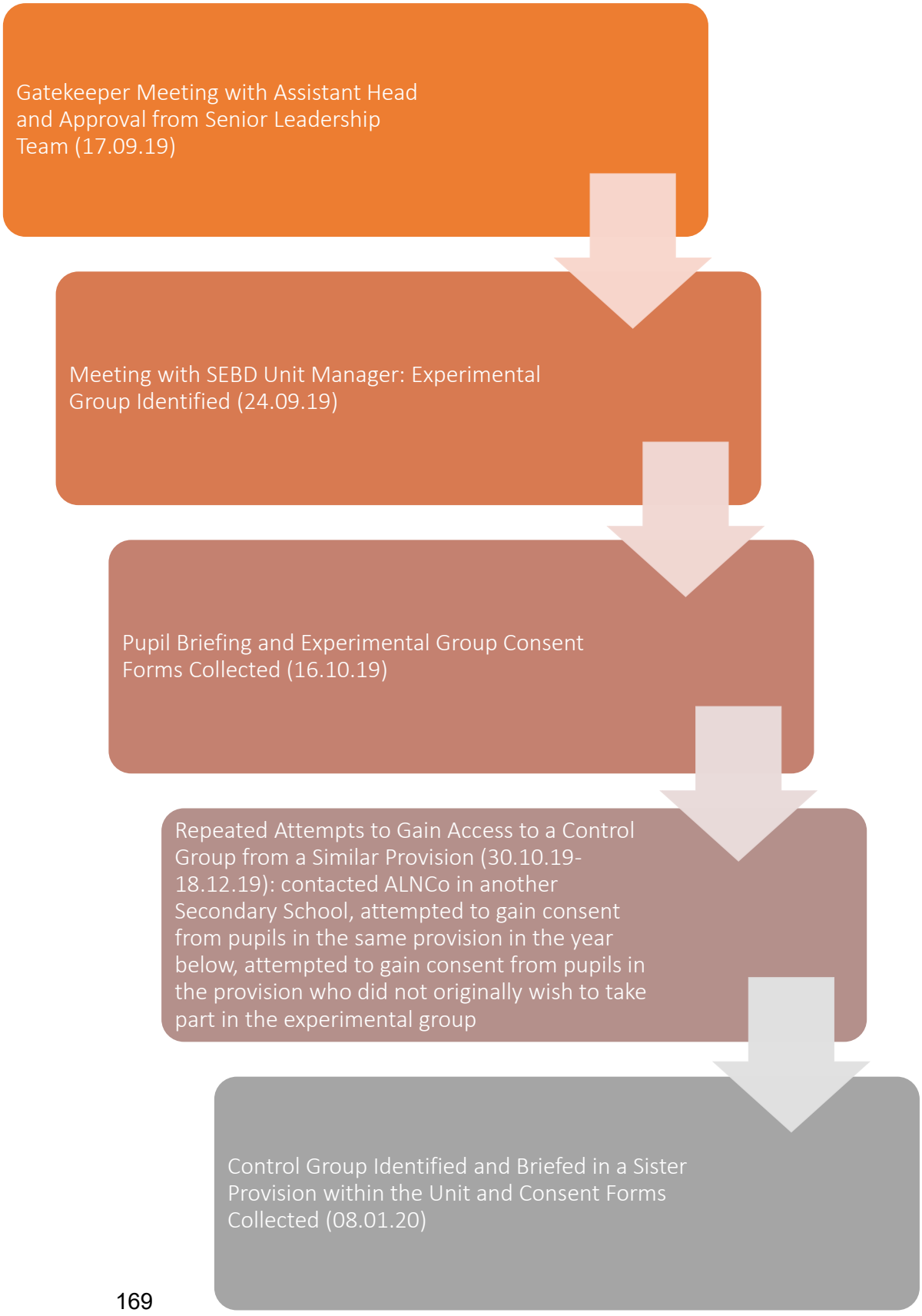
15. How feasible would it be for staff to implement a six week programme for pupils in your provision?
16. Do you think staff working with pupils in your provision are well placed to deliver emotional wellbeing interventions?
17. Do you think staff working in your provision have the relevant skills and training to deliver emotional wellbeing interventions?
18. If no, what support do you think staff would need in order to feel confident delivering emotional wellbeing interventions?
19. Would you like to learn more about DNA-V and acceptance and commitment therapy?

Debrief

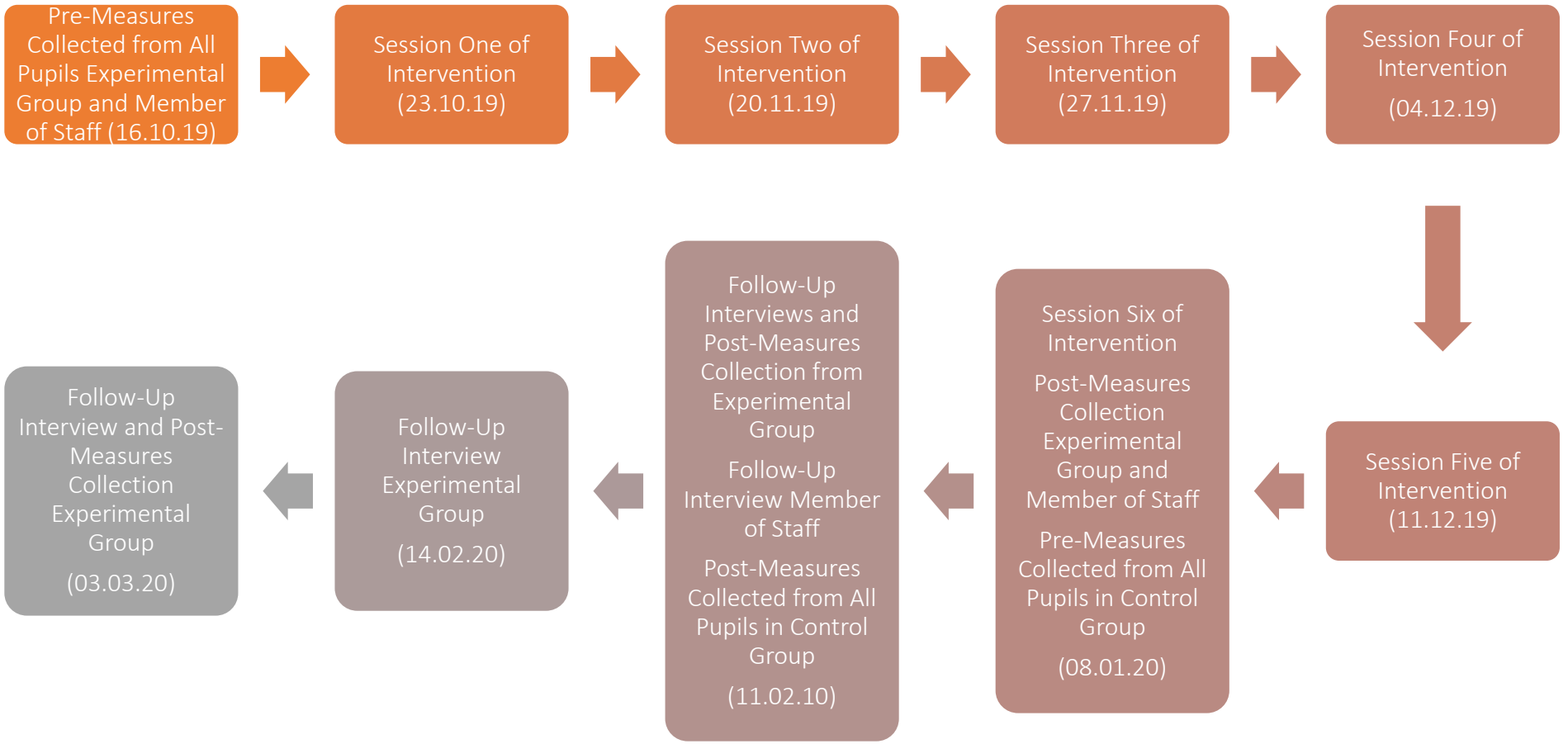
Reminder of transcription process and chance to ask questions.

Appendix E: Timelines of Events

Sampling Timeline



Data Collection Timeline



Timeline of Delays in Session Delivery

Date	Contact/Planned Activity	Outcome
10.09.19	Arranged meeting with assistant head	Agreed to meet 17.09.19
17.09.19	Meeting with assistant head	Agreed to take proposal (sent by me) to Senior Leadership Team meeting)
19.09.19	Email from Assistant Head	Agreed in SLT for me to proceed
24.09.19	Meeting with Unit manager	Plan for delivery of sessions on Wednesday mornings and consent forms sent for staff to distribute
04.10.19	Consent form collection and pupil briefing	No consent forms from parents
09.10.19	Data collection	Cancelled due to being signed off with reactive arthritis
16.10.19	Data collection	Pre-measures collected from experimental group
23.10.19	Session One	Completed
30.10.19	Supervision with research supervisor	Agreed to seek to recruit a control group
04.11.19	Email to ALNCo of Secondary School with similar alternative provision to recruit control group	No response Lack of interest when followed up in person
06.11.19	Session Two	Cancelled due to GCSE exams clash
13.11.19	Session Two	Cancelled due to GCSE exams clash
20.11.19	Session Two	Completed
21.11.19	Discussion with ALNCo that was contacted to take part in the study for the control condition	Expressed lack of interest/time to take part
27.11.19	Session Three	Completed

