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Implementing a brief universal Acceptance and Commitment Therapy (ACT) intervention (InTER-ACT) for secondary school students: a qualitative evaluation of the experiences of teachers and school counsellors

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ABSTRACT

Background: Mental health difficulties are common in young people, and mental health interventions are now mandatory as part of the school curriculum in the UK. Teachers are well placed to provide interventions, however they often lack the required mental health training. This paper reports on how school counsellors and teachers experience the process of receiving training in a universal Acceptance and Commitment Therapy (ACT) based programme, and subsequently, delivering this programme to students in the classroom.

Methods: Three counsellors and four teachers were interviewed following their delivery of the InTER-ACT programme. Two counsellors and three teachers were then interviewed again at a 6-month follow-up. Constructivist Grounded Theory was used to collect and analyse the interview data.

Results: The grounded theory analysis of the interview data resulted in a model of engagement within a context of willingness to show vulnerability. This model consisted of eight phases which included: pre-existing stance, perceiving the approach to be a good fit, buying into the approach, practicing skills, talking authentically, students engaging, believing in the approach and sharing with others.

Conclusions: The model of engagement shows the circular phases that the facilitators moved through to support their engagement with ACT and the engagement of their students. The model emphasises the importance of vulnerability when learning and using ACT, for both facilitators and students. Recommendations for future training with school counsellors and teachers are provided.


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Introduction

Mental health difficulties in young people are common; approximately 20% of adolescents experience a mental health problem in any given year (Merikangas et al., 2010). There is evidence to suggest that mental health difficulties are increasing amongst young people (Deighton et al., 2019). Between 2017 and 2020, rates of difficulties are reported to have increased within the adolescent population from one in nine (10.8%) to one in six (16.0%) (NHS Digital, 2020).

The public health crisis caused by COVID-19 is reported as having further increased distress amongst young people (NHS Digital, 2020). A study by a UK online mental health platform reported a 128% increase in sadness and 27% increase in self-harm amongst adolescents, when compared to the previous year (Kooth, 2020). Other studies have assessed adolescent mental health in response to the pandemic (Oosterhoff et al., 2020; Ravens-Sieberer et al., 2021; Zhou et al., 2020), and all found significantly increased depression and anxiety compared to pre-pandemic.

Evidence suggests an international need for increased implementation of mental health treatment and prevention strategies to maintain young people's well-being. Approximately 50% of mental health problems emerge before the age of 14, and 75% before the age of 24 (Kessler et al., 2007). Distress in childhood and adolescence can have a long-term effect, for example, increasing the risk of adult mental health difficulties (Mulraney et al., 2021) and negatively impacting future employment (Egan et al., 2015)

Despite a high prevalence of mental health difficulties in adolescents, many will not have access to specialist services (Frith, 2017) due to high referral rates (Children's Commissioner, 2022) and staff shortages (Rimmer, 2021). There has been a particular focus in recent research and policies on schools as a universal access point for mental health support (Werner-Seidler et al., 2021).

Mental health interventions in schools

Schools are often seen as suitable environments for interventions to prevent mental health problems and to protect and promote mental health (O'Reilly et al., 2018). The majority of teachers believe that schools should be a place where mental health issues are addressed (Reinke et al., 2011) and many teachers acknowledge their ability to identify students who are struggling (Roth et al., 2008). As most young people attend school, the potential reach of school-based delivery is also substantial (Werner-Seidler et al., 2017). The 2017 green paper from the British government (Department for Education, 2019) was pivotal in outlining the role schools have in young people's mental health. The promotion of positive mental health in children in schools is now mandated by the government at a universal or targeted level (Department for

Education, 2018, 2019; Scottish Government, 2017; Welsh Government, 2021). The role of schools in promoting mental health is further emphasised in the 'Promoting children and young people's mental health and wellbeing' guidance (Public Health England, 2021), which highlights the role schools have in increasing students' resilience, by equipping them with skills to manage life stresses.

Universal school-based interventions have the potential to target large populations of young people to promote wellbeing as they are delivered to all individuals irrespective of diagnosis or symptoms. Universal interventions avoid some of the difficulties associated with targeted interventions, such as large-scale screening, missing vulnerable students and potential stigmatisation (Burckhardt et al., 2017). Many universal interventions have been developed for teacher delivery rather than mental health professionals (Franklin et al., 2012). Teachers have an understanding of how to engage students' attention (Leflot et al., 2010) and they have relationships with students, which may be beneficial when discussing sensitive topics. For, example, in the UK, two-thirds of adolescents with diagnosable mental health difficulties have spoken to a teacher about their mental health (Newlove-Delgado et al., 2015). However, teachers may lack mental health knowledge, and therefore, appropriate training and supervision are important for teachers facilitating mental health programmes (Lendrum et al., 2013). Shelemy et al. (2020) conducted three meta-analyses on teacher-delivered interventions and found significant improvements in depression, anxiety and PTSD symptoms in students. Effect sizes for the universal prevention programmes were moderate, however improvements were only sustained at follow-up for anxiety symptoms. Teacher training and ongoing supervision from a mental health professional were critical in increasing efficacy (Shelemy et al., 2020).

ACT for young people

Acceptance and Commitment Therapy (ACT; Hayes et al., 1999) is a third wave cognitive and behavioural therapy, where the predominant goal is to increase psychological flexibility. Psychological flexibility refers to skills for interacting with both welcomed and undesired thoughts and feelings, which allows individuals to be present and adapt their behaviour to align with their values (Hayes et al., 2006). Psychological flexibility is thought to be a key process that leads to clinical change (Hayes et al., 2006).

ACT is composed of six processes that aim to increase psychological flexibility: (1) *acceptance*: allowing thoughts and emotions to be experienced; (2) *cognitive defusion*: distancing from thoughts; (3) *being present*: mindful awareness and non-judgementally noticing of thoughts and emotions; (4) *self-as-context*: observing experiences without attachment to them; (5) *values*: acknowledging desired qualities to bring into actions and (6) *committed action*: acting in congruence with personal values

(Hayes et al., 2006). Hayes et al. (2006) emphasised that each process is a positive psychological skill in itself and is not an approach to avoid psychological distress.

