Get Out of Your Mind and Into Your Life:

Using a Self-Help Book to

Improve Wellbeing in Adolescents

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Abstract

Mental health concerns such as depression and anxiety are becoming increasing prevalent in an adolescent population. In New Zealand, public mental health services have long waitlists to access support from a clinician and private clinicians are often costly. This creates a barrier for many adolescents to receive support, particularly those who are experiencing subclinical concerns. There is also some evidence to suggest that many people do not benefit from traditional therapy approaches. Acceptance and Commitment Therapy (ACT) is an alternate to traditionally used treatment approaches such as Cognitive Behavioural Therapy and uses techniques such as values, acceptance and mindfulness to help improve wellbeing. Using ACT in a self-help format helps to reduce barriers for adolescents to access support.

The overall purpose of this study was to address the question "Does the self-help book Get Out of Your Mind and Into Your Life for Teens improve wellbeing in adolescents?". In particular, the research sought to find out i) if the book was effective in improving well-being in adolescents, ii) if there were any gender differences in outcomes and iii) understanding if adolescents found the book useful by evaluating if it was easy to work through and relevant to them. Participants were between the ages of 16 and 18 years (N=16, average age= 16.6), with nine females and six males. A total of 14 participants completed the intervention. The study was conducted using a multiple baseline design. Participants completed a battery of questionnaires which focused on wellbeing and ACT techniques at 4 time points (before the baseline period, after a two week wait before they began the intervention, on completion of the intervention and at a two month follow up), specific areas assessed by the questionnaires were

depression, anxiety, strengths and difficulties, thought control, acceptance and mindfulness. During the intervention period, participants worked through the book and engaged in weekly meetings. Participants also filled out a number of questionnaires specific to wellbeing and ACT at four time points. When the group data as well as individual change scores were analysed, statistically significant improvements were found for depression, thought control and acceptance. There were no gender differences in response to the intervention. The majority of participants felt that the intervention was relevant and useful. They also reported that they were able to use some of the skills from the intervention in their everyday lives. These findings indicate that this intervention was effective for improving general wellbeing with adolescents who are experiencing sub-clinical levels of distress. Furthermore, it demonstrates that adolescents were able to learn ACT based techniques from the self-help book and that they found the book useful and relevant. In conclusion, this study has shown that ACT based self-help interventions may be used as an alternative and cost-effective method of offering support to adolescents. It also shows that adolescents will engage in this type of intervention and can use the techniques they learn in their everyday lives. This information will hopefully be of use to professionals who work with adolescents who are experiencing mental health concerns.

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Chapter 1: Introduction

Mental health concerns such as anxiety and depression are becoming increasingly prevalent in both an adult and adolescent population. These concerns can become debilitating and have large effects on future wellbeing, particularly for adolescents. Many current therapy approaches are not effective at improving wellbeing for all people and there are often a number of barriers, which stop adolescents from accessing support. Acceptance and Commitment Therapy (ACT) is a third wave therapy approach that uses techniques including mindfulness, acceptance and values to improve wellbeing. There is some indication that ACT is effective when carried out in a self-help format. This is particularly important as this reduces some of the barriers that stop adolescents from accessing support.

Definition of Anxiety and Depression

Depression or low mood is something that almost every person will experience in their lifetime. The most commonly used criteria for diagnosing depression can be found in the Diagnostic and Statistical Manual 5 (DSM-5; American Psychiatric Association, 2013). In this manual depression is split into multiple sub-categories. Each sub-category has particular characteristics in common including: sadness, emptiness, irritable mood, somatic and cognitive changes that impact the individuals everyday functioning. In the DSM-5 Major Depressive Disorder is the most common Depressive Disorder and is diagnosed using the following criteria: five or more symptoms that have been present during a 2-week period and represent a change from previous functioning. At least one of the symptoms is either depressed mood or loss

of pleasure. In children and adolescents this can be irritable mood. The depressed mood occurs for most of the day nearly every day. Other key symptoms include: diminished interest or pleasure, significant changes in weight, appetite and/or sleep, psychomotor agitation or retardation (observable by others), loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate or indecisiveness, recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt. These symptoms must cause clinically significant distress or impairment in social, occupational or other important areas of functioning. (American Psychiatric Association, 2013).

Disruptive Mood Dysregulation Disorder is a new category that was not previously included in the DSM. This disorder can be diagnosed in children and adolescents between the ages of six and 18. It is characterised by "severe recurrent temper outbursts manifested verbally and/or behaviourally that are grossly out of proportion in intensity or duration to the situation or provocation." (DSM-5; American Psychiatric Association, 2013). These outbursts are inconsistent with developmental level, occur on average three times per week, have been persistent for at least twelve months and are seen in at least two settings. In between outbursts, the individual's mood is generally irritable (American Psychiatric Association, 2013). This category is important as it may capture more children and adolescents who would have been missed previously, as their mood is irritable rather than sad.

Persistent Depressive Disorder (Dysthymia) is also a category in the DSM-5. The key defining criteria for Dysthymia is that the person has experienced a depressed mood, for more days than not, for at least two years. In children and adolescents, the mood can be irritable and can be one year in duration. The symptoms

of Dysthymia are milder than those of Major Depression; however, are more persistent in nature. The person also may experience concerns with eating or appetite, concerns with sleep, low energy, low self-esteem, poor concentration, difficulty making decisions and feelings of hopelessness (American Psychiatric Association, 2013).

Anxiety can be defined by a number of factors. These include: feelings of fear, nervousness, panic, and apprehension as well as physical symptoms such as increased heart rate (Martin, 2003). In clinical terms, anxiety disorders extend beyond developmentally appropriate levels of fear or anxiety and they are both excessive and persistent in nature (American Psychiatric Association, 2013). In the DSM-5 Generalised Anxiety Disorder is defined by excessive anxiety and worry, occurring more days than not over a period of at least 6 months, about more than one event. This worry is difficult to control and has several physiological symptoms such as restlessness, difficulty concentrating, fatigue and difficulty sleeping. These symptoms must cause significant distress (American Psychiatric Association, 2013). The final criterion for Generalised Anxiety Disorder is that it must occur across a range of situations. The DSM-5 also has criteria for more specific forms of anxiety such as Social Anxiety Disorder, Obsessive-Compulsive Disorder, Specific Phobia and Separation Anxiety Disorder.