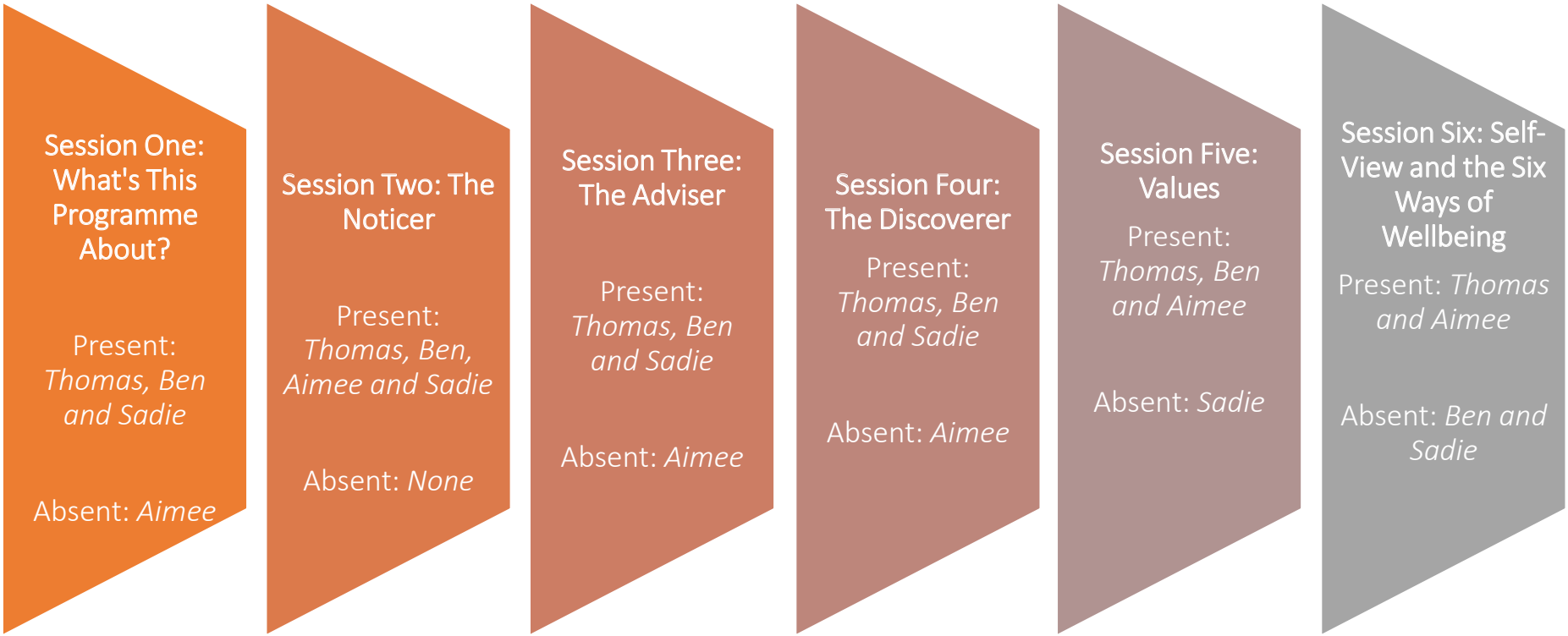
	Discussion with unit manager on recruiting a control group from pupils in the year 10 provision	Consent forms printed to pass on to member of staff for year 10 group
04.12.19	Session Four	Completed
	Collection of consent forms for year 10 control group	No signed consent forms present
11.12.19	Session Five	Completed
	Collection of consent forms for year 10 control group	No signed consent forms present- decide to approach the three pupils from year 11 group who did not wish to take part in the sessions- verbal assent to take part as a control group. Emailed consent forms to be distributed to these pupils.
18.12.19	Session Six (Final Session)	No pupils from the group present
	Collection of post-measures from experimental and pre-measures from control group	No pupils from experimental group present. None of the three pupils in year 11 present or signed consent forms
08.01.20	Session Six (Final Session)	Completed
	Collection of post-measures from experimental and pre-measures from control group (and consent forms)	Collected post measures from 2/4 pupils from experimental group (2 pupils were absent) Collected pre-measures and consent forms from 4 pupils aged 16 accessing a similar provision linked with the unit to constitute a control group

Experimental Group Pupil Attendance

Pupil/Staff	Number of Sessions Attended	Data Collection Dates		
		Pre	Post	Follow-Up
*Aimee***	3/6	16.10.19	08.01.20 (Immediately after last session)	14.02.20 (5 weeks post-intervention)
Thomas	6/6	16.10.19	08.01.20 (Immediately after last session)	11.02.20 (5 weeks post-intervention)
Ben	5/6	16.10.19	11.02.20 (5 weeks post-intervention)	11.02.20 (5 weeks post-intervention)
Sadie	4/6	16.10.19	03.03.20 (8 weeks post-intervention)	03.03.20 (8 weeks post-intervention)
Mr. Edwards	n/a	16.10.19	08.01.20 (Immediately after last session)	11.02.20 (5 weeks post-intervention)

**Reminder: all names are pseudonyms for ease of cross-referencing.

Individual Session Attendance Records



Appendix F: Assumptions Tests for Quantitative Data

To assess the normal distribution of results, the Shapiro-Wilk test of normality was run within the 24 subsets of data (experimental and control groups across 6 scales pre and post). All but 2 of the subsets returned non-significant results, thus meeting this assumption. Psychological Inflexibility Scores (Pre) for the control group achieved a significant result on the Shapiro-Wilk test at $p = .00$. Anger Inventory Scores (Post) for the control group also achieved a significant result on the Shapiro-Wilk test at $p = .02$.

To assess homogeneity of variance of results across conditions, Levene's Test of Equality of Error Variances was run within the 12 subsets of data (6 scales pre and post). All but one of the subsets returned non-significant results, thus meeting this assumption. Disruptive Behaviour Scores (Pre) achieved a significant result on this test at $p = .02$. Field (2013) states that ANOVA is fairly robust if homogeneity of variance is violated if group sizes are equal, which they were in this subset.

As at least three conditions need to be present for sphericity to be an issue, Mauchly's Test of Sphericity was not applicable.

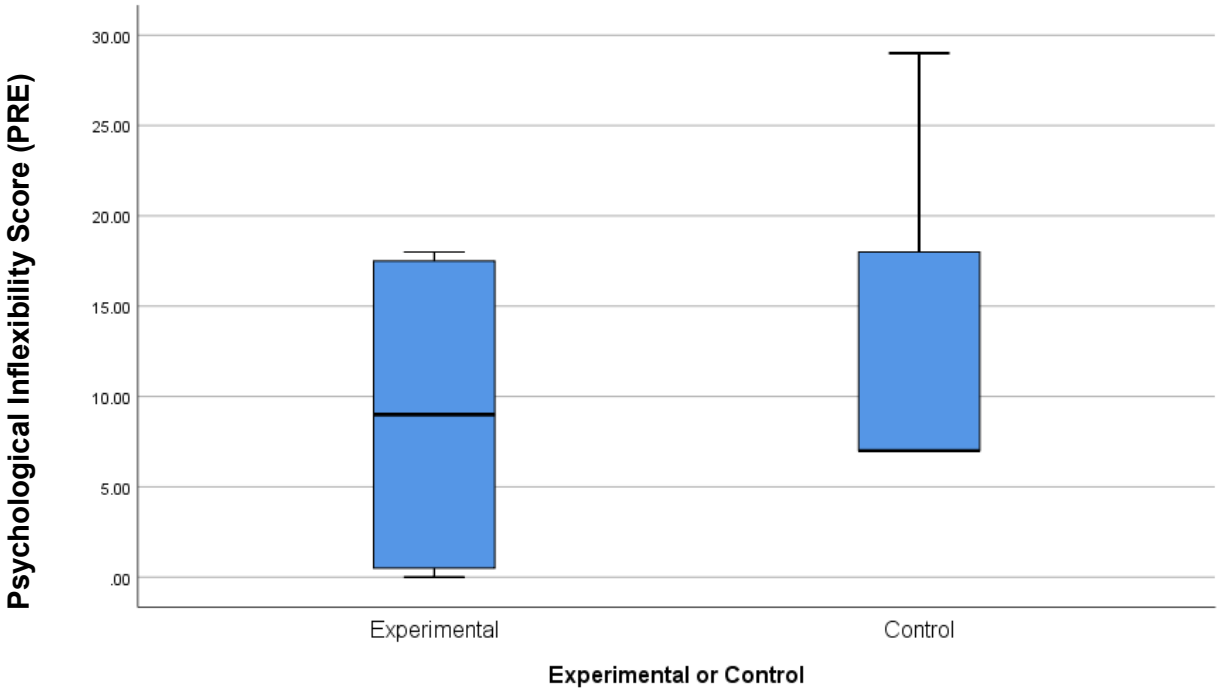
Other-Report Questionnaire (SDQ)

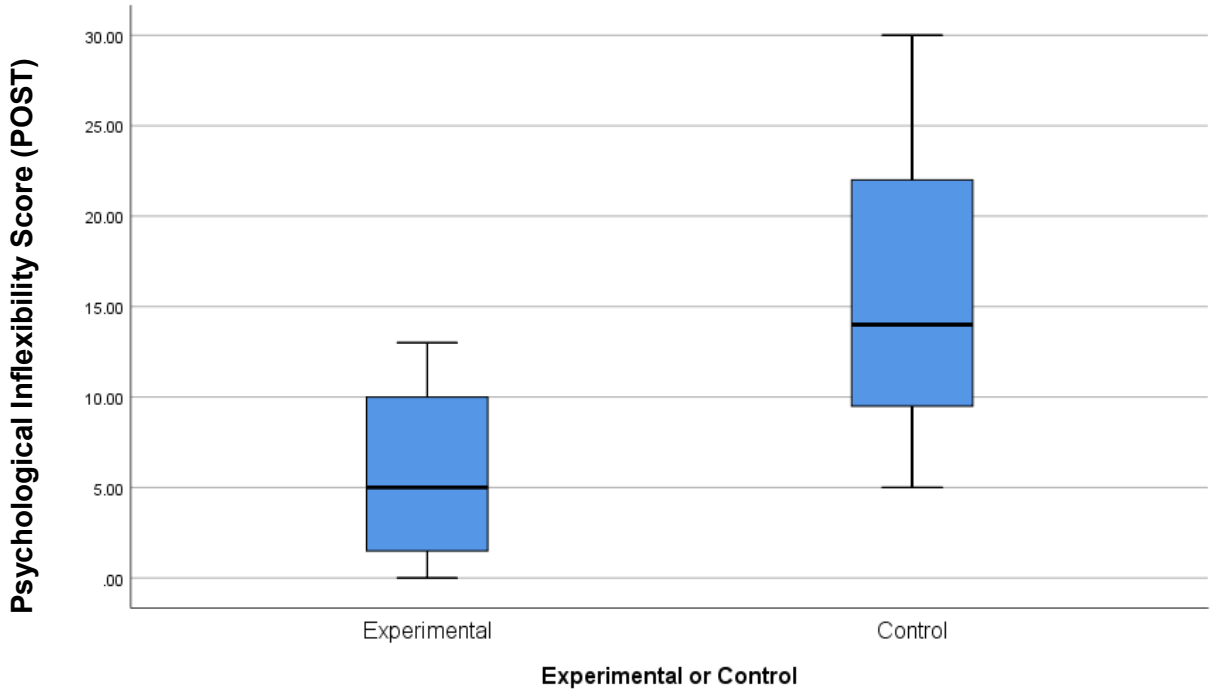
To assess the normal distribution of results, the Shapiro-Wilk test of normality was run within the 6 subsets of data (change scores for each of the scales). The Emotional Problems, Prosocial Behaviour and Total Difficulties scales returned non-significant results, thus meeting this assumption. The Conduct Problems scale achieved a significant result on this test at $p = .02$. The Hyperactivity scale achieved a significant result on this test at $p = .05$. The Peer Problems scale achieved a significant result on this test at $p = .02$. However, as previously noted, no outliers were detected in the data thus the decision to retain these scales was made.