The evidence for ACT improving well-being in adults is compelling; a review of meta-analyses by Gloster et al. (2020) found ACT was a more effective treatment for anxiety and depression when compared to controls and other interventions (excluding CBT). There are comparatively fewer studies of children. A recent meta-analysis of the efficacy of ACT for children by Fang and Ding (2020) found that ACT was more effective than the control and comparable to CBT in decreasing anxiety, depression and other mental and behavioural difficulties. This meta-analysis was limited by the number of randomised control trials (RCT) investigating the efficacy of ACT with children. Further high-quality studies exploring ACT for children with different mental health difficulties are needed.

ACT as a universal approach in schools

ACT has been developed as a transdiagnostic model; it is an approach to understanding psychological wellbeing which emphasises the commonality of experiencing distress (Hayes et al., 2012). The main purpose of ACT is to encourage individuals to engage in value-based living and not to remove mental health symptoms. This focus on values may be particularly relevant for adolescents as they begin to question societal rules and to develop their identity (Fang & Ding, 2020).

There have been a number of ACT interventions carried out in schools with varying results. A recent review by Knight and Samuel (2022) identified nine studies evaluating the use of ACT as an intervention for secondary school pupils. Studies involved a total of 1324 pupils across six different countries and included both universal and targeted interventions. The authors concluded that there was some evidence in favour of ACT as an effective school-based intervention; however, findings were mixed across different studies and many studies were limited by methodological weaknesses.

InTER-ACT

The study described within this paper was part of a broader trial assessing the *In-school Training in Emotional Resilience – with ACT (InTER-ACT) programme* (Samuel et al., 2021). The study stages are outlined in [Figure 1](#).

The qualitative study is the focus of this paper.

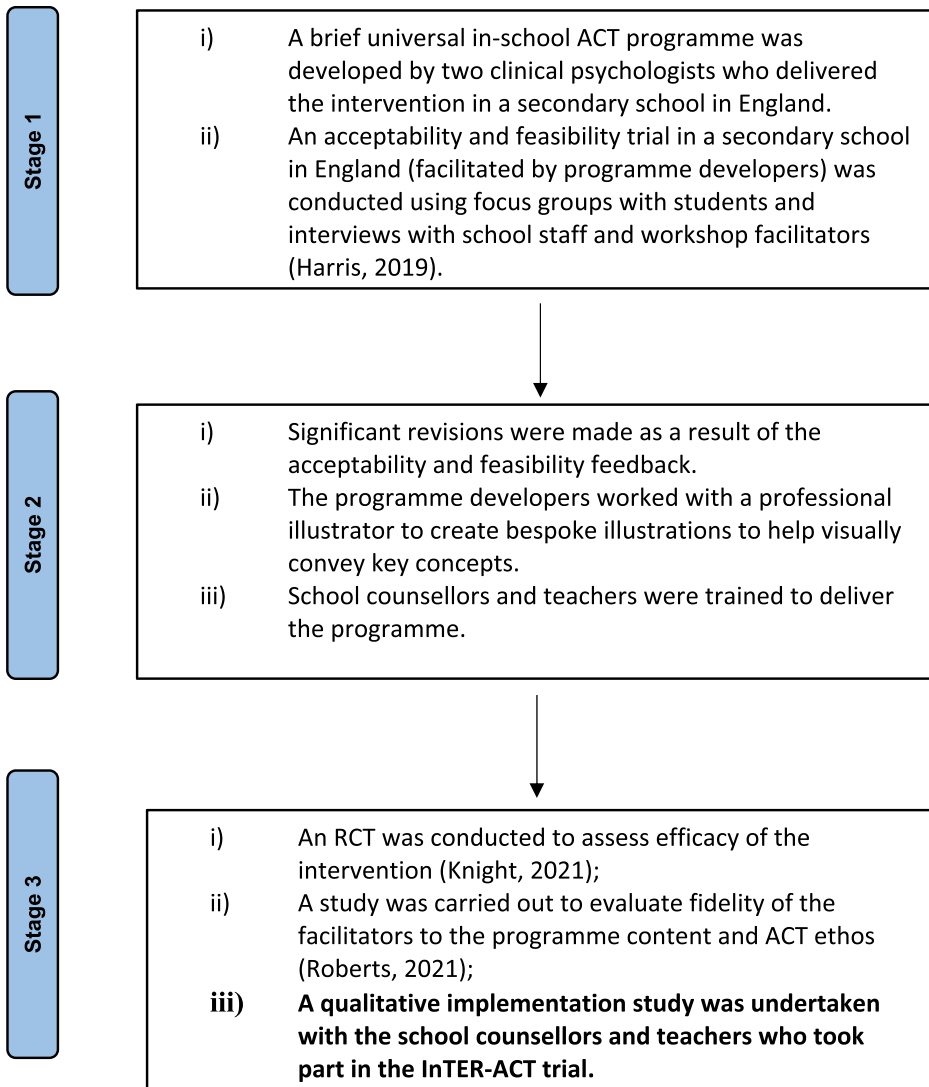


Figure 1. The stages involved in the INTER-act trial.

Using qualitative data in trial research

Complex healthcare interventions involve social processes that can be difficult to explore using quantitative methods alone (Lewin et al., 2009). Qualitative experience data can be crucial for the development of new trials (Oakley et al., 2006) and can support trial design and improve our understanding of complex interventions. For example, qualitative data can be used to help identify reasons and theories for findings, the mechanisms through which changes occur, variations in experiences and can help to generate further hypotheses (Lewin et al., 2009).

Table 1. The content included in the workshops.