There is a high comorbidity between depression and anxiety. Many people will often experience both disorders. Bandelow and Michaelis (2015) report that the correlation between Generalised Anxiety Disorder and Major Depressive Disorder is around 0.62. There is a higher comorbidity rate between anxiety and depression seen in people who are accessing services than in the general population. This may be

because their symptoms are having a greater impact on their functioning (Bandelow and Michaelis, 2015). 62% of people who have experienced Generalised Anxiety Disorder have also experienced Major Depressive Disorder and those who experience the two disorders have poorer treatment outcomes (Coplan, Aaronson, Panthangi, & Kim, 2015). Together these findings suggest that over half of people who experience anxiety will also experience depression and vice versa.

Subclinical levels of depression and anxiety are important to consider as they also have a considerable impact on a person's wellbeing and functioning. People with subclinical levels depression and anxiety generally score above a cut off on self-report measures, or they show at least one of the core symptoms of depression or anxiety disorders but do not meet the full criteria for a DSM-5 diagnosis (Zhou, Li, Pei, Gao & Kong, 2016). These symptoms are often mild, masked or brief but recurrent (Haller, Cramer, Lauche, Gass & Dobos, 2014). People who are experiencing subclinical levels of depression and anxiety are at greater risk of going on to develop clinical levels of these disorders (Zhou, et al. 2016). For example, 20-34% of people experiencing subclinical levels of depression go on to develop major depression (Van Zoonen, Kleiboar, Cuijpers, Smit, Penninx, Verhaak, et al. 2016). Due to the differing definitions of these symptoms and no standardised category, people experiencing these concerns often do not receive recognition or treatment (Haller, et al. 2014). In the DSM-IV the category Minor Depressive Disorder was included under Depressive Disorder not Otherwise Specified and was characterised by the person experiencing depressive symptoms for at least two weeks; however, these symptoms were less than the five required for the diagnosis of Major

Depressive Disorder (American Psychiatric Association, 2000). There is no diagnostic criteria for sub-clinical depression in the DSM-5.

Prevalence of these Disorders

Depressive Disorders have a very high prevalence. It is estimated that the lifetime prevalence of Depressive Disorders in the United States is 23% and costs $36 billion dollars per year. Longitudinal studies show rising rates of depression, in addition to a younger age of onset (Hidaka, 2012). There is a higher prevalence of Depressive Disorders in women; this finding is consistent across cultures and population groups even when using different measurement instruments (Van de Velde, Bracke, Levecque & Meuleman, 2010). Lifetime prevalence for women experiencing a Major Depressive Disorder is estimated to be between 6% and 17%. Estimates indicate that three women are experiencing depression for every one man (Kessler, 2003). Depressive Disorders are also recurrent in nature. It has also been suggested that 60% of people who have a first episode of Major Depressive Disorder will also have a second, 70% of people who have a second will have a third and 90% who have experienced three or more episodes will continue to experience depressive episodes across their lifetime (Monroe & Harkness, 2011).

Anxiety Disorders are among the most prevalent and debilitating disorders. The prevalence of Anxiety Disorders in the United States is estimated to be around 18% and costs the country approximately $42 billion dollars per year (Remes, Brayne, Van der Linde & Lafortune, 2016). The lifetime prevalence of Anxiety Disorders in Western countries is estimated to be between 13.6% and 28.8% (Michael, Zetsche & Margraf, 2007). Women have a higher prevalence of Anxiety

Disorders than men, with the lifetime rates for women estimated to be 30.5%

(McLean, Asnaani, Litz & Hofmann, 2011). This finding is consistent across studies

and across different types of Anxiety Disorders. Women who experience Anxiety

Disorders are also more likely to be diagnosed with another Anxiety Disorder or

Major Depressive Disorder (McLean, et al. 2011). Most people who suffer from

Anxiety Disorders report that they have their symptoms for five to ten years before

they receive treatment. However, fewer than 20% of people report complete

remission of their symptoms after treatment (Wittchen, 2002).

In a New Zealand population, The New Zealand Health Survey 2015 to 2016,

found that 256,000 people indicated psychological distress (a score of over 12 on the

Kessler Psychological Distress Scale). This score indicates a high or very high

probability of Anxiety or Depressive Disorder. The same survey found that 158,158

people were seen by mental health and addiction services between 2013 and 2014.

52.6% of these people were male and 47.4% were female. People of Maori ethnicity

were most likely to be seen by mental health services and people from Asian ethnicity

were least likely to be seen. The majority of these people were seen in the community

by DHB community-based teams or non-government organisation community teams.

In the 2013-2014 survey, 221,000 people indicated experiencing psychological

distress with the second highest rates being reported by people aged between 15 and

24 years. This survey highlights that there is a significant disparity between the

numbers of people experiencing psychological distress and the numbers accessing

mental health services. When the information provided by secondary mental health

services was analysed, the two most common diagnoses given between the ages of

15-20 years, were mood disorders and anxiety disorders (New Zealand Health Survey, 2016).

The prevalence of subclinical depression is estimated to be between 5-10% when the DSM-IV criterion for minor depression is used (Cuijpers, Smit & Van Straten, 2007). When the criteria are changed to scoring above the clinical cut off on any self-report measures of depression rather than using the DSM-5 criteria, prevalence increases (Cuijpers, et al. 2007). Zhou, et al. (2016) suggest that prevalence of subclinical depression in community populations is between 7.3-23.1%; however, in some populations such as elderly, rates might be higher (Zhou, et al. 2016). The lifetime prevalence of subclinical anxiety is estimated to be 12% (Haller, et al. 2014). It is reported that only 1% of people with subclinical levels of depression or anxiety access professional help, this suggests prevalence may be higher (Van Zoonen, et al. 2016).