Avoidance and Fusion Questionnaire for Youth (AFQ-Y)

Psychological Inflexibility Scores Pre and Post by Condition

Outliers Check:





Normal Distribution Check:

Tests of Normality

	Experimental or Control	Kolmogorov-Smirnov[a] Statistic	df	Sig.	Shapiro-Wilk Statistic	df	Sig.
Psychological Flexibility Score (PRE)	Experimental	.292	4	.	.779	4	.070
	Control	.385	3	.	.750	3	.000
Psychological Flexibility Score (POST)	Experimental	.188	4	.	.973	4	.858
	Control	.240	3	.	.975	3	.694

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Psychological Flexibility Score (PRE)	Based on Mean	.380	1	5	.565
	Based on Median	.036	1	5	.857
	Based on Median and with adjusted df	.036	1	2.012	.867
	Based on trimmed mean	.247	1	5	.640
Psychological Flexibility Score (POST)	Based on Mean	2.152	1	5	.202
	Based on Median	.932	1	5	.379
	Based on Median and with adjusted df	.932	1	2.775	.411
	Based on trimmed mean	2.060	1	5	.211

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

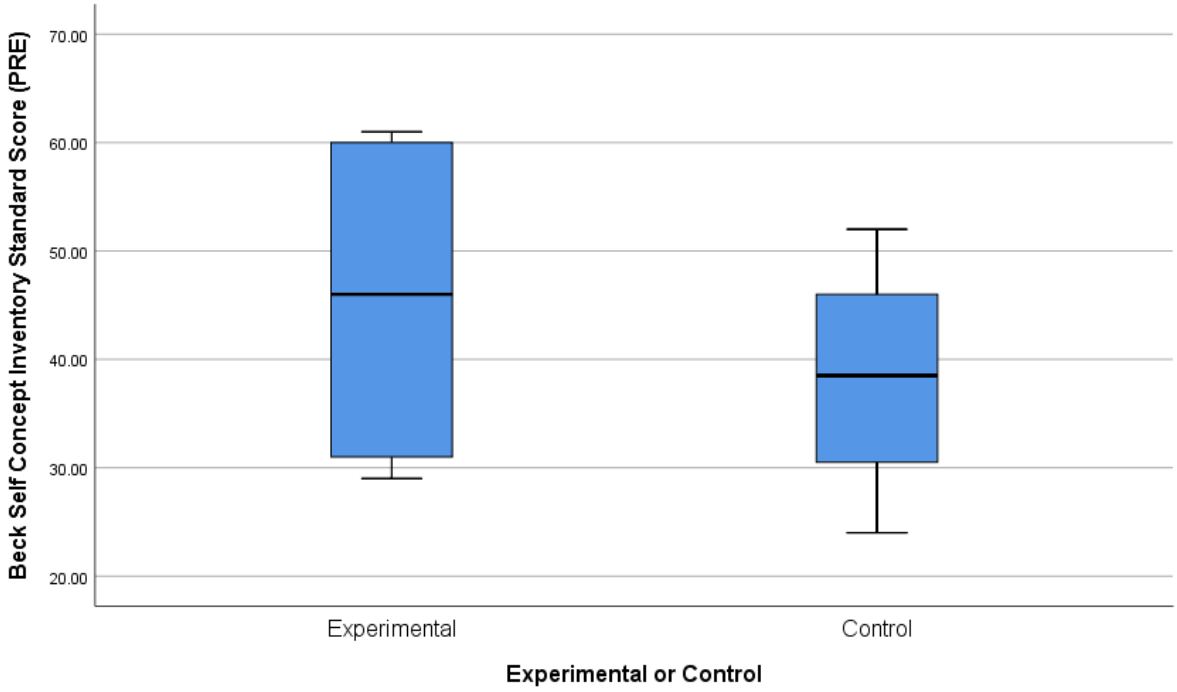
a. Design: Intercept + Condition

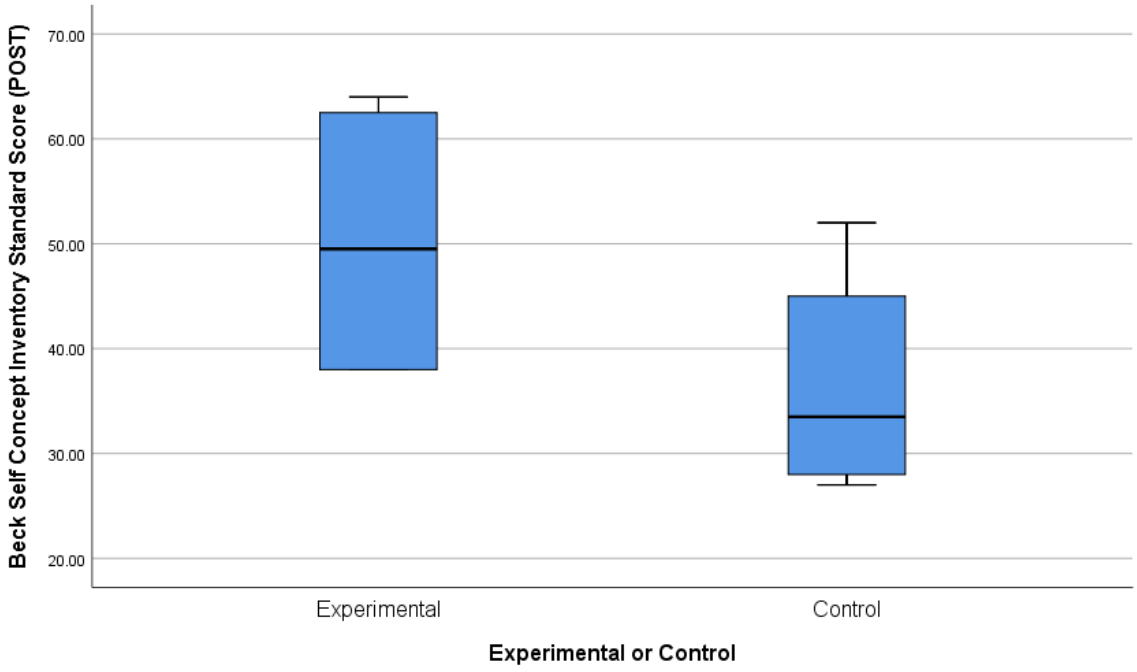
Within Subjects Design: factor1

Beck Youth Inventories (BYI)

Self-Concept Inventory Scores Pre and Post by Condition

Outliers Check:





Normal Distribution Check:

Tests of Normality

	Experimental or Control	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Beck Self Concept Inventory Standard Score (PRE)	Experimental	.289	4	.	.814	4	.129
	Control	.207	4	.	.982	4	.916
Beck Self Concept Inventory Standard Score (POST)	Experimental	.306	4	.	.778	4	.069
	Control	.245	4	.	.897	4	.416

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Beck Self Concept Inventory Standard Score (PRE)	Based on Mean	3.284	1	6	.120
	Based on Median	3.259	1	6	.121
	Based on Median and with adjusted df	3.259	1	3.419	.157
	Based on trimmed mean	3.283	1	6	.120
Beck Self Concept Inventory Standard Score (POST)	Based on Mean	1.615	1	6	.251
	Based on Median	1.182	1	6	.319
	Based on Median and with adjusted df	1.182	1	3.297	.350
	Based on trimmed mean	1.608	1	6	.252