Topic	Key points and exercises
Workshop 1: thoughts are just thoughts.	
Overview of InTER-ACT	– Introductions and setting ground rules.
Noticing our thoughts	– Writing down all thoughts passing through mind over 2 minutes.
Evolution of negative thoughts	– Bespoke animation (https://www.youtube.com/watch?v=0BF1hJaNtms) of 'Worse case Wally' (threat alert cave dweller) vs 'Laid Back Larry' (nonchalant cave dweller) – Understanding how negative thoughts are normal and have helped us to survive but are not always very helpful.
Relating differently to our thoughts	– Exercises to test if can control thoughts. – Learning diffusion skills.
Workshop 2: Pause, Observe, Describe	
Recap from workshop one	– Reminder of ground rules and Quiz relating to workshop one.
Responding to difficult feelings	– What we get told about dealing with difficult feelings can be unhelpful ('chill out', 'distract yourself'). – Questions to test out if we can control how we feel.
Time Travelling Mind	– Mind travelling to past and future can cause difficult feelings. – Learning to be in the here and now can make it easier to cope.
Connecting to the Moment	– Introduction to mindfulness, including metaphors. – Practical mindfulness exercises. – Practicing pause, observe, describe whilst watching emotive video.
Workshop 3: Taking Steps Towards What Matters	
Recap last session	– Reminder of ground rules and quiz relating to workshop two.
What are values?	– Discussions about messages we get about what is important in life versus research regarding well-being. – Value exercises to identify personal top values.
Moving towards value-based goal	– Committing to taking steps towards a value-based goal.
Recap	– Recap key points from three workshops.

The InTER-ACT programme

The InTER-ACT programme consists of three ACT workshops, an hour each in duration (see Table 1 below). A two-day training programme was developed to enable counsellors and teachers to deliver InTER-ACT themselves. Facilitation required one counsellor and one teacher. PowerPoints were provided for each workshop to guide facilitators through sessions, with transcripts for the workshop dialogue, and sections pre-divided between 'Facilitator 1' and 'Facilitator 2'.¹

Method

Aims of study

For the InTER-ACT trial, it was essential to know how the training was experienced, how the knowledge and skills from the training were integrated by counsellors and teachers and how the training was applied in the reality of the school classroom.

This study aimed to explore the process of how counsellors and teachers:

- (1) learnt a new approach that may have been unfamiliar;
- (2) subsequently engaged students and delivered the intervention within a school context;
- (3) developed their personal use of ACT skills and used ACT skills with individual students.

Understanding the counsellors' and teachers' experiences was important for increasing understanding regarding what may have facilitated or inhibited the learning and application of new psychological ideas. This information could be used to help to shape and expand the InTER-ACT training and intervention for children for future delivery.

Ethical considerations

Prior to beginning the study, ethical approval was obtained from The School of Psychology Research Ethics Committee at Cardiff University.

Study design

The study used a qualitative design approach of Constructivist Grounded Theory (CGT), as described by K. C. Charmaz (2006, 2014) to generate and analyse the qualitative data. CGT is an inductive qualitative research method that seeks to understand and explore social processes where there are no pre-existing theoretical frameworks (K. Charmaz, 2014; K. C. Charmaz, 2006). CGT provides systematic guidelines for collecting, synthesising, analysing, and conceptualising qualitative data to construct theories 'grounded' in the data. The approach focuses on generating new theories which assert a plausible relationship between concepts through the analysis of data gathered from participants (K. C. Charmaz, 2006). A CGT method was chosen as the aims of the study focused on understanding the social and psychological processes central to counsellors and teachers learning and delivering the InTER-ACT intervention. CGT emphasises the integral role of the researcher and their background and perspective to the way the data is gathered and the interpretations that are made (K. Charmaz, 2016).

Recruitment and sample

Participants were recruited as part of the earlier InTER-ACT trial and were school counsellors and teachers who had attended the two-day InTER-ACT programme facilitator training and had delivered the InTER-ACT programme as part of the research trial.

Participants in the qualitative study

Five counsellors and five teachers agreed to be contacted to discuss taking part in the interviews following their involvement in the InTER-ACT trial. Of these, three counsellors and four teachers agreed to be interviewed and received information sheets and signed consent forms; these participants included six females and one male.²

Initial interviews were conducted with seven participants after delivery of the intervention, during which counsellors and teachers were asked if they consented to be subsequently contacted for a follow-up interview. Six of the seven participants consented to this. Six months after the initial interviews, these participants were contacted and four participants responded. One counsellor and three teachers (all female participants) were interviewed at a 6-month follow-up. All participants were debriefed following each interview.

Data collection

An interview schedule was developed to guide interviews. Broad open-ended questions focused on participants' experience of training and delivering the workshops. As per Grounded Theory, the interview schedule was adapted following interviews to allow exploration of emerging themes. Initial interviews of 55–90 minutes duration were conducted between December 2019 and March 2020. Follow-up interviews of 40–60 minutes duration were conducted between July 2020 and August 2020. The follow-up interviews focused on participants' experiences of using ACT since delivering the intervention and provided an opportunity to test out emerging themes. All interviews were conducted over Zoom, recorded on the computer and audio-recorded on an external audio recorder. Interviews were transcribed verbatim by a transcriber and deleted from the computer and audio recorder within a month.

Data analysis

Transcripts were anonymised at transcription, and participants were assigned gender neutral pseudonyms to protect their identities. Transcripts were initially coded line by line. This involved precisely labelling each line with a description that included a gerund (Brunero et al., 2018) to summarise an action, process or consequence (e.g. *practicing, engaging, disclosing*). Next, focused coding was conducted, which involved identifying which initial codes were significant and made the most analytic sense. Categories were formed through identifying the most integral codes that explain a key process in the data. Following analysis of the initial interviews, theoretical sampling was carried out, which involved modifying questions based on the existing data and testing out emerging themes and theories with participants. Memos were written after interviews to

capture thoughts, develop ideas and make connections between codes. Memos helped to compare data and codes between participants and to develop categories (K. C. Charmaz, 2006). Coding was discussed in supervision to reflect on the data and to discuss codes and construction of categories. Six mind maps were created between August and October 2021 to help develop and refine categories.

Reflexivity

The researcher carrying out the interviews and data analysis was undertaking doctoral training in clinical psychology and had previously worked with young people clinically before beginning doctoral training, which was an area of interest. At the time of completing the research, they were working in a service which used ACT clinically. ACT was viewed positively within this service, and this may have predisposed the researcher to view the ACT as beneficial for mental health difficulties and could have impacted the interpretation of the data and how the theory was developed. Two transcripts were reviewed by a supervisor with expertise in Grounded Theory following line-by-line coding and then again after focused coding to increase the reliability of coding. The use of memos and supervision discussions around emerging theories, along with testing concepts and their relationships in subsequent interviews, helped to mitigate against bias.