Anxiety and depression both have a high prevalence in adult populations; however, rates for an adolescent population differ. Adolescents are twice as likely to experience depression when compared with children (Afifi, Enns, Cox & Martens, 2005). Thapar, Collishaw, Pine & Thapar (2012) suggest that prevalence increases by 4% after puberty. In Australia, 14.2% of adolescents identified as depressed and 13.2% as anxious. Adolescent females reported higher rates of both depression and anxiety. This highlights a significant gender difference that is also seen in an adult population. In Canada, the prevalence of depression and anxiety in adolescents is between 7 and 9%, which is lower than the rates found in Australia (Afifi, et al. 2005). There were also significant gender differences found in Canada with females having a higher prevalence. It has been suggested that females are three times more

likely to experience depression in adolescence, this finding is consistent across studies (Afifi, et al. 2005). When looking at rates of depression in adolescents across countries Thapar, et al. (2012) found that the lifetime prevalence varied between 3.2 and 24.8%. A major risk factor for children and adolescents developing depression is their family environment. Having a supportive family can be a protective factor (Trowell, Joffe, Campbell, Clemente, Almqvist, Soininen, et al. 2007).

Increasing our understanding of depression and anxiety in an adolescent population is important. Many studies suggest that once a person has had one depressive or anxious episode, they are then more likely to have another one. For example, 50-70% of adolescents who have a depressive episode are likely to have another one within five years (Thapar, et al. 2012). Adolescent depression is also associated with poor outcomes across multiple areas of life, including personal and family distress, fewer opportunities for social interaction, missed educational and employment opportunities, increased risk of substance abuse, increased risk for suicide and self-harm and impairments in psychosocial skills (Draucker, 2005). This is also important to understand as the outcomes for adolescents can have a significant impact on their everyday lives and their futures.

As described above the rates for depression in adults vary between 6-17% while anxiety is between 13-28%. For subclinical levels in adults, it is suggested that rates are between 5-10% for depression and 12% for anxiety. In adolescents, the rates are between 7-14% for depression and 7-13% for anxiety. These findings show that the rates of depression are consistent for adolescents and adults and that rates of anxiety increase from adolescence to adulthood. This is important to consider as once a person has had depression or anxiety once they are highly likely to continue to have

concerns throughout their lives. It could be tentatively concluded that if depression and anxiety was treated during adolescence then the adult rates may decrease.

Current Treatment Approaches

There are a number of possible approaches used to treat mood disorders such as depression. Many therapists will use a combination of approaches, which often includes a mixture of psychotherapy and medication (Schotte, Bossche, Doncker, Claes & Cosyns, 2006). One of the most commonly used and well-established approaches to treat both depression and anxiety is Cognitive Behavioural Therapy (CBT). CBT is recommended in treatment guidelines and is often referred to as the gold standard of treatment for depression and anxiety (Groves, Porter, Jordan, Knight, Carter, McIntosh, et al. 2015). While CBT is the most commonly used approach, there are also several other types of psychotherapy that can be useful. These include: Metacognitive Therapy, Psychoeducation, Psychodynamic approaches, Solution-focused Therapy, Narrative Therapy, and Acceptance and Commitment Therapy (Prochaska & Norcross, 2013). For many people who are struggling with anxiety or depression, some form of pharmacological treatment such as antidepressants or antianxiety medication may also be useful and are often used alongside therapy. Van, Schoevers & Dekker (2008) found that better outcomes were associated with a mixture of CBT and medication. However, for the purpose of this thesis the focus will be on psychological therapies.

CBT was developed by Aaron Beck in the 1960s. The main aim of therapy was to solve problems that the client was experiencing and to identify and change any dysfunctional, unhelpful or inaccurate thinking or behaviour (Beck, 2011). This

model suggests that dysfunctional thinking is the cause of the client's distress, which influences their behaviour. Therefore, being able to change their thoughts and behaviours should also change their symptoms of depression and anxiety. CBT has been proven useful when working with both depression and anxiety at low and high severity levels. A review of 25 studies that compared CBT to treatment as usual or waiting lists with people who were experiencing Generalised Anxiety Disorder, found that CBT was effective in decreasing the symptoms of anxiety, as well as decreasing secondary symptoms such as worry and depression (Hunot, Churchill, Teixera & de Lima, 2015). In a community setting with 57 adolescents who met the DSM-5 criteria for Major Depressive Disorder, CBT did not show significant results in terms of symptoms reduction when compared to treatment as usual which consisted of psychodynamic and family approaches. However, CBT was briefer, higher rated in terms of therapeutic alliance, less likely to require additional resources and more cost effective. This suggests that CBT has positive results (Weisz, Gordis, Chu, McLeod, Updegraff, Southam-Gerow, et al. 2009).

Behavioural Activation is a technique that is often used as part of CBT; however, it can also be effective when it is used alone (Zemestani, Davoodi, Honarmand, Zargar & Ottaviani, 2016). Behavioural Activation is mainly used in the treatment of depression. It is carried out by the therapist and the client scheduling normally enjoyable activities that the client has been avoiding. A meta-analysis examining the effectiveness of Behavioural Activation with adolescents experiencing depression, found that Behavioural Activation was effective at improving symptoms of both depression and anxiety (Tindall, Mikocha-Walus, McMillian, Wright, Hewitt & Gascoyne, 2017).

Although these treatment approaches are commonly used, many people still do not benefit from them. Only 50-70% of people go back to a normal level of functioning after treatment, which means that 30-50% of people are still struggling with some form of mental health concern after treatment (Hopko, Magidson & Lejuez, 2011). Reasons for treatment failing include the person dropping out before treatment is complete, the therapist not being able to work with the presenting problem and failure to include relapse prevention into the therapy session (Hopko, et al. 2011). Other reasons include a lack of client motivation, the treatment not fitting the client's needs, psychosocial stressors, homework exercises being too difficult, the pace of therapy and lack of a strong therapeutic alliance (Dimidjian & Hollon, 2011). A large percentage of adolescents identify as depressed or anxious. However, although there are a number of treatments available many adolescents report never receiving any treatment. Only 20-40% of adolescents who experience mental health concerns access services for treatment (Draucker, 2005). Some barriers to treatment include low socio-economic status, limited availability of services, being of a minority ethnicity, the perception that they are not experiencing mental health problems and therefore not initiating treatment, the stigma around accessing mental health services and the perception that they will not be relevant or useful (Cummings, 2014).