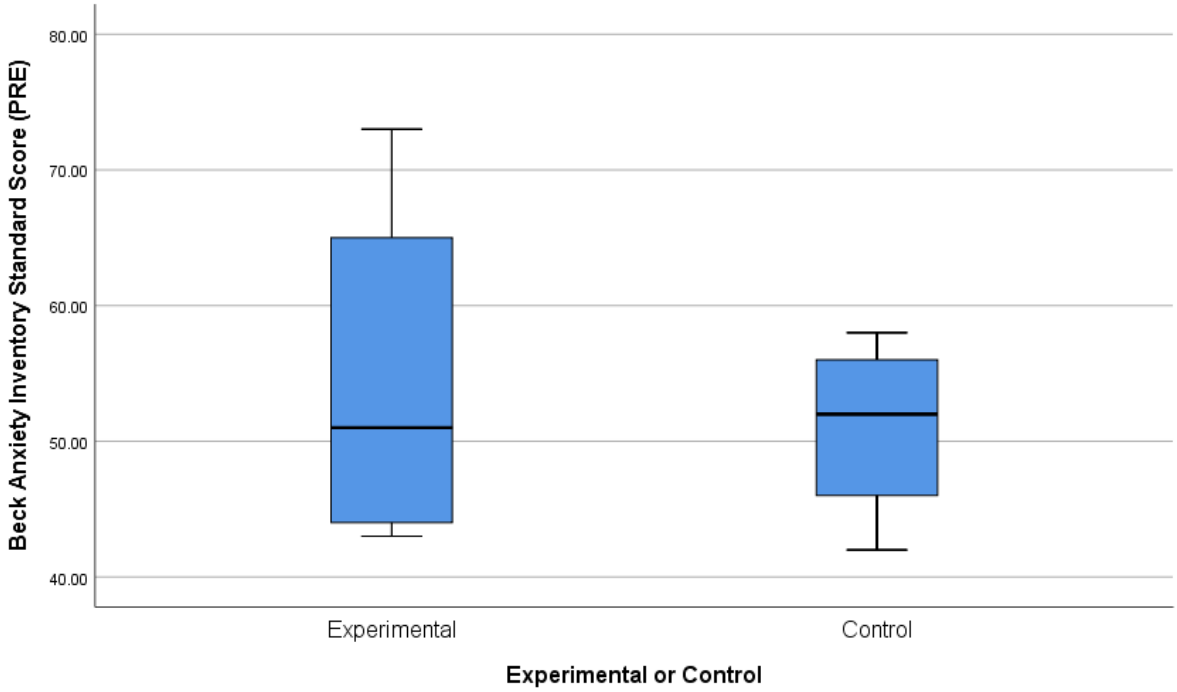
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

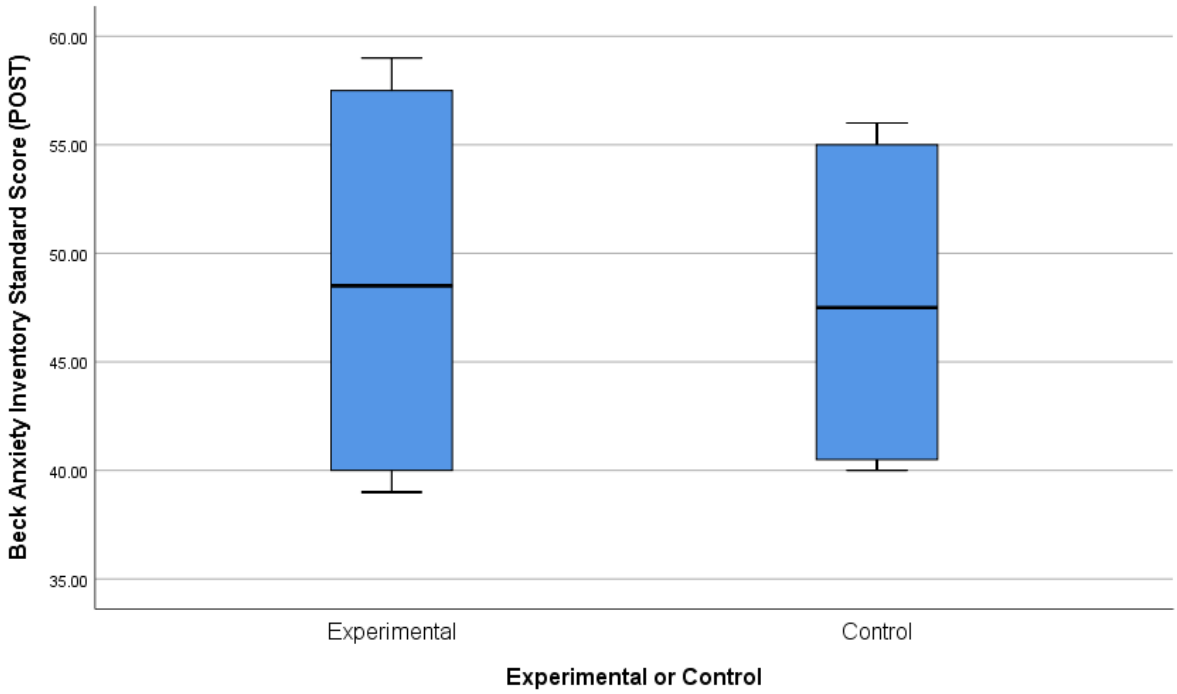
a. Design: Intercept + Condition

Within Subjects Design: factor1

Anxiety Inventory Scores Pre and Post by Condition

Outliers Check:





Normality of Distribution Check:

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Experimental or Control	Statistic	df	Sig.	Statistic	df	Sig.
Beck Anxiety Inventory Standard Score (PRE)	Experimental	.254	4	.	.896	4	.410
	Control	.192	4	.	.971	4	.850
Beck Anxiety Inventory Standard Score (POST)	Experimental	.276	4	.	.843	4	.205
	Control	.289	4	.	.814	4	.129

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Beck Anxiety Inventory Standard Score (PRE)	Based on Mean	2.135	1	6	.194
	Based on Median	1.628	1	6	.249
	Based on Median and with adjusted df	1.628	1	4.391	.265
	Based on trimmed mean	2.127	1	6	.195
Beck Anxiety Inventory Standard Score (POST)	Based on Mean	3.000	1	6	.134
	Based on Median	2.842	1	6	.143
	Based on Median and with adjusted df	2.842	1	5.096	.152
	Based on trimmed mean	2.998	1	6	.134

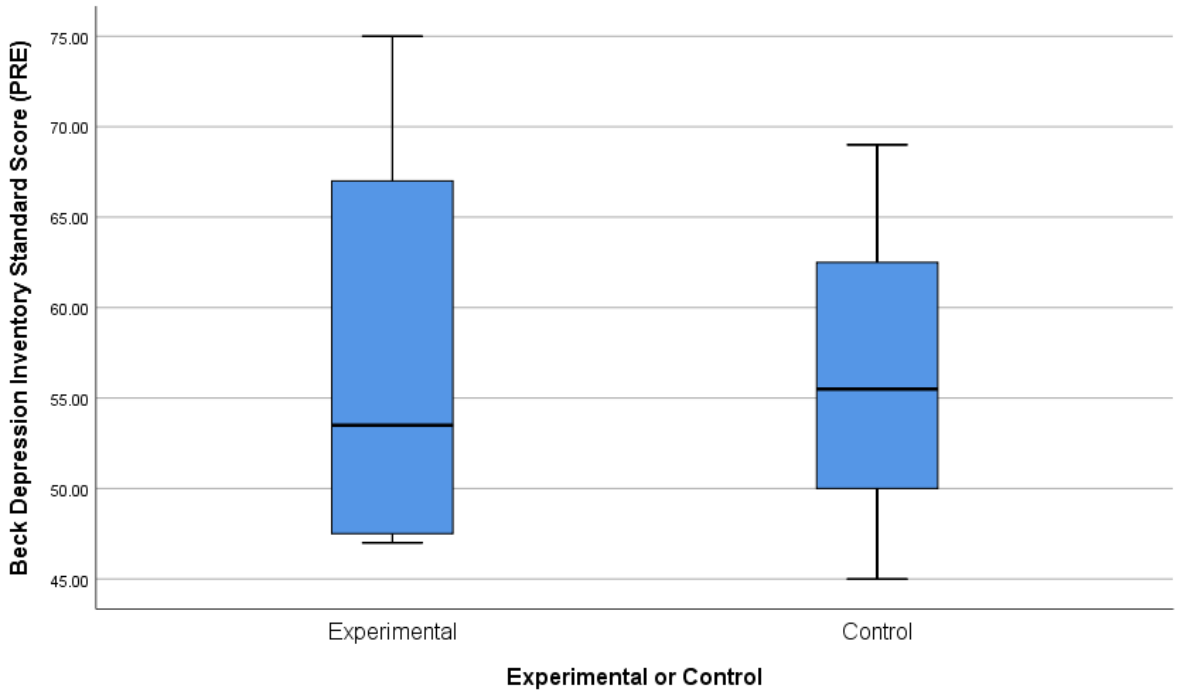
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

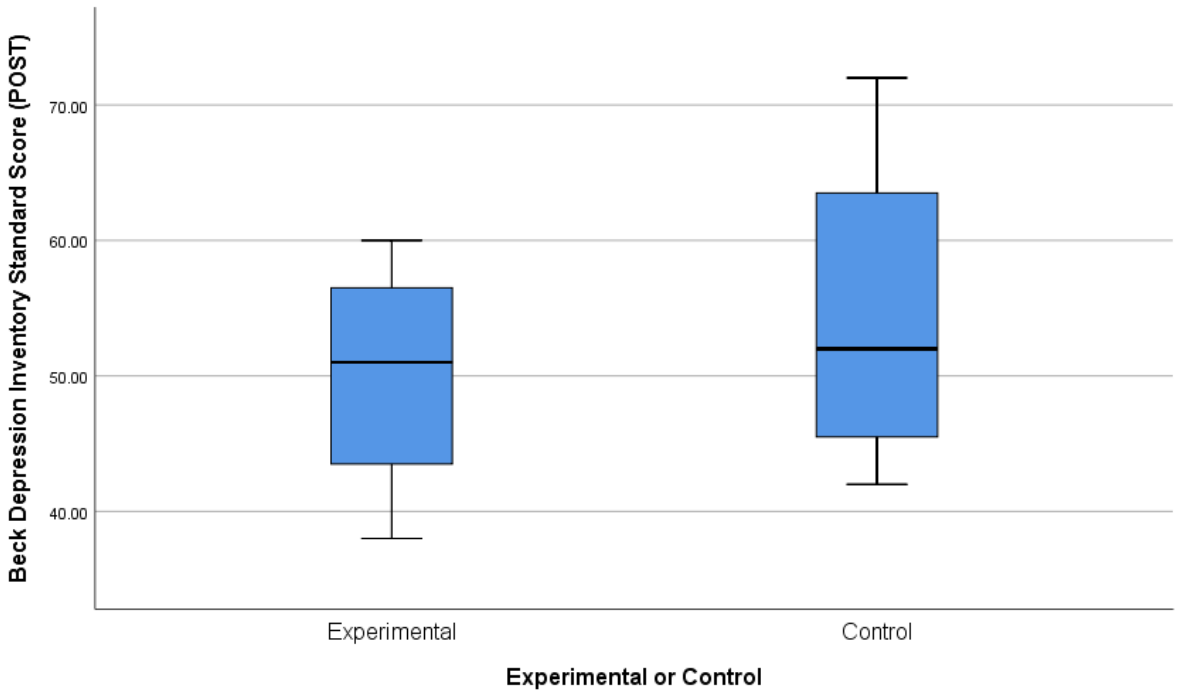
a. Design: Intercept + Condition

Within Subjects Design: factor1

Depression Inventory Scores Pre and Post by Condition

Outliers Check:





Normal Distribution Check:

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Experimental or Control	Statistic	df	Sig.	Statistic	df	Sig.
Beck Depression Inventory Standard Score (PRE)	Experimental	.261	4	.	.873	4	.309
	Control	.260	4	.	.955	4	.746
Beck Depression Inventory Standard Score (POST)	Experimental	.207	4	.	.981	4	.908
	Control	.234	4	.	.948	4	.702

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Beck Depression Inventory Standard Score (PRE)	Based on Mean	.533	1	6	.493
	Based on Median	.457	1	6	.524
	Based on Median and with adjusted df	.457	1	5.869	.525
	Based on trimmed mean	.540	1	6	.490
Beck Depression Inventory Standard Score (POST)	Based on Mean	.295	1	6	.606
	Based on Median	.265	1	6	.625
	Based on Median and with adjusted df	.265	1	5.274	.628
	Based on trimmed mean	.295	1	6	.607

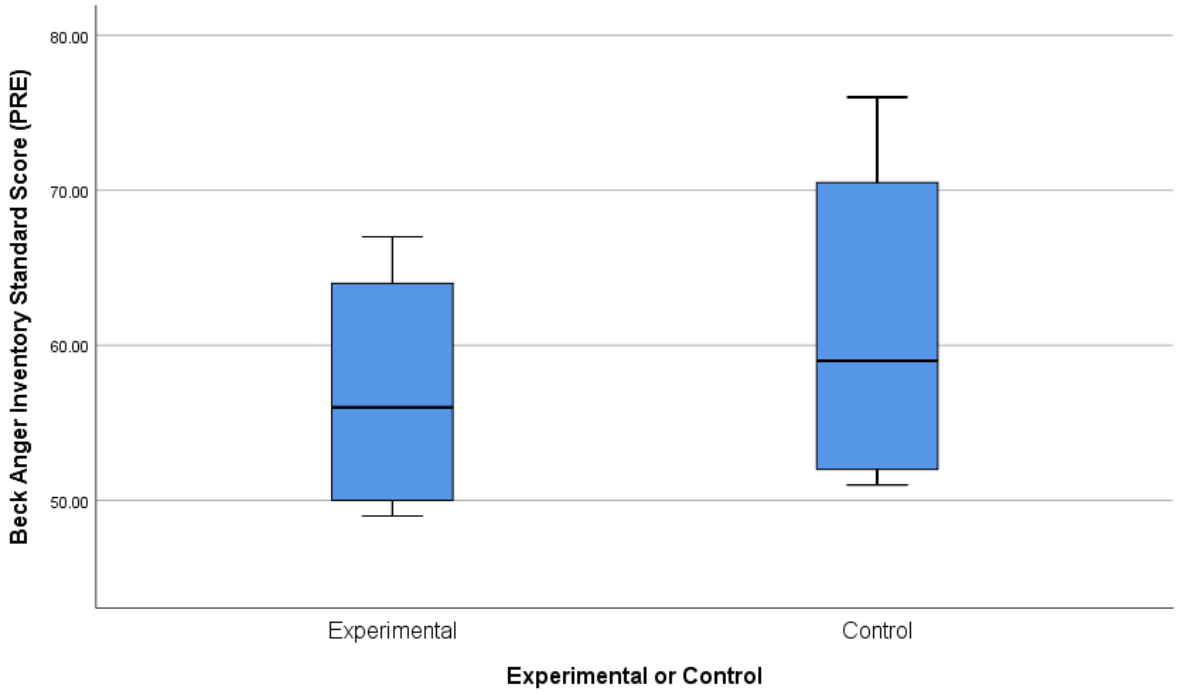
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

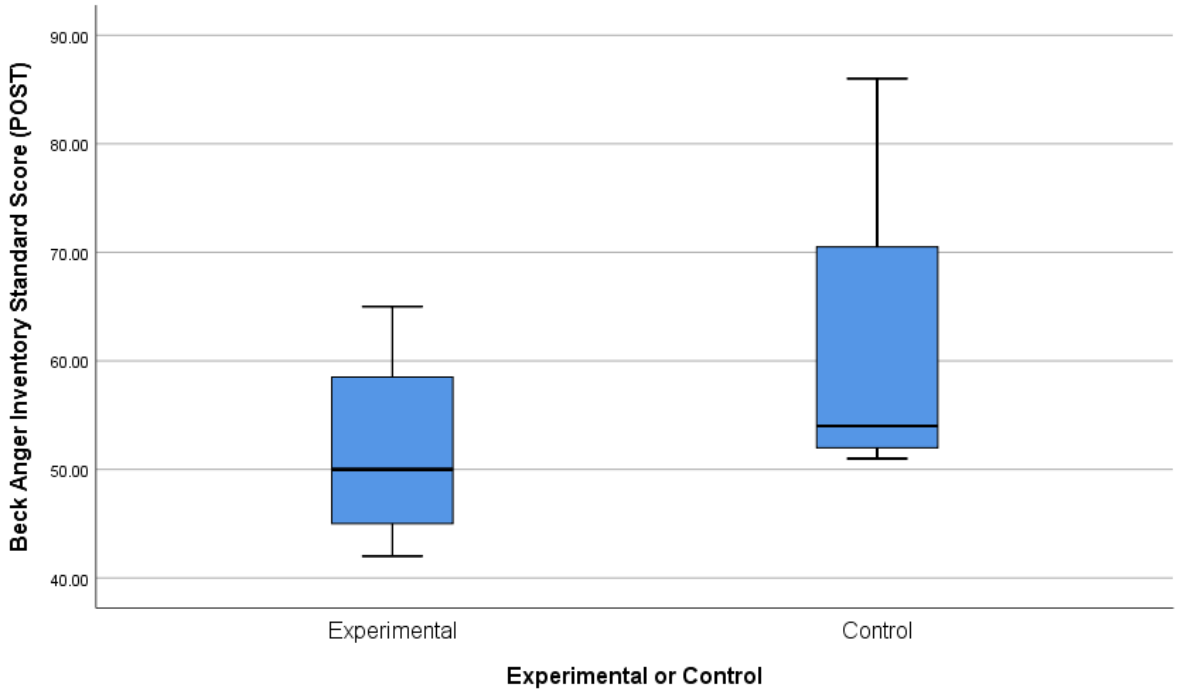
a. Design: Intercept + Condition

Within Subjects Design: factor1

Anger Inventory Scores Pre and Post by Condition

Outliers Check:





Normal Distribution Check:

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Experimental or Control	Statistic	df	Sig.	Statistic	df	Sig.
Beck Anger Inventory Standard Score (PRE)	Experimental	.260	4	.	.912	4	.492
	Control	.261	4	.	.909	4	.475
Beck Anger Inventory Standard Score (POST)	Experimental	.240	4	.	.953	4	.734
	Control	.397	4	.	.721	4	.020

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Beck Anger Inventory Standard Score (PRE)	Based on Mean	.736	1	6	.424
	Based on Median	.569	1	6	.479
	Based on Median and with adjusted df	.569	1	4.605	.487
	Based on trimmed mean	.734	1	6	.425
Beck Anger Inventory Standard Score (POST)	Based on Mean	1.207	1	6	.314
	Based on Median	.093	1	6	.771
	Based on Median and with adjusted df	.093	1	3.967	.776
	Based on trimmed mean	.918	1	6	.375

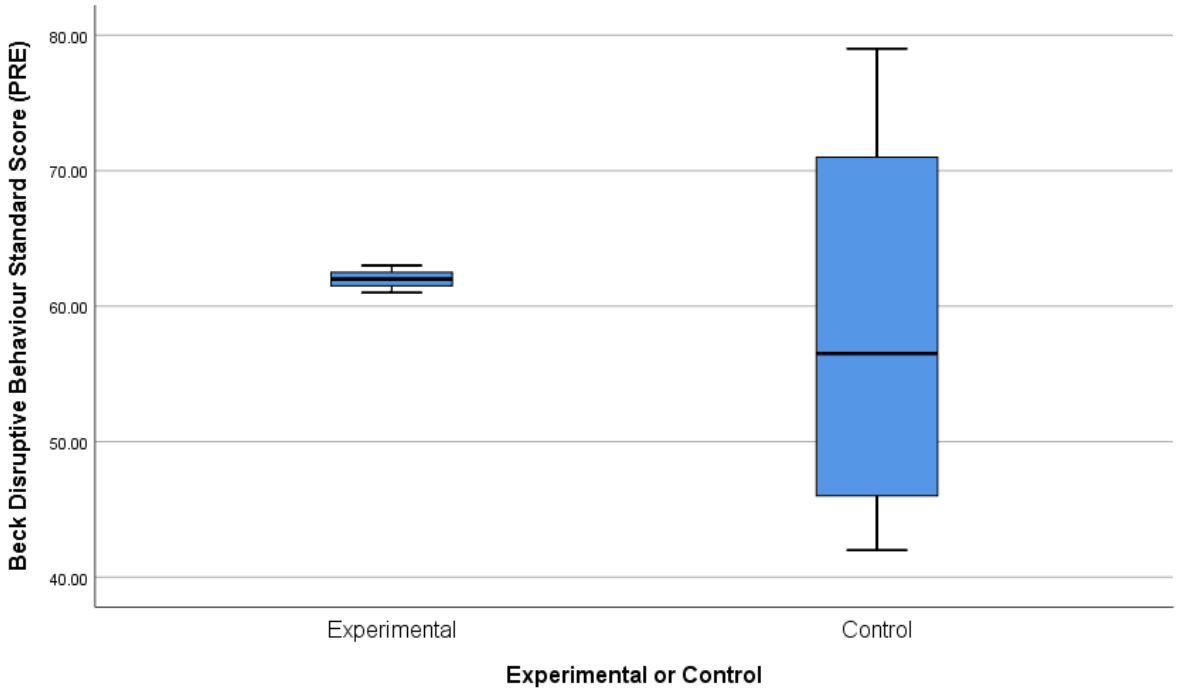
Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