Results

Through conducting interviews, coding transcripts and comparing between and within interviews, an eight phased model that describes the process of engaging in brief ACT training and intervention was developed (see [Figure 2](#)).

Summary of model

Based on the data, it was found that the process of engagement encompassed eight phases (italicized):

The *pre-existing stance* of the facilitator related to how they approached the training and all participants spoke about having a passion for young people's mental health. Participants talked about *perceiving the approach to fit*; ACT 'made sense' and seemed logical and normalising. Participants described *buying in* to the approach as it felt deeply relevant, which led to them *practicing* the ACT skills outside of the workshops, so the skills became integrated into their personal lives. Using the skills personally led to participants *talking authentically* and making personal disclosures with students. Participants described *students engaging* when, whilst facilitating the workshops, they shared their own personal experiences. Increased student

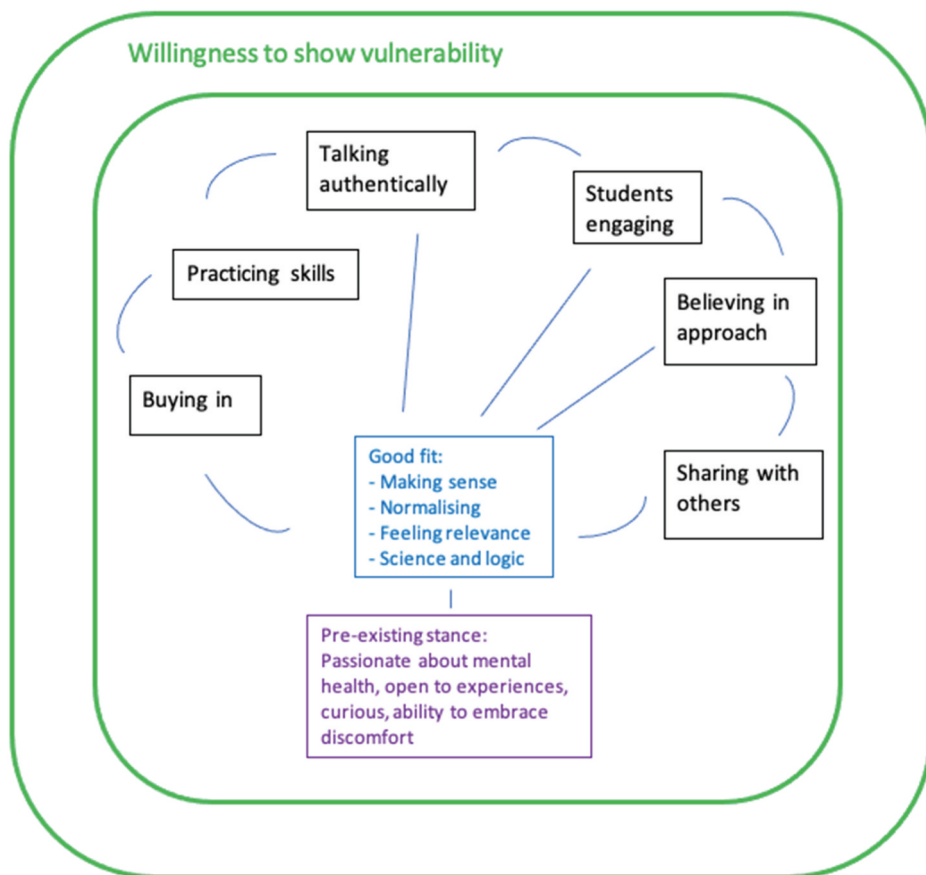


Figure 2. A visual representation of the grounded theory model of engagement.

engagement led to participants *believing in the approach* as it was also proving to also be a fit for students. Participants described *sharing learning with others* as the approach seemed to be widely applicable and this reinforced their knowledge of the approach and its relevance further. These phases sit within the context of a willingness to show vulnerability, where several participants shared feeling uncomfortable in experiential and mindful exercises and some participants talked about the importance of embracing this discomfort.

In addition to the above model, an alternative visual model was created for use in training with facilitators to explain the process of engagement (see Supplementary Information).

In the following sections, a descriptive overview of the model's phases is presented, which describe the process of engaging in the brief ACT training and delivering the InTER-ACT programme. All phases of the model are described separately, although it is key to note the overlap and circularity of the phases.

Pre-existing stance

All participants talked about being passionate about young people's mental health, particularly within the context of the COVID-19 pandemic at the time. Four participants talked about sharing a genuine passion for young people's mental health with their co-facilitator. Passion seemed to be a prerequisite to attending the training and was self-selecting as it enabled them to commit to training and to persevere with the intervention. All teachers talked about their lack of mental health training and not feeling equipped to support young people with mental health difficulties. They described 'fire-fighting' and feeling helpless in the context of the Covid-19.

A lot of colleagues and I are having conversations at the moment about how we are dealing with teens who are in genuine crisis (Ellis)

They [teachers] still don't feel like they've got like proper tools with which to help students (Sam)

Participants came across as enthusiastic and grateful to receive training in delivering a mental health intervention. One participant talked about the benefits of their co-facilitator being keen to receive honest feedback and constructive criticism about their facilitation, which created a comfortable rapport in their relationship and aided the development of the workshops. Having an intellectual curiosity and openness to experiences seemed to help participants to engage with ACT.

You need facilitators who are confident and comfortable enough that they are open to constructive criticism ... this kind of intellectual curiosity (Ellis)

Perceiving the approach to fit

The term 'fit' in the model refers to participants feeling that ACT made sense and felt deeply relevant for them and their students. For counsellors who had some knowledge of ACT, the training fitted with previous training and they recognised certain techniques. Participants described the training as engaging and talked about using the skills to benefit their own mental health.