A number of treatment approaches have been shown to be effective when treating subclinical levels of depression and anxiety. Cuijpers, et al. (2007) found that psychological therapies (including CBT, Problem-Solving Therapy and Interpersonal Counselling), were effective with patients of all ages leading to a significant improvement in the symptoms of depression over a short period of time. Some

improvement in symptoms long term was also observed indicating, that therapy for subclinical disorders may decrease the chance of the person going on to develop Major Depressive Disorder.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a newer approach for the treatment of mental health concerns and fits into the category of third wave therapies. Third wave therapies focus on the relationship between thoughts and emotions as opposed to the content of thoughts (Hayes & Hofmann, 2017). ACT focuses on methods such as mindfulness, acceptance, understanding values and creating goals as part of therapy. Mindfulness is a technique that aims to teach people to stay focused on the present moment. This method is used to reduce problematic attentional patterns such as focusing too much on the past and future. Acceptance allows people to be more open to their thoughts, feelings and emotions. The aim of acceptance is to change how people relate to their thoughts and therefore decrease the power these thoughts have over their lives. Identifying and understanding values helps a person to focus on what really matters to them and use these values to guide their decisions. Committed action or goal setting uses a person's values to guide their behaviour and allow them to live a more meaningful life (Swain, Hancock, Hainsworth & Bowman, 2013).

ACT is based on traditional behavioural techniques and Relational Frame Theory (RFT). The focus is on combining values, behavioural techniques and mindfulness to improve well-being (Burckhardt, Manicavasagar, Batterham & Hadzi-Pavlovic, 2015). Once a person understands their values, they are encouraged to use them to guide and motivate decisions and behavioural change. ACT also uses the

concept "mindful action" also known as mindfulness. Mindfulness is about supporting the person to be fully engaged with what they are doing and grounding them by allowing them to focus on what is happening in the moment (Harris, 2009). ACT uses mindfulness to teach the person to notice and accept their experiences rather than avoid them. Mindfulness, behavioural change, and values are the key concepts that underlie ACT.

ACT uses the theoretical framework of RFT to guide therapy. RFT is based on the concept that through language development people learn to derive relations between events. The focus is on human language, cognitive processes and suggests that human beings learn to relate events to each other through social communication and convention (Swain, et al. 2013). RFT theorises that humans are able to carry out relational learning of events, which are not necessarily formally related but are related on the basis of arbitrary, social cues or convention (Hayes, 2016). The idea that people relate events through these processes is called "learned derivation". Although being able to relate events is useful sometimes, it can also be unhelpful particularly when language is taken literally. For example, a person might think "life is unbearable" this may lead to them feeling depressed despite having other positive influences to help them to live a fulfilled life (Swain, et al. 2013). Another important term that ACT uses is "cognitive fusion". This is when a person believes that their thoughts and beliefs are literally true. Cognitive fusion can lead to unhelpful coping mechanisms, such as experiential avoidance where a person may overuse problem-solving techniques or actively try to avoid their thoughts and feelings. These methods can lead to the person believing that the negative stories they tell themselves are true, creating a rigid way of living. Finally, this can lead to "psychological inflexibility".

This is when a person begins to live a life where their sole focus is on freedom from feeling distress, which leads to a decrease in meaningful activities (Swain, et al.2013).

Many current therapy approaches focus on the reduction of symptoms; however, ACT focuses on supporting the person to live more in line with their values and practice psychological flexibility. These techniques will allow for symptom reduction naturally (Thurstone, Hull, Timmerman & Emrick, 2017). This flexibility and limited focus on symptom reduction allows ACT to be used across contexts and mental health concerns. ACT views emotions, struggles such as grief, anxiety, pain, and disappointment as a normal part of human life, and therefore views mental health concerns from a different perspective to many other traditional forms of therapy. With this perspective as the basis for therapy, ACT aims to teach individuals skills to adapt to challenges when they arise by using cognitive flexibility rather than avoidance techniques (Dindo, Van Liew & Arch, 2017). With distress being viewed as a normal part of human life, ACT can be used while the person is distressed or as an early intervention technique. As an early intervention, the individual would learn to identify their values and live a value-driven life. They would also learn skills such as cognitive flexibility and mindfulness that they would be able to use, as they are needed throughout their life (Gregoire, Lachance, Bouffard & Dionne, 2017). ACT teaches individuals that emotions, feelings, and thoughts are not problems but instead barriers to overcome as they live a life that is in line with their values (Hayes, 2016).

Effectiveness of ACT

ACT is an effective treatment for a number of mental health concerns. These concerns range from low severity such as increasing general wellbeing, low mood and low-level anxiety to more severe concerns such as Post-Traumatic Stress Disorder, Bipolar Disorder, Psychosis, Personality Disorders and eating issues (Halliburton & Cooper, 2015). Hacker, Stone, and MacBeth, (2016) reviewed 46 articles which focused on the effectiveness of ACT with depression and anxiety. A moderate to high effect size in the reduction of symptoms after treatment and at a follow-up was found. The studies included in their review used a manualised ACT approach for their intervention, used a randomised control design and assessed for anxiety or depressive symptoms using standardised outcome measures. Within these articles the treatment approaches varied from 16 weekly group sessions, 12 weekly individual sessions, a one-off individual session and completion of self-help books or websites, the sample size in these studies range from 19-376 participants. The studies also ranged from focusing on clinical symptoms to focusing on mild or moderate symptom severity. They found that ACT led to a statistically significant reduction in the symptoms of depression and anxiety. However, it was also noted that the effects were not significantly better than traditional treatment approaches and highlighted that more research into the effectiveness of ACT is needed (Hacker, et al. 2016).