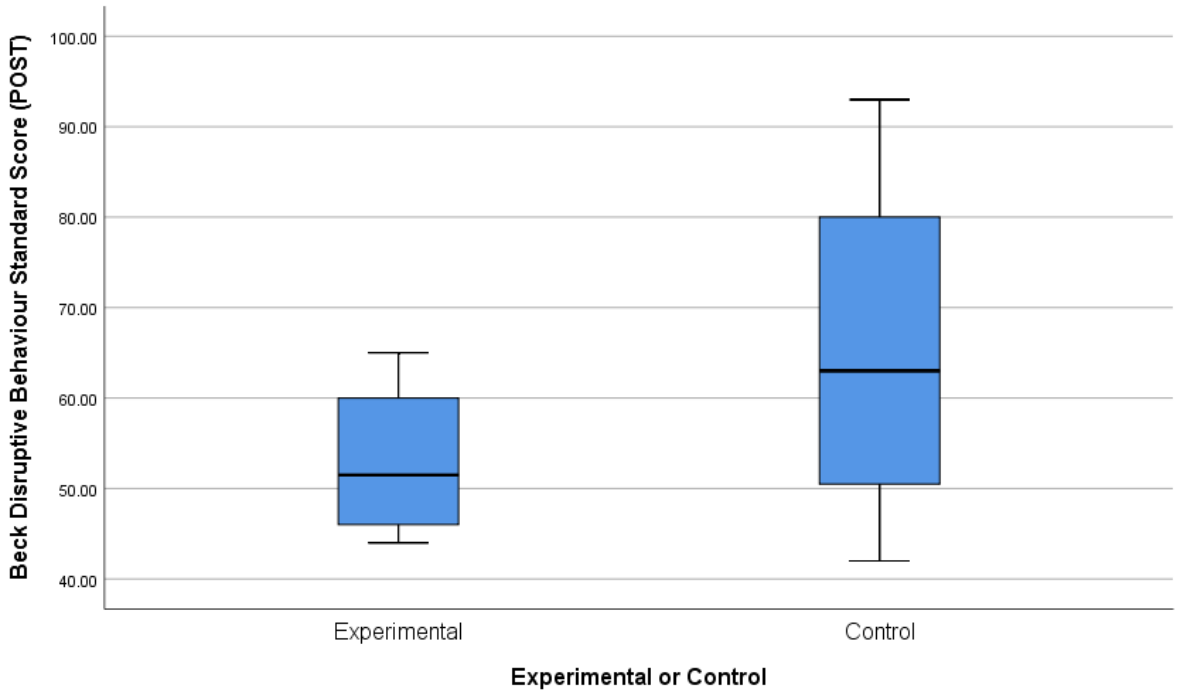
a. Design: Intercept + Condition

Within Subjects Design: factor1

Disruptive Behaviour Inventory Scores Pre and Post by Condition

Outlier Check:





Normality of Distribution Check:

Tests of Normality

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Experimental or Control	Statistic	df	Sig.	Statistic	df	Sig.
Beck Disruptive Behaviour Standard Score (PRE)	Experimental	.250	4	.	.945	4	.683
	Control	.200	4	.	.970	4	.840
Beck Disruptive Behaviour Standard Score (POST)	Experimental	.207	4	.	.958	4	.765
	Control	.217	4	.	.978	4	.893

a. Lilliefors Significance Correction

Homogeneity of Variance Check:

Levene's Test of Equality of Error Variances[a]

		Levene Statistic	df1	df2	Sig.
Beck Disruptive Behaviour Standard Score (PRE)	Based on Mean	10.733	1	6	.017
	Based on Median	9.763	1	6	.020
	Based on Median and with adjusted df	9.763	1	3.034	.051
	Based on trimmed mean	10.720	1	6	.017
Beck Disruptive Behaviour Standard Score (POST)	Based on Mean	1.333	1	6	.292
	Based on Median	1.265	1	6	.304
	Based on Median and with adjusted df	1.265	1	3.786	.327
	Based on trimmed mean	1.333	1	6	.292

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Condition

Within Subjects Design: factor1

Strengths and Difficulties Questionnaire (SDQ)

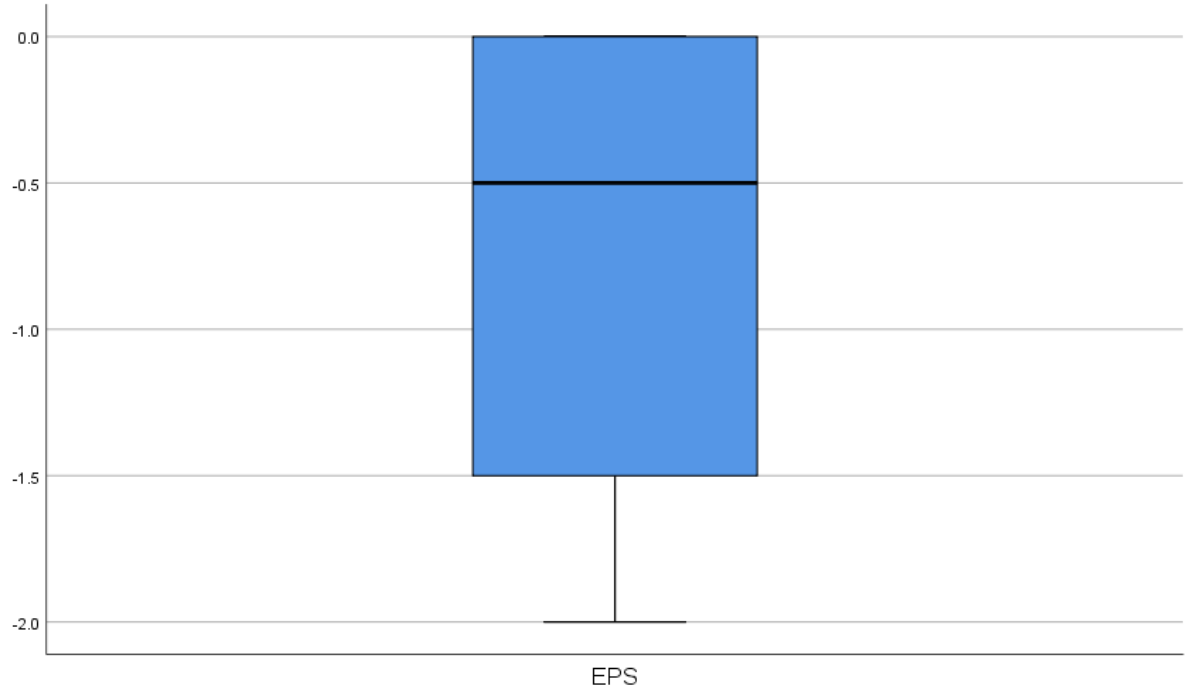
Normal Distribution Check:

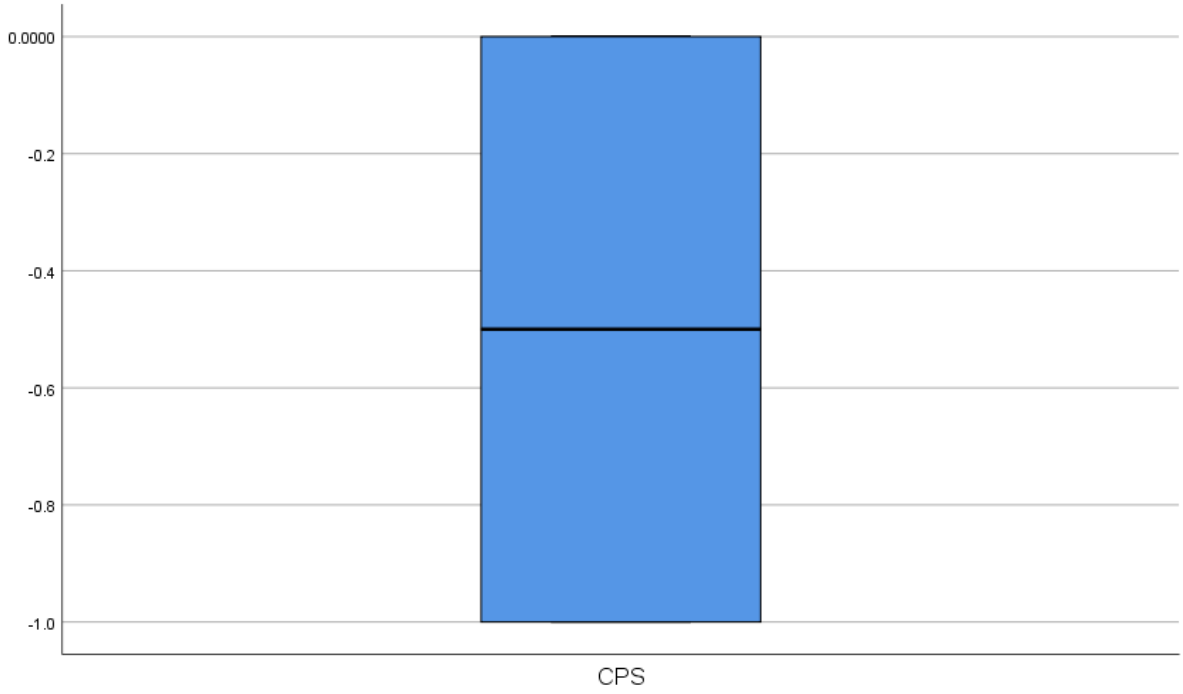
Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
EPS	.283	4	.	.863	4	.272
CPS	.307	4	.	.729	4	.024
HAS	.333	4	.	.763	4	.051
PPS	.307	4	.	.729	4	.024
PSS	.250	4	.	.945	4	.683
TDS	.214	4	.	.963	4	.798

a. Lilliefors Significance Correction

Outliers Check:

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-0.6
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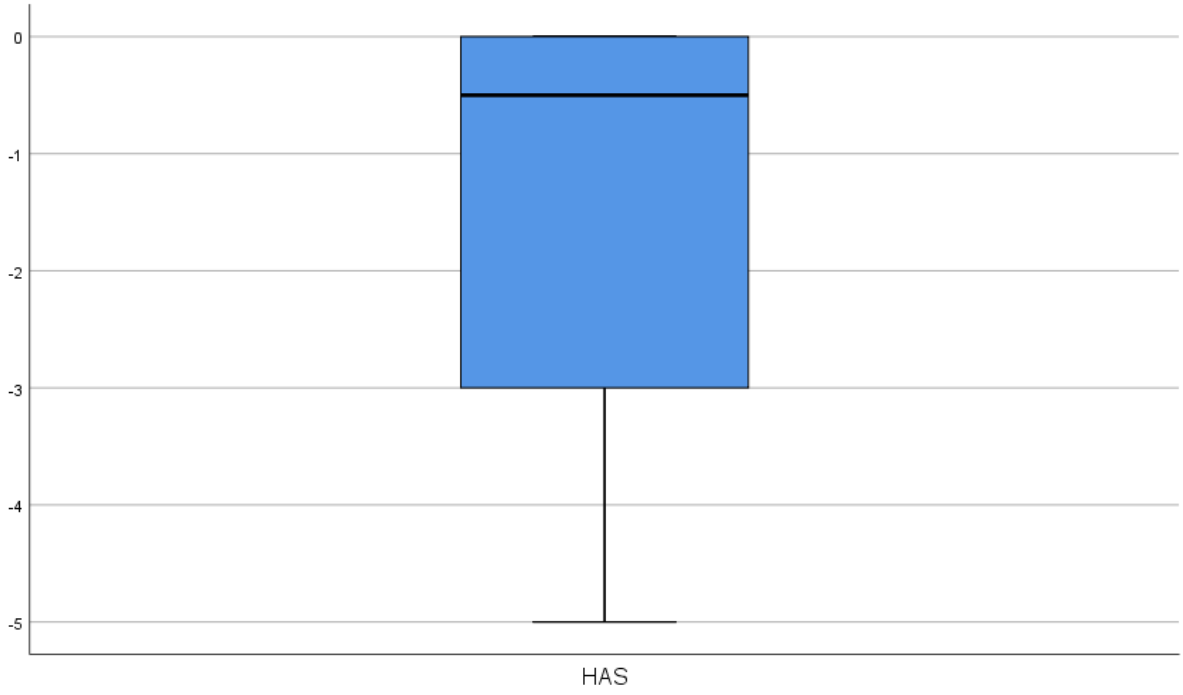
CPS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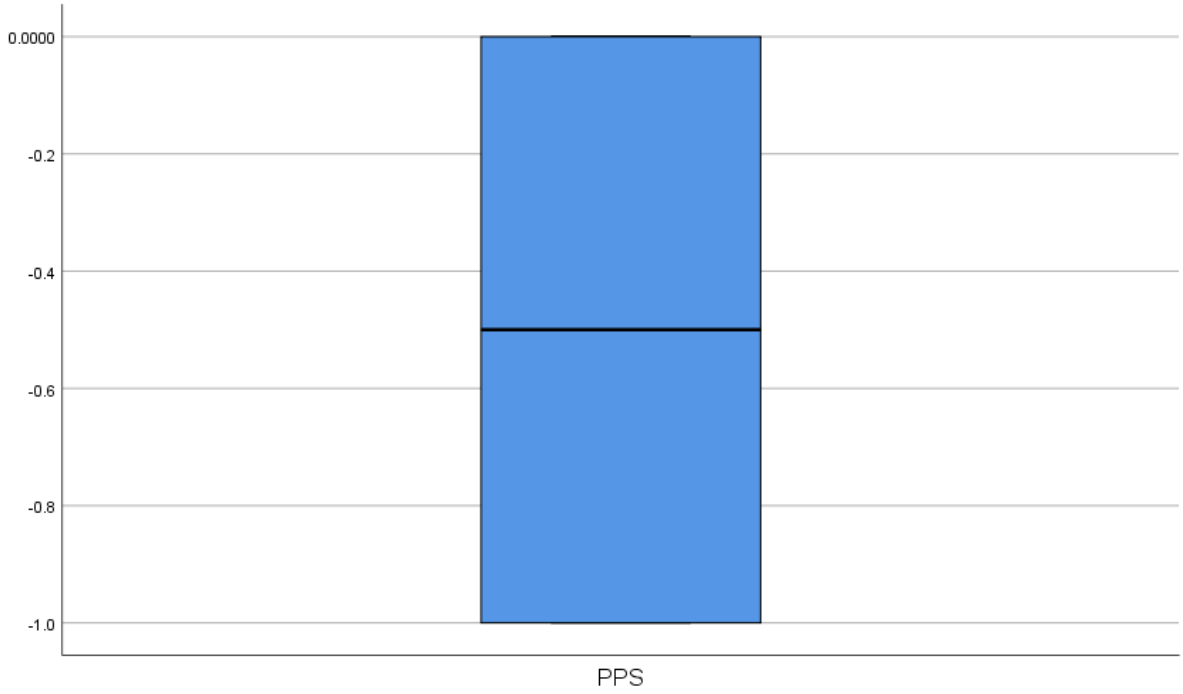
-3
-4
-5
HAS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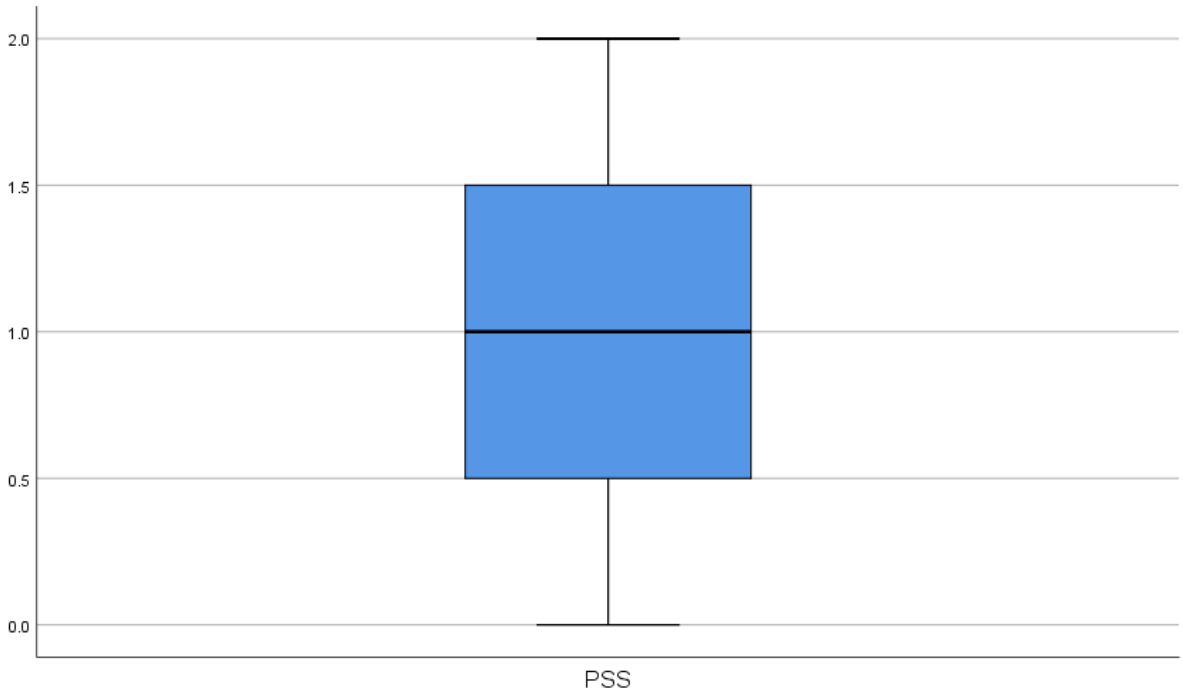
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1.5
1.0
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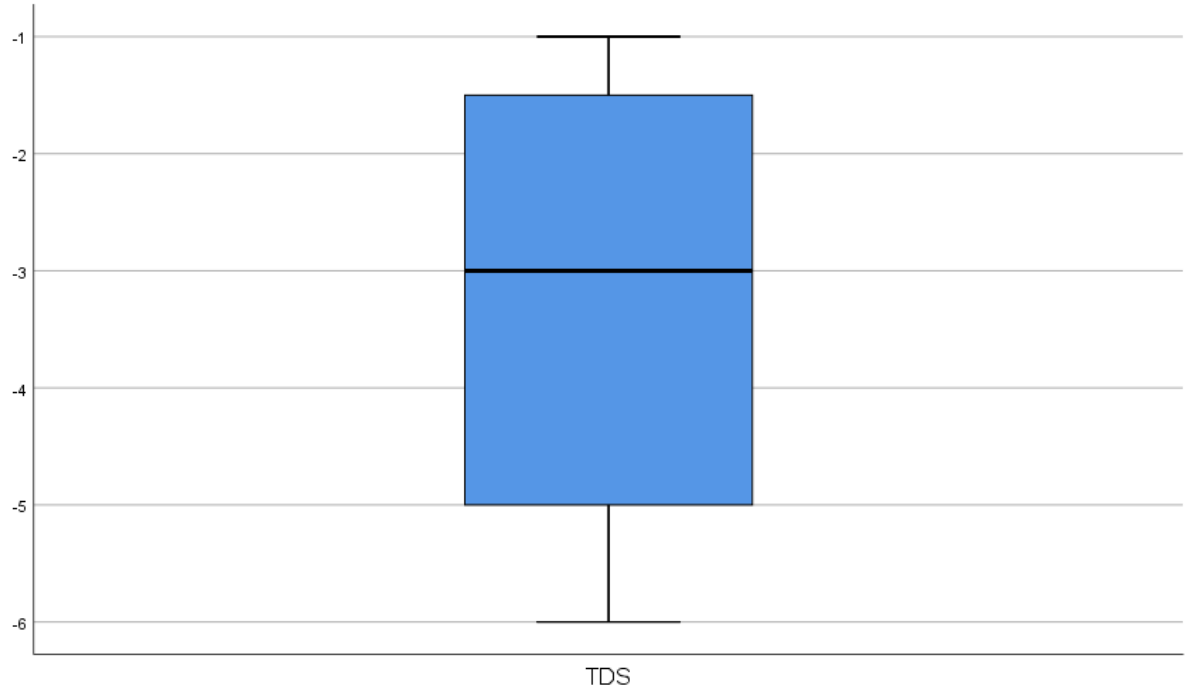
PSS