Having gone through this training has been so important for me. A, for my mental health, particularly coping with the weight of all of these kids' issues and the pandemic and my own kids ... But also, to feel like, I know that I'm saying the right things and that I'm doing something that is going to be tangibly helpful and positive for them, that is going to have a meaningful outcome (Ellis)

Yeah, it made perfect sense and, I suppose it's like one of those things where you think, well of course this makes sense, why isn't this in the curriculum? (Alex)

ACT was a welcome introduction to concepts I felt like I needed in my life, the approach really supports the positive changes I've been attempting to make in my life over the last few years (Sam)

Participants talked about how the training had been useful in terms of understanding their own feelings. Participants shared personal examples of how exercises in the training had impacted their perspective and outlook on challenges in their lives.

It felt like it was a real light bulb moment for me in the training weekend when it was talking about how anxiety spirals (Ellis)

Participants talked about the experiential exercises, illustrations and videos which they felt were engaging to students. They felt the illustrations and videos were relevant and were developmentally appropriate. Throughout interviews, participants were often referred back to exercises and characters from videos.

I found the illustrations unbelievably helpful ... I think they really encapsulated that notion of a picture tells a thousand words (Frankie)

Amongst challenges talked about, being required to stick to a script was discussed. All participants acknowledged that they understood why the script was essential for standardisation of the approach, however several participants talked about wanting to present in their own style or change their style to adjust to students differing learning approaches, which they felt the script hindered.

It felt quite restrictive to have to say things in a particular way ... I felt like I had to give a different example from my point of view, just to make it a little bit more real for our students (Sam)

Several participants talked about the ACT approach being grounded in complex science and this felt important. Participants felt that understanding how the brain works was normalising and helped rationalise the approach. It was felt that because the training and workshops were part of a research project from a university and led by Clinical Psychologists, it was viewed as more appealing and credible. Several participants talked about this leading to 'buy in' from bright students and school staff that respected the academic background of the approach.

There's a whole school of science here that says that the way they are thinking and feeling is normal and that's pretty revelatory for a lot of them (Ellis)

Buying in

All participants described their passion for the project and this was shown through giving up their time (i.e. attending training and preparing for workshops out of work hours). This passion seemed to be a prerequisite to their

involvement and was necessary for them to persevere and commit to the time required for the workshops. Without passion, their engagement with the process may have been prohibited.

There was a lot of planning around all of that . . . there were lots of practical issues that we had to overcome³(Charlie)

You need to be passionate enough to make the time for it. It's not a negative, but there is no doubt that this was time-consuming and, at times, incredibly stressful, just – because it meant so much to me and I wanted to do it right . . . you really have to be committed to getting it done to do it well (Ellis)

Practicing skills

Participants talked about using ACT in their own lives and becoming more aware of emotions and stressors. Participants described utilising techniques, for example, the 54321 grounding exercise and using the 'noticing the thought that' skill. They described how the more they practiced, the more they saw the benefit of the skills and the more they started to believe in them.

I put too much pressure on myself to do everything perfectly . . . I've really found some of these techniques really quite helpful in just adding to my own personal toolbox (Sam)

I'm feeling quite stressed at the moment . . . so I do use it on a daily basis . . . I can notice how I'm feeling and I know I feel sad . . . those concepts and teaching them as well, has helped me to integrate the ideas, it has really helped me with what's happening in my life (Charlie)

Two participants shared powerful examples of practicing the skills with their families.

The idea of really sitting in those feelings and validating them, rather than either pushing them away or hiding them. That's been quite a revelation . . . It's just a huge shift on my outlook really (Ellis)

There was variation amongst participants in the extent to which they practiced the ACT skills. Four participants described a degree of discomfort in practicing and/or teaching mindfulness as this did not fit with them. Ali, described a sense of mindfulness being a natural fit for some people, but less so for them. However, there was a recognition of the need for self-practice and awareness of the need to drop the struggle with feelings.

I don't think it's a natural way of being for me personally. Some people are really natural at mindfulness and it seem like a natural extension of what they do, whereas I'm not really so much like that . . . I have to remember to practice and think oh let's try doing it that way, or not going at it that way, as in not fighting with my feelings (Ali)

There's some concept of mindfulness that fit with ACT that I'm not keen on, but it doesn't mean I don't teach it. If it's suitable . . . it's fine. Just because I don't use it per se every day, doesn't mean I can't show someone else to make some use of it (Jo)

Another participant appeared ambivalent towards mindfulness, they described how being less interested in mindfulness meant that they did not practice it, but they acknowledged feeling that they should practice mindfulness as they have seen the positive impact it can have. This shows that it is possible to understand the theory and benefit of a psychological skill but struggle to use it.

This participant's uncertainty about mindfulness did not appear to impact directly on the workshop delivery as their co-facilitator was facilitating the mindfulness exercises, however they acknowledged they would not use mindfulness if a student approached them for support.

The stuff on mindfulness isn't quite my can, I get it, and I understand the concept of it, and I know how to do it, but I don't practice it, so, I'm not really great at delivering it to others (Frankie)

Talking authentically

Two participants talked about students being particularly engaged when they (as facilitators) spoke authentically; by this, they meant when they shared their own thoughts and emotions or talked about their personal use of ACT. Speaking authentically allowed participants to speak with genuine enthusiasm and give a true representation of using the skills. Their personal disclosures seemed to catch students' attention and facilitated more sharing.

I've said to them, I learnt about this weekend; have you heard this [referring to ACT], have you seen this technique? Just to give them something new to try and have a go at . . . I wholeheartedly believe in the value of it, so it is something that I try and go back to (Sam)

When we talked authentically about how we were feeling and you know all our thoughts. They really did stop and listen. They were obviously interested to know, and so being able to show vulnerability I suppose (Charlie)

Students engaging

Participants spoke about the students being engaged by the content and offering their opinions. One participant spoke of a round of applause they received following the first workshop. Participants referred to engagement as a sign of the workshops' fit and relevance and contrasted this with how adolescents disengage when content is not of interest. Several participants spoke about individual students approaching them to talk more about the workshops or to discuss their own mental health.