Another review article that examined the effectiveness of ACT on reducing symptoms of anxiety found that ACT was an effective treatment approach (Swain, et al. 2013). This review included 38 studies on ACT based interventions, which focused on anxiety or symptoms of anxiety as defined in the DSM-5. The studies had

to use outcome measures that identified remission or a reduction in symptoms of anxiety. Four studies focused on people who were receiving mental health treatment for symptoms of anxiety, the rest focused on people who had received a DSM-5 diagnosis of an Anxiety Disorder. The treatment approaches were individual (6-21 sessions) and group (1-24 sessions) and the sample size ranged between one and 399 participants. The review suggests that ACT was an effective approach for decreasing the symptoms of anxiety. However, it was noted that more research into the effectiveness of ACT was necessary due to the small scale of studies as well as methodological issues such as small sample sizes and non-randomised designs (Swain, et al. 2013). The above reviews suggest that ACT is an effective treatment approach for both depression and anxiety.

Zettle (2015) also reviewed four studies that examined the effectiveness of ACT in reducing the symptoms of depression. These studies were carried out in a variety of countries including Australia and Sweden as well as across multiple settings including a public health service and a student-counselling centre. The studies included adolescents, college students, and war veterans. Both individual (12-16 sessions) and group (8 weeks) treatment approaches were used. They found significant reductions in the symptoms of depression in each country.

ACT was evaluated for effectiveness when it was used to reduce symptoms of panic disorder in 41 people (mean age =37) with 68.3% of the participants being female. This intervention found that increasing value-based behaviours led to a decrease in panic symptoms. Many of these participants presented with comorbid concerns, these included Generalised Anxiety Disorder and Major Depressive Disorder. Participants were randomly assigned to a treatment group or a waitlist

group. In the treatment group, participants received eight individual sessions, which were based on a manualised ACT for Anxiety approach. At each session valued behaviour, struggle and suffering were assessed. They found that increasing the level of valued behaviour influenced the decrease in struggle and suffering across a range of symptoms (Gloster, Klotsche, Ciarroachi, Eifert, Sonntag, Wittchen, et al. 2017).

In a review carried out by Halliburton and Cooper (2015), several studies had found ACT to be an effective treatment with adults. However, there were a limited number of studies that examined the effectiveness with adolescents. Of the available studies, 10 studies evaluated the effectiveness of ACT with adolescents. These studies evaluated ACT across multiple mental health concerns including depression, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder. The interventions varied between individual and group treatment approaches and had between one and 51 participants. They found that the results across all studies were positive and treatment was effective at reducing symptoms. An important consideration was that the best results were found when ACT was adapted and delivered at the developmental level of the teenager. This included increased behavioural activation, age-appropriate examples, the inclusion of parents and peers and personalized goals (Halliburton & Cooper, 2015). It was also suggested that adolescents who struggled with abstract reasoning may find ACT more difficult.

Hayes, Boyd, and Sewell (2011) carried out one of the studies reviewed in the above article. This study used an ACT intervention with adolescents who were receiving outpatient treatment for depression. Participants (n=30, mean age=14 years) were randomly assigned to an ACT treatment group or a treatment as usual group. The ACT group was individual sessions with a clinician. Participants completed the

Reynolds Adolescent Depression Scale-2 (RADS-2) before treatment, at the end of

treatment and at a 3 month follow up. Post-treatment participants in the ACT group

showed significantly greater improvement in symptoms of depression. After three

months, the improvement of depression symptoms was even greater. There were also

increases in overall global functioning after treatment. The authors suggest that more

studies of larger size need to be carried out with adolescents experiencing depression

using ACT based interventions to find out if ACT is an effective treatment for

depression.

      Livheim, Hayes, Ghaderi, Magnusdottir, Hogfeldt, Rowse, et al. (2015)

evaluated a school-based ACT intervention program. This study was part of the

review mentioned above by Zettle (2015). This intervention was carried out with

students who had been screened and were found to be experiencing psychological

concerns such as depression, anxiety, and stress. This intervention was carried out in

two different countries, 66 students (aged 12-18 years) completed the Australian

intervention and 32 students (aged 14-15 years) completed the intervention in

Sweden. The majority of the participants were female across both countries. The

students were randomly assigned to receive an ACT-based group intervention or a

control intervention, which was individual support, carried out by the school

counsellor. The Australian study found significant reductions in the symptoms of

depression and increased psychological flexibility in the ACT group when compared

to the control group. The Sweden study found significant decreases in levels of stress

and anxiety as well as an increase in mindfulness skills in the ACT group. The

authors suggest that larger studies need to be completed to replicate these results.

There are a limited number of studies that examine the effectiveness of ACT with adolescents and more research is still being carried out to find out if ACT is effective at improving mental health concerns in adolescents. Previous studies have a number of methodological issues such as small sample sizes, non-randomised control designs and few control comparisons. The studies that have investigated ACT show positive results, many of these studies are mentioned above. ACT has been found to be effective with adolescents who experience and range of mental health concerns particularly depression, anxiety and stress (Halliburton & Cooper, 2015). Although ACT is an effective treatment for a range of mental health concerns, there are still a number of barriers, which prevent people from receiving support. To overcome these barriers, a number of studies are evaluating alternative methods of delivering ACT such as the use of self-help materials.

Alternative Methods of Delivering ACT

Acceptance and Commitment Therapy can be carried out in several different ways. Including the use of self-help materials such as books, workbooks, computer programs, internet, and phone applications. Traditional therapy is usually carried out in a face-to-face format; however, recently using self-help materials has become increasingly popular. Many traditional therapy approaches are being modified to fit into a self-help format with generally positive results (French, Golijani-Moghaddam & Schroder, 2017). Self-help material is often suggested where there are barriers to engaging face- to- face such as stigma, cost, and waitlists. In the United Kingdom, the stepped care approach uses guided self-help with their treatments for mild to moderate mental health concerns. Due to long waitlists for mental health services

many people will access self-help materials while they are waiting to be seen by a mental health professional (French, et al. 2017).

Rasanen, Lappalainen, Muotka, Tolvanen, and Lappalainen (2016) examined interventions, which focused on improving wellbeing. An online ACT intervention was used with university students (N=68) who were experiencing depression, anxiety or stress. Many students choose to use a self-help intervention rather than face-to-face therapy for reasons including long waitlists to see a professional, stigma, lack of time and lack of knowledge around support services. Self-help interventions are easily accessible and cost-effective. They found positive results and an increase in wellbeing in students both at the end of the intervention and at a 12 month follow up.