-1
-2
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-4
-5
-6
TDS

Appendix G: Coding Extracts from Thematic Analysis of Qualitative Data

Pupils

Coding System

Increased self-awareness
Importance of self-kindness
Recognising commonality of thoughts
Having opportunities to reflect on or talk about oneself
Appreciation of incentives
Having a relaxed atmosphere
Lack of interest in learning about ACT
Not a 'one size fits all'
Being perceived as 'different'
Difficulty remembering
Not knowing
Connection between different parts of the self
Improving your life
Making sessions more practical
Access to Information
Frustration with questioning
Trusting relationships
Influence of other pupils
Effect of group size

Extract

Pupil Interview 1 (T1): 11.02.20 (5-weeks post-intervention)

Participant: Thomas (Pseudonym)

Researcher: So, first question then, what do you think the programme was about?

Thomas: How...people change? (mm?) and how this programme can affect people's lives- make it better.

Researcher: Okay, do you think that it met your expectations, of what you thought it was gonna be?

Thomas: No...I didn't even know what it was.

Researcher: So you didn't have any expectations going in?

Thomas: No (Okay).

Researcher: What did you like about the sessions?

Thomas: When we 'ad to discuss fings about ourselves (mm), yeah. (Anything else?) *shakes head*.

Researcher: What didn't you like about the sessions?

Thomas: I dunno... jus' a bit annoying with Ben-he's really hyper (yeah- difficult to concentrate sometimes maybe?) yeah (okay).

Researcher: Was there anything that you found useful in the sessions, maybe from like a particular session?

Thomas: Uh...about the-when we 'ad to count in ow 'eds- up to like (ahh right) we 'ad to count an' nor like fink, an' tha' was hard-an' it like- I was... blown by it (researcher laughs).

Researcher: So is that when we were doing the sort of counting your breaths- up until (yeah) a certain number and trying not to think in the time? (yeah). Why was that difficult?

Thomas: 'Cause you just fink about everyfin' when you' eyes are closed (yeah) or when they're open (yeah).

Researcher: Um, has the intervention changed the way you think about yourself?

Thomas: A lil' bit yeah.

Researcher: Could you explain how?

Thomas: Jus'- I dunno- I just- I realise now everyfin that I fink, there's like someone- there could be someone else finking the same thing and (mm) I'm not the s- just one person (mm) there's people like me (yeah).

Staff

Coding System

More confident and friendly
More mature
More Helpful
Improved work-ethic
Frustration with other pupils misbehaving
Amount of time spent trying to engage pupils
Limited expectations of pupil with ADHD
More Practical
Organisation
Timespan of session delivery
Embedding as part of an SEBD curriculum
Importance of relationship building with pupils
Feasibility
Social media
Influence of communities
Early intervention

Extract

Staff Interview (T5): 11.02.20 (5-weeks post-intervention)

Participant: Mr Edwards (Pseudonym)

Researcher: So, in general, since they've attended the sessions, have you noticed any changes in the pupils' behaviour, do you think?

Mr Edwards: Yes, more confident, more confident and more…friendly with like, like- the ones like Aimee, (mm) who is probably more confident with adults, even though I've put down- I've put on here *referencing the strengths and difficulties questionnaire* to say she is still confident with adults (mm), 'cause she is but I have noticed a bit of a difference as well though (mm)- she's more involved and- the one I thought was the most different was Sadie (oh okay). I- I don't know if it's anything to do with it- it could just be a coincidence but she's more- like a lot of them are-are the same (yeah) but I have thought to myself well yeah-it-it's not enough for me to say somewhat or certainly (yeah) but yeah I have noticed she's more involved with like *references the name of the pupil provision group*whereas, as I say, before you started (mm) she was more like… out of it- like a bit of an individual in there- but yeah no there has been yeah.

Researcher: Okay, so next question was gonna be, um, have you noticed any general differences in their emotional regulation skills?

Mr Edwards: Umm, Thomas? (mm) probably Thomas. He-he's just seems more, a bit more mature like he-he has his days (mm) like days where he's not-he's not been great (yeah) but he's cert-yeah like I've noticed little like- just his decision making (mm) like well 'I'm not going to do this now because I'll get in trouble' (mm) and just a bit more mature, a bit more helpful (mm). So yeah, I suppose, yeah- definitely in him.

Researcher: Okay, what about concentration levels, any differences you've noticed there?

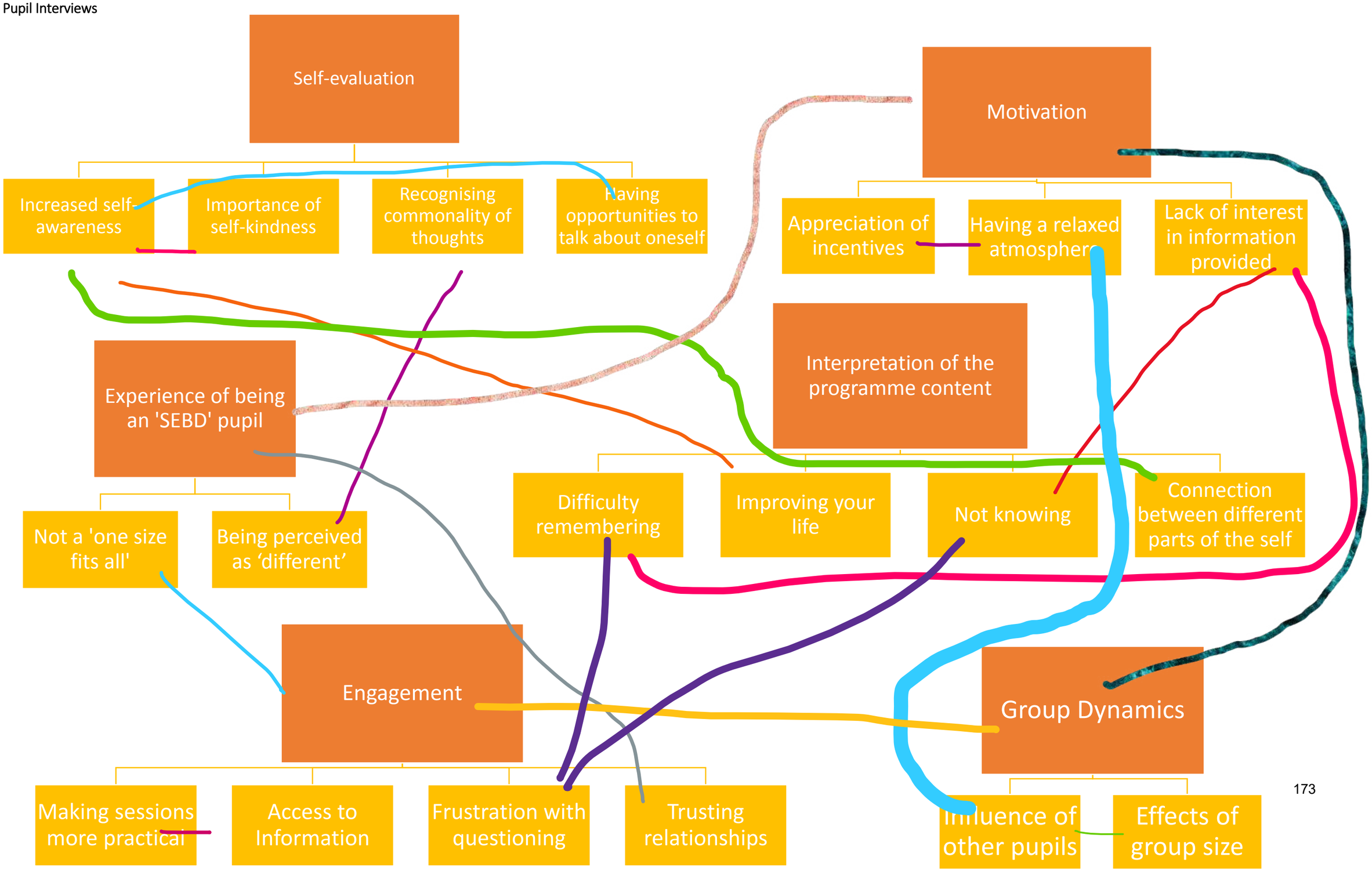
Mr Edwards: Again, probably Thomas, he's had like-I'd say before, he'd mostly be one of the one's you'd sort of sit on (mm) and make- but he has had his days in the last couple of weeks where you haven't really heard a peep out of him he's just got on with it (mm) so, yeah (yeah that's good).

Researcher: Um, what about their sort of peer relationships or relationships with other pupils in the class, any difference there?

Mr Edwards: …Yes, some of them negative though (yeah?). 'Cause the ones who have- not negative for like- as in their more childish- but as in they've- because they have maybe acted a bit more mature, or their acting a bit more involved with the group (mm), the others in the group are maybe annoying them a bit more or are a bit too childish for them (right) and they're like getting a bit more easily fed up 'cause they wanna just-have a chat, not run around, mess around (mm)- just get on with their work so yeah there is a difference, but more that they have matured (yeah) a bit more

Appendix H: Thematic Maps

Pupil Interviews



Staff Interview