You're not trying to draw stuff out of them, they're offering ... their engagement demonstrated the relevance to them. Students who didn't know me before ... will seek me out now and say, you know that thing you were talking about, can we talk a little bit more about it? (Alex)

Participants talked about the importance of the facilitators' approach to the workshop delivery and the need to get this right to ensure student engagement. There was evidence of commitment to get this right, and awareness of the subtle impact of tone and pace.

If you didn't have that sort of passion and enthusiasm behind the delivery it could really fall quite flat ... you had to have the students engaged. You had to strike the right tone. It had to be comforting and nurturing, but also focused and let's get this done and pacey (Ellis)

Participants talked about powerful disclosures following using ACT techniques individually with students. Participants talked about becoming trusted adults following the workshops, despite not knowing students previously.

When we went into that and made room for that feeling and that feeling grew and took over the room and we submerged ourselves in that feeling, that led to a disclosure of domestic abuse at home and what that student has been living with for five years (Alex)

Sharing learning with others

Three participants spoke about sharing techniques with peers and the positive responses they received strengthened their belief in the relevance of ACT. Three participants described how sharing ACT knowledge with colleagues also helped to consolidate their learning. Two participants talked about how sharing this knowledge with colleagues helped to give the school a shared language which was useful in conversations between staff and students and changing and shaping a system.

I'm in a peer group with two other colleagues... I suggested you know the POD idea and they loved it; it was something that they were both going to try (Charlie)

This information then goes back to multi-layers through the organisation, into shaping meetings and planning (Alex)

Showing vulnerability

Being vulnerable as both a facilitator and as a student during the training and intervention was discussed. One participant in particular talked about experiential exercises within training and how exploring personal thoughts and feelings on a deeper level could feel exposing and unsettling. Embracing discomfort was seen as necessary but required vulnerability. It was perceived that some

people are able to be vulnerable and embrace that discomfort, and others are not.

I was very open with that with the class . . . and I think the ability to be open about your vulnerabilities with somebody is very important . . . so I think I was able to get the class to engage really well . . . because I shared my vulnerabilities . . . I don't know you, you don't know me, it's really scary for me, just like it's scary for you. So, I think they're like, wow, you know, adults don't say this stuff (Jo)

Definitely some of it feels uncomfortable at first . . . there is real self-examination involved, which is quite revealing at times. It wasn't uncomfortable, but I guess it was unsettling, so, it's really important to really think about, like just embracing it for sure . . . you have to be the kind of person that is comfortable with being that confronting (Ellis)

Several participants talked about the need for vulnerability, and they highlighted what allowed them to do that. Two counsellors perceived that they were more able to be vulnerable than the teachers and felt that this came more naturally due to their professional training, as they are used to talking about emotions and using personal disclosure as part of therapy. This was contrasted with the role of a teacher; all counsellors and several teachers talked about perceiving teachers to be less able to be vulnerable in their roles. Participants talked about teachers needing to hold boundaries and manage behaviour in the classroom and self-disclosing or talking about their emotions felt less familiar. Teachers described being good at 'compartmentalising' and 'hiding' feelings, whereas counsellors were seen as better at dealing with 'the emotional side of things'.

Several participants talked about mindfulness potentially feeling uncomfortable for students. They felt that students were more open with their feelings if they knew members of staff; however, most participants described having little contact with the class before the workshops and wondered how comfortable the students felt. One participant talked about mindfulness being a moment of potential vulnerability for students and perceived that privilege may be associated with being able to be vulnerable. Another participant talked about their own perceptions of students being uncomfortable doing mindfulness and recognised that this was a barrier to them teaching it. However, they acknowledged this perception may be bigger in their own mind.

The mindfulness is a moment of potential vulnerability. That quiet, that introspection and that need to just sit and listen and follow instruction without kind of questioning. If you are somebody who is naturally tense or confrontational or feeling on edge, then that could be a really uncomfortable thing (Ellis)

Teaching mindfulness with the students . . . to allow them back to settle has been really beneficial. They actually feel less uncomfortable about it than I perceived them to be feeling . . . the odd giggle is just the odd giggle. It's not as huge or as big as I, in my mind, was creating more as a barrier to be (Alex)

Discussion

This study was designed to explore how school counsellors and teachers experienced the process of receiving training in a brief ACT-based programme and delivering this programme to students, as well as evaluating the factors that facilitated implementation within a school setting. The findings from the themes and subthemes generated through the interviews, and the subsequent model, illustrated eight phases that school counsellors and teachers moved through, which contributed towards their engagement in the approach and their students' engagement in the programme.

Good fit

In this study, the sense of the ACT approach having a 'good fit' was a key finding; the content was considered relevant and applicable in the school context. This reflects the suggestion of Gillard et al. (2018) who identified the suitability of ACT for school settings, proposing ACT might be a 'universally accessible life-skills curriculum ... that all, or the vast majority of, children can access" (p.278). More generally, all teachers in the study expressed enthusiasm for learning skills to support students with little previous training, which seemed to be linked to a high degree of concern about students' mental health, alongside a lack of confidence in providing support. This is consistent with other studies, for example, Moon et al. (2017) surveyed 786 educators and found that 93% were concerned about student mental health and 85% reported a desire to receive additional mental health training. Secondary school teachers in the UK have expressed helplessness resulting from the perceived inability to help students and report wanting training, without taking on the perceived therapist role (Shelemy et al., 2019). Given the apparent desire amongst teachers for mental health training and lack of confidence in providing this, it is of course possible that the perception of the InTER-ACT approach 'fitting' reflected a desire for any support and that other types of protocol-led programme would have been equally well received.

Buy In

Within this study, participants frequently described how when the approach made sense and felt relevant, they 'bought into' the approach. The more they could see the relevancy of ACT, the more participants used the skills in their own lives. This is interesting as not only does practice improve buy-in and authentic delivery of the content, but research shows that if therapists are not psychologically flexible, they may be more likely to model the opposite of what they are trying to shape in their clients (Luoma et al., 2007). An experiential

understanding of the ACT model and the active learning this involves may result in greater ACT consistent behaviour in the delivery of the training to others. In turn, self-practice may facilitate better outcomes for students.