Levin, Haeger, Pierce, and Twohig (2017) also evaluated the effectiveness of an internet-based ACT self-help program with university students (N=79). They found that internet-based self-help interventions reduce barriers to receiving treatment. Internet-based treatments can be carried out in the student's own time and can reach a greater range of students including those studying by distance. Using an internet-based intervention can also cover a broad range of concerns over a short time. It was highlighted that students often have general concerns about wellbeing rather than one diagnosable mental health disorder, this study found that self-help interventions were effective at increasing general wellbeing. Building on this, another study found that an internet-based ACT intervention was effective for reducing symptoms of Social Anxiety Disorder and Panic Disorder. They also found small decreases in depressive symptoms after the intervention (Ivanova, Lindner, Hoa Ly, Dahlin, Vernmark, Andersson et al. 2016). These studies highlight that ACT can be effective when delivered as a self-help intervention. They also show that ACT-based

self-help interventions are both useful and effective when working with adolescents to improve wellbeing.

Currently, treatment focuses on people who are already struggling with depression or anxiety; however, recently some consideration has been placed on preventative strategies. Prevention programs can be carried out with entire populations, with people who are at high risk or those with emerging symptoms. Many prevention programs aim to reduce any symptoms that might be occurring and also to improve wellbeing and quality of life. Due to the high cost of therapy being carried out in a face-to-face format, many prevention programs are carried out using alternative methods such as books, apps and the internet (Deady, Choi, Calvo, Glozier, Christensen & Harvey, 2017). People who are experiencing subclinical levels of depression and anxiety may fit into the category of people who have emerging symptoms and therefore could benefit from receiving a prevention-based program.

In a meta-analysis that examined the effectiveness of internet-based prevention programs, ten studies were reviewed. Each of these studies focused on either depression or anxiety. The internet program had to be carried out as an early intervention with people who were at risk of developing these disorders. The majority of participants were from the general population (N=3416) with four of the studies using college students (N=1106). CBT was the main approach; however, one study used an ACT intervention. Overall, small positive results for symptom reduction were found across studies; however, they were unable to conclude if the long-term results were significant due to the differing results from each study (Deady, et al. 2017). Another meta-analysis on internet-based CBT prevention programs with a focus on

subclinical depression found positive short-term results; however, was also unable to conclude if it was effective long-term (Zhou, et al. 2016).

Building on alternative methods of delivering ACT, Burckhardt, et al. (2015) evaluated the effectiveness of ACT and positive psychology as part of an early intervention school program. The aim of the study was to evaluate if this ACT-based intervention could reduce depression, anxiety, and stress scores as well as increase wellbeing scores. Students from year 10 or 11 at high school participated (n=267, mean age = 16 years), with 63% of the participants being male. As it was an early intervention program, any students were able to volunteer to participate, as there were no exclusion criteria. At the beginning of the intervention, the students presented with high depression, anxiety and stress scores. The program focused on six core components of ACT including values, committed action, contact with the present moment, observer self, acceptance of emotions and thought diffusion. The program was delivered over sixteen sessions in a large group format. The depression, anxiety and stress scale (DASS) and the flourishing scale (FS) were used to assess well-being. Students who completed the intervention showed a statistically significant reduction in depression, stress and overall scores on self-report measures when compared to the control group who received treatment as usual through the school health system. The most significant reduction was on the stress scores. They found that increasing acceptance was the most important component in symptom reduction. The authors suggest that further early intervention studies based on ACT need to be carried out to see if these findings can be generalised.

Alternative methods of delivering ACT are important to understand as they can help to overcome barriers, which prevent people from receiving support. There

are a number of alternative methods, including internet-based programs and group programs. The studies highlighted above show that ACT can be effective when it is carried out in an alternative format for reducing the symptoms of depression and anxiety with adolescents. The most common form of self-help material is using self-help books, which will be explored in more detail below.

Self-Help Workbooks

One of the most common self-help materials is books also known as bibliotherapy. Books are easily accessible and available for individuals to buy without ever seeing a therapist. Multiple studies have evaluated the effectiveness of popular self-help books. For example, Bergsma (2007) reviewed feedback around the use of self-help books, overall this was positive particularly from readers of the books. Often concepts in these books may not be directly linked to psychological principals so book choice was an important component of understanding effectiveness. Redding, Herbert, Forman, and Gaudiano (2008) report that there are four key components related to self-help books being rated as effective including being written from a cognitive behavioural perspective, written by a mental health professional or authors with a doctoral degree and books that focused on specific problems. Gender differences in the use of self-help books are highlighted by Mclean and Kapell (2015), they found that women usually read books related to interpersonal relationships and are more likely to engage with strategies suggested by the book and use the techniques in everyday life. Men more often read books related to careers and are less likely to seek out the book themselves.

Self-help books are widely used and easily accessible. A review carried out by Cavanagh, Strauss, Forder, and Jones (2014) examined whether mindfulness and acceptance can be learnt through self-help materials. Five of the studies reviewed used ACT self-help books. These studies found that once participants completed the self-help book they had learnt mindfulness and acceptance as well as showing a decrease in symptoms of depression and anxiety. This was assessed using acceptance, mindfulness, depression and anxiety measures. ACT self-help books which had a key focus on acceptance and mindfulness showed the most positive results. Other studies examined ACT self-help workbooks that target specific problems such as disordered eating, anxiety, and depression.

Fledderus, Bohlmeijer, Pieterse, and Schreurs (2012) found that self-help books could be effective across cultures. Participants were recruited from a Dutch community setting with people who were experiencing mild to moderate levels of depression (mean age=42 years). They were randomly assigned to one of three programs: A self-help workbook (Living to the Full: Mindfulness or the Art of Acceptance, now as a practical help book) with extensive email support (125 people); the same self-help workbook with minimal email support (125 people) or a waitlist group (126 people). Participants completed measures of depression, anxiety, fatigue, avoidance, positive mental health, and mindfulness before, at the completion and three months after the intervention. Both treatment groups showed significant reductions in depression, anxiety, fatigue, avoidance and improvements in overall mental health and mindfulness when compared to the waitlist group. These findings were consistent at the three-month follow up. They concluded that ACT-based self-

help workbooks with minimal email support are effective for people with mild to moderate symptoms of depression.

Ritzert, Forsyth, Sheppard, Boswell, Berghoff, and Eifert (2016) examined the effectiveness of the ACT self-help book "Mindfulness and Acceptance Workbook for Anxiety". Participants showed significant improvements across anxiety, depression, quality of life, acceptance, mindfulness and self-compassion measures directly after completing the workbook as well as at a six and nine month follow up. French, et al. (2017) reviewed articles that examined the effectiveness of ACT in a self-help format. They found that more guidance from a clinician increased the effectiveness of the intervention; however, the type of material used did not have any effect. They concluded that ACT is effective when carried out in any self-help format with clinician guidance.

Jeffcoat and Hayes (2012) carried out an intervention to improve general wellbeing with school teachers aged 30-60 (n=236, 90% female). Participants volunteered for the study and were randomly assigned to the intervention group or a waitlist group. The intervention group completed an ACT self-help workbook (Get Out of Your Mind and Into Your Life) over a two-month period. Of these participants, three quarters scored above the clinical cut off pre-treatment for depression, anxiety or stress. They found that the people experiencing normal levels of pre-treatment depression maintained this at a 10-week follow up, while those who scored above the clinical cut off for depression, anxiety and stress showed significant improvement during the program and at the 10 week follow up when compared with the waitlist group. Overall, it was found that participants who regularly engaged and completed the workbook showed better overall results.

Overall, the above studies suggest that self-help books are effective at improving symptoms of depression and anxiety. They also show that people are able to learn key ACT techniques such as mindfulness and acceptance from completing a self-help workbook. Greater results were seen when there was increased guidance from a clinician and when participants engaged regularly with the self-help book.

Summary

Depression and anxiety are among the most prevalent and debilitating disorders a person can experience. They are characterised by feelings of sadness, loss of pleasure, fear, worry as well as somatic concerns. All of these symptoms have a significant impact on daily functioning. Prevalence for both disorders is high for adults and adolescents, with rates of depression in adolescents being between 7-14% and anxiety in adolescents being between 7-13%. Current research suggests that prevalence of depression is increasing as well as the age of onset becoming younger (Hidaka, 2012). These disorders also have a high comorbidity and research suggests that once a person has experienced depression or anxiety once they are highly likely to continue to have concerns throughout their lives. Tentatively it can be concluded that if depression and anxiety were treated in adolescence then the adult prevalence may decrease. Subclinical levels of depression and anxiety are not included in these rates; however, people who experience subclinical levels are at greater risk of going on to develop clinical levels of these disorders. Only 1% of people who are experiencing subclinical levels of depression and anxiety access professional help (Van Zoonen, et al. 2016).

CBT is the most commonly used treatment approach and has been shown to be effective when working with a range of mental health concerns including depression and anxiety with both adolescents and adults. However, research suggests that only 50-70% of people who access treatment go back to a normal level of functioning once they have completed therapy (Hopko, et al. 2011). Also, only 20-40% of adolescents who experience mental health concerns access services for treatment. These findings suggest that many adolescents who are experiencing distress are not accessing services and a large number are still experiencing distress after completing treatment. This suggests that alternative treatment approaches need to be considered to try to decrease this number.

ACT is a third wave therapy that is based on concepts from RFT. ACT focuses on supporting a person to live a life that is more in line with their values and practice psychological flexibility to reduce symptoms of distress. ACT views feelings and emotions as normal parts of life and teaches people to notice them and let them go using methods such as mindfulness, acceptance, understanding values and creating goals as key components of therapy. ACT has been shown to be an effective treatment for a number of mental health concerns as well as an effective early intervention with depression, anxiety and improving general wellbeing. ACT is effective when carried out in a face-to-face format, group format, and self-help format. There is currently limited research on the effectiveness of ACT with adolescents; however, tentative results suggest that it is effective (Halliburton & Cooper, 2015). There is also limited research on the effectiveness of ACT self-help interventions with adolescents. The current study attempts to address the gaps in current research surrounding the effectiveness of ACT self-help interventions with

adolescents to improve general wellbeing. If this study was to be effective, it would potentially help to improve service availability. This is important, as it would allow greater access to help and support, particularly in New Zealand where it is often difficult for adolescents to receive support due to, long waitlists in the public system and the high cost associated with seeing a psychologist privately. As mentioned above self-help interventions are used as part of a stepped care model in other countries. This is another option for New Zealand where people who were experiencing mild to moderate symptoms could complete a self-help intervention while waiting to be seen. This intervention aims to evaluate the effectiveness of the self-help book "Get Out of Your Mind and Into Your Life for Teens".

Get Out of Your Mind and Into Your Life for Teens

"Get Out of Your Mind and Into Your Life for Teens" is a self-help book written by Joseph Ciarrochi, Lousie Hayes and Ann Bailey with Steven Hayes writing the forward for the book. Each of these authors is either a psychologist or they work in the field of mental health, the three main authors specialise in working with adolescents. This self-help book was originally written by Steven Hayes and was designed for adults; however, this version has been adapted for adolescents (Ciarrochi, Hayes & Bailey, 2012). Specific strategies covered in this book include mindfulness, breathing, values, goals, understanding emotions and feelings, being with feelings without battling them, observing thoughts, learning to have a thought without being a thought, self-compassion and creating good friendships.

Aims of the Study

The overall purpose of this study was to address the question "Does the self-help book Get Out of Your Mind and Into Your Life for Teens improve wellbeing in adolescents?" In particular, the research sought to find out i) if the book was effective in improving well-being in adolescents, ii) if there were any gender differences in outcomes and iii) understanding if adolescents found the book useful by evaluating if it was easy to work through and relevant to them.