Systematic reviews have shown that mindfulness-based interventions are encouraging approaches in improving teacher wellbeing and lowering stress (Emerson et al., 2017; Hwang et al., 2017). Klingbeil and Renshaw (2018) conducted a meta-analysis and found a medium treatment effect, indicating that mindfulness-based interventions are effective in improving mindfulness, wellbeing and distress in teachers. Shapiro et al. (2016) proposed that mindfulness practice for teachers is beneficial for students as it increases teacher attention and acceptance, which increases emotional regulation and empathy for others. Teachers who practice mindfulness are in an ideal position to teach mindfulness to students, which fosters a mindful learning environment (Shapiro et al., 2016).

Some participants in the study, however, reported encountering challenges with mindfulness. This appeared to relate to a degree of discomfort with mindfulness being unfamiliar or not being a natural fit. Future training for teachers delivering ACT or mindfulness programmes who experience discomfort may benefit from additional support. Luoma and Vilardaga (2013) investigated the effects of additional consultation on psychological flexibility and burnout amongst therapists learning ACT. The consultations included practising techniques, education about concepts and ACT consistent modelling. Therapists who had the additional consultation reported higher psychological flexibility at a 3-month follow-up.

Practicing skills

The theme of participants needing to practice InTER-ACT skills is consistent with previous literature regarding practice for mindfulness practitioners. Mindfulness practice enables teachers to draw on personal experience during their teaching (Griffith et al., 2019) and fosters a sense of equality between teachers and students as they both have a shared relationship with practice (van Aalderen et al., 2014). In a study with trainee mindfulness teachers, Bowden et al. (2021) found that practice was crucial for enabling teachers to support themselves when navigating personal vulnerabilities.

The ACT literature also emphasises the importance of psychological practitioners learning ACT experientially, as this helps practitioners to develop their own psychological flexibility and model this to clients (Luoma et al., 2007). Wardley et al. (2014) interviewed psychological practitioners following workplace ACT training. Participants were appreciative of the direct experiences of using ACT within training, which they could apply to their private and professional lives. Participants highlighted their dual role, as a participant learning about ACT for their personal experiences and as a practitioner with the intention of delivering ACT to clients.

Talking authentically and students engaging

Participants in this study reported that the more they personally used the ACT skills, the more they could talk authentically to students and share personal examples of using the skills. These personal disclosures appeared to interest the students and led to further engagement. Greater teacher self-disclosure has been found to relate to increased student participation, attention (Webb, 2014), engagement and motivation (Cayanus & Martin, 2016). Within this study, increased student engagement led the counsellors and teachers to believe more in the relevance of the approach, which encouraged them to share their new knowledge. Sharing their learning with others and this being received well then further reinforced ACT seeming like a good fit.

An interesting finding to emerge from this study was the potential benefits of the ACT training for the teachers' and counsellors' own well-being. This is significant as teachers have been found to report higher levels of stress and mental health difficulties compared to other professionals (Lowry et al., 2022) and research suggests a further increase in stress, anxiety and depression amongst teachers worldwide since COVID-19 (Evanoff et al., 2020). Several studies have found that ACT improves psychological well-being in the workplace (Finnes et al., 2017; Rudaz et al., 2017). Waitlist controlled trials have found workplace ACT programmes reduce psychological distress and work-related burnout (Puolakanaho et al., 2020; Waters et al., 2018). More specifically, Elahifar et al. (2019) found ACT significantly increased happiness, life satisfaction, positive mood, health efficacy and self-esteem in female teachers. Gillard et al. (2020) carried out an ACT intervention with teachers and found moderate to large effect sizes for improvements in psychological well-being, job burnout, and valued action.

The potential benefits of the InTER-ACT training for teachers' own wellbeing may be worth researching further. Of interest, within the fidelity sub-study of the InTER-ACT trial, a statistically significant increase in psychological flexibility was found for facilitators when comparing pre-training scores to those 6 weeks after the final workshop (Roberts, 2021). Given the strong association of psychological flexibility with wellbeing (Hayes et al., 2006), this finding suggests there may be measurable personal psychological changes for those taking part in student mental health training such as InTER-ACT, consistent with the qualitative accounts within this study.

Vulnerability

The central dilemma within the engagement model highlighted the challenge for staff and students to be willing to be vulnerable. ACT encourages people to be vulnerable and engaging in mindfulness can be seen to involve openness and curiosity (Hayes, Bissett, et al., 2004). Some participants described

vulnerability in relation to personal disclosures with students and being genuinely open about their experiences. Others talked about the vulnerability in facilitating experiential exercises or using mindfulness with students. One participant talked about ACT being uncomfortable initially but stressed the need to embrace these unsettling feelings.

Strengths and limitations

The strengths of this paper include an in-depth exploration of the experiences of counsellors and teachers delivering a universal ACT-based programme to students. Qualitative research is beneficial for learning about the ‘*hows*’ and ‘*whys*’ of intervention implementation. This study provides a unique contribution to the evidence base as there is a lack of qualitative studies investigating ACT interventions and this is the first qualitative study looking at the processes underlying the delivery of a universal ACT intervention in a school setting. These findings will help to shape and expand the InTER-ACT facilitator training and future delivery of the workshops. Findings from this study have already informed adaptations to training delivered to counsellors working for a large children’s mental health charity.

Teachers are required to deliver mental health programmes as part of the school curriculum (Scottish Government, 2020; Welsh Government, 2021); however, there are few evidence-based mental health programmes accessible to teachers. This study has helped to provide valuable implementation data on a newly developed universal ACT intervention suitable for classroom delivery. Initial findings suggest that the process of learning ACT skills for delivering this programme may result in benefits for the school staff themselves in managing personal stresses, and this may in turn incur further additional benefits for their students. Research by the Centre for Economic Performance (CEP) found that teachers’ mental health was significantly associated with student’s grades and wellbeing (Fleche, 2017).

The methodological strength of this study was that follow-up interviews were conducted with counsellors and teachers 6 months after the workshops were conducted, which enabled the theory to emerge and then to be checked and evaluated by returning to the field and collecting more data to test initial ideas (K. C. Charmaz, 2006).

A possible limitation of the study, however, is the opportunist sampling and the self-selection of participants. Counsellors and teachers who were already passionate about students’ mental health may have been more likely to agree to take part in the trial, and subsequently, those positive about the intervention may have been more likely to take part in interviews. This may have influenced the findings, for example, resulting in the majority of participants describing the ACT approach to be a good fit. In addition, three counsellors involved in the interviews had had some previous foundational ACT training. They may have

agreed to do the interviews as they already felt ACT fitted for them. Participants that attended the training and delivered the workshops, but did not volunteer to be interviewed, may have had differing opinions about using ACT.

An additional potential limitation is that most teachers described having had little mental health training. This may have meant it was difficult for them to ascertain when they were using ACT skills and when they were using general therapeutic skills. For example, one participant talked about using ACT when listening to students so they could understand their difficulties, however, this may be understood as a generic therapeutic skill. A more structured interview approach could have helped to delineate views regarding specific ACT skills, although this may have limited some of the more in-depth reflections elicited.

At a broader level, whilst, as previously outlined, there are a number of benefits of school-delivered mental health programmes, it is important to acknowledge that certain school-specific factors can also be related to mental health difficulties for young people (Fazel et al., 2014). This may mean that some young people prefer to access such programmes outside of the school context. The developers of the InTER-ACT programme are currently working with a children's charity who are offering the intervention online to young people who can self-refer to the service.

Implications for future research

Teachers play a significant role in implementing mental health interventions universally in schools and many school-based programmes have been produced to be delivered by teachers rather than mental health professionals (Dray et al., 2017). A review of teacher involvement in mental health interventions by Franklin et al. (2012) found that 40.8% of school-based interventions involved teachers in the delivery and up to 18.4% of interventions were delivered by teachers alone. However, teachers may lack knowledge in mental health difficulties and may not have sufficient training to deliver mental health interventions (Frey et al., 2011).

Schoenwald et al. (2004) found an association between highly trained supervisors, therapist programme adherence and better adolescent outcomes. In the InTER-ACT trial, facilitators were offered a question-and-answer session following training, but did not receive ongoing supervision. Further research could investigate how ongoing ACT-informed supervision or reflective practice sessions between the workshops may impact on facilitators' confidence and fidelity to the InTER-ACT programme. Supervision with an ACT practitioner would facilitate practicing of the workshop skills, which could enhance authentic delivery of the content. Supervision could also help facilitators to notice and defuse from possible worries such as 'mindfulness isn't for me' and help them to develop openness and curiosity in relation to feelings of anxiety or doubt.

Potentially, such supervision could be targeted at facilitators scoring lower on psychological flexibility pre-training.

Further research could investigate whether psychological flexibility of the teachers and counsellors was associated with: i) the extent to which they perceived a 'fit' with the InTER-ACT approach; ii) self-practice after the training; iii) subsequent fidelity to ACT, and iv) student outcomes. Finally, a qualitative study in which students reflect on their programme experiences may enable a better understanding of their process of engagement and the differential influence of facilitator-related qualities and behaviours.

A pilot study is currently underway assessing the delivery of InTER-ACT online. Evaluating the relevance of the engagement model with this adaptive delivery approach will be interesting. For example, is student buy-in harder to ascertain when facilitators are providing remote delivery?

Implications for clinical practice

Due to self-sampling, all participants had an interest in adolescents' mental health and most participants expressed an enthusiasm for learning skills to help manage students' mental health difficulties. If the training is rolled out further, it is possible that enthusiasm for the programme would not be as consistently high. This may lead to lower levels of 'buy-in' and possibly lower rates of self-practice and engagement with the process. When Gillard et al. (2020) delivered an ACT programme to teachers, the researchers ensured that staff: i) expressed an interest to take part; ii) were informed that the programme would involve mindfulness and iii) gave informed consent to take part.

In future training for school professionals, the alternative InTER-ACT facilitation tree model could be used to facilitate optimal learning through pre-emptive discussion of factors which may help with engagement in the programme. This model is likely to help teachers and counsellors buy-in to ACT as it is based on experiences of their peers.

The following recommendations for future training would be valuable to consider:

- Continue to allow facilitators to choose which of the pre-divided sections they facilitate. This allows those that are not as comfortable teaching mindfulness to choose not to deliver that section.
- Future training could explicitly highlight the necessity to personally practice the skills. Peer supervision groups may be useful for encouraging regular practice and peer reflection.
- During training, it may be beneficial to name the importance of vulnerability and explicitly talk about which sections facilitators would feel most comfortable delivering.

- Presenting the benefits of self-disclosure may be beneficial for teachers for whom sharing personal thoughts and emotions may feel unnatural due to it being at odds with their position of authority.
- Having a peer expert by experience (a facilitator who has attended previous training and delivered the workshops) to mentor new facilitators or to speak at the training, may help new facilitators to 'buy into' the approach and provide support regarding any challenges in programme delivery.

Conclusion

This study explored the process of counsellors and teachers learning a brief ACT-based universal mental health intervention in secondary schools. The grounded theory analysis resulted in a model of engagement which consisted of eight phases within the context of willingness to show vulnerability. The InTER-ACT programme was well received by staff who found the content had 'good fit', which resulted in self-practice and being able to talk authentically about the ACT skills. This engendered good engagement from students, which furthered their belief in the approach. This study provides unique insight into the subtle processes underlying successful implementation of a universal school-based ACT programme. This understanding will directly inform future developments of the InTER-ACT programme, whilst also being potentially applicable to broader interventions involving the training of school staff to deliver novel mental health interventions in a school setting.

Notes

1. Facilitators were able to choose which role they adopted, providing some flexibility for sections involving experiential exercises and sharing of personal examples.
2. Participants were from two comprehensive schools and one grammar school in England, and one comprehensive school in Wales. Participants' experience in counselling ranged from five to eight years and teaching experience ranged from three to 12 years.
3. Some of the time-consuming activities talked about by participants were in reference to the research trial, as opposed to delivering the intervention.

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Disclosure statement

The second author (now) has a business interest in the InTER-ACT programme.

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