Chapter 2: Method

Ethical Approval

Ethical approval for this study was obtained from the University of Waikato's Human Research Ethics Committee, Health section #2017-27. Permission was also given by the principal of the High School to conduct this study.

The study was advertised via a poster (Appendix A) which was placed in the Wellness Centre at the High School and an advertisement in the morning notices which went to each class. The participants then contacted me if they were interested in finding out more. Inclusion criteria were that the participants had to be between the ages of 16 and 18 years old and they wanted to improve their wellbeing. One participant was also recruited through a community mental health service where the staff contacted previous clients who they thought might benefit from being a part of this study. Participants who were currently involved with a mental health service or receiving some form of therapy were excluded from the study to ensure that their current therapy was not influenced by completing this intervention. There were no participants who volunteered for the intervention but did not fit the inclusion criteria.

Participants

There were 16 participants who volunteered to participate in this study. Seven participants were male and nine were female. Ages ranged from 16 to 18 years old with the average age being 16.6 years. Fifteen participants were year 12 or 13 students at High School and one was working. Twelve participants identified as New Zealand European, four as New Zealand Māori, two as other European and one as

Samoan. Two participants withdrew from the study; the first after completing two weeks of the intervention and the second participant after the baseline period (so did not begin the intervention). Both participants withdrew as their circumstances had changed and they no longer had time to complete the intervention. A total of 14 participants completed the intervention. Further information on the participants' demographics can be found in Table 1.

Table 1
Participant Demographics

	Age	Gender	Previous MH Involvement	Current Diagnosis	Completed the study
P.1.	18	Male	No	No	Yes
P.2.	16	Female	No	No	Yes
P.3	16	Male	No	No	Yes
P.4	16	Female	Yes	No	Dropped out after week 2 of the intervention.
P.5	16	Female	Yes	Dyslexia	Yes
P.6	17	Male	No	No	Yes
P.7	16	Female	No	No	Yes
P.8	16	Female	Yes	Dyslexia	No dropped out after the two-week baseline period.
P.9	17	Male	Yes	Mild Autism	Yes
P.10	17	Male	No	Possible Asperger's	Yes
P.11	17	Male	Yes	No	Yes
P.12	17	Female	Yes	No	Yes

P.13	16	Female	No	No	Yes
P.14	17	Female	No	No	Yes
P.15	17	Female	No	No	Yes
P.16	18	Female	Yes	No	Yes

Research Design

This study used a multiple baseline design, which allowed participants to complete the intervention at their own pace. This also allowed each participant to act as their own control and be compared to their own baseline. Participants began the study as they volunteered which meant that the starting times for each participant were varied.

Each of the participants completed a set of questionnaires at four time points: after the initial meeting (where they also received the information form and provided consent); after a two-week baseline period (before they began the intervention); on the completion of the book and two months after the completion of the book. The intervention typically took an average of six weeks.

Measures

Demographic information was collected for each of the participants at the beginning of the intervention. This included age, ethnicity and gender. Participants were also asked if they were currently involved with a mental health service or receiving any form of therapy, if they had ever been involved with a mental health service in the past and if they had a current mental health diagnosis (to ensure that participants met the inclusion criteria). All of the following self-report measures were completed at the four time points.

The measures were chosen to assess multiple areas of wellbeing as well as areas specific to ACT. The wellbeing measures evaluated depression (PHQ-9), anxiety (GAD-7) and strengths and difficulties (Strengths and difficulties Questionnaire). The ACT measures evaluated though control (Thought Control

Questionnaire), acceptance (Acceptance and Action Questionnaire) and mindfulness (Day-to-Day Experiences Questionnaire). The purpose of these measures was to assess ACT to see if the intervention improved wellbeing using ACT related skills.

Patient Health Questionnaire-9 modified for adolescents (PHQ-9-A).

The (PHQ-9-A) is a brief screening tool used to measure mood, particularly depression. This measure was originally developed by Spitzer, Williams, and Kroenke (1999) and was modified by Johnston (2002). The tool was developed for use in a primary health setting as a screening tool for Major Depressive Disorder (Spitzer, Williams and Kroenke, 1999). It consists of nine questions, which are related to different symptoms of depression. The instructions for this measure are "how often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an X in the box beneath the answer that best describes how you have been feeling". The rating scale provides four response options "not at all", "several days", "more than half of the days" and "nearly every day". Each of these response options is coded from 0-3 with 0= not at all, 1= several days, 2= more than half of the days and 3= nearly every day. These scores are summed to give a total (range between 0 and 27). A higher score indicates higher levels of depression. Major Depressive Disorder is indicated if the total score is over 10, also if item 1 (feeling down, depressed, irritable or hopeless) or 2 (little interest or pleasure in doing things) is checked with a score of 2 or more. The scoring guide also suggests that if item 1, 2 or 3 is scored as 2 or more then another form of depressive disorder such as sub threshold depression should be considered. A score of 0-4 is in the normal range, 5-9 indicates minimal depressive symptoms, 10-14 indicates major

depression with mild severity, 15-19 indicates major depression with moderate severity, and 20 or higher indicates major depression with severe severity. A score of 10 or more is above the clinical cut off for this measure. Four additional questions at the end of the measure screen for suicidal ideation. The first question asks, "In the past year have you felt depressed or sad most days, even if you felt okay sometimes", the response options are yes or no. The second question asks, "if you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?", the response options are "not difficult at all", "somewhat difficult", "very difficult" or "extremely difficult". The final two questions ask about recent thoughts of suicide and any suicide attempts and the response options are yes or no. This measure was chosen to detect change or improvement in any symptoms of depression. The PHQ was developed and validated for use in primary care, 6000 people in primary care organisations completed this questionnaire. Reliability was found using internal consistency and test-retest (Cronbach a. of 0.89). The PHQ also has good criterion, construct and external validity and has a sensitivity for detecting Major Depression of 88% (Blackwell & McDermott, 2014). This measure has also been validated for use specifically with adolescents. A study with 442 adolescents who had been involved with non-government funded healthcare organisation found that the PHQ had a sensitivity of 89.5% and specificity of 77.5% for detecting youth who fit the criteria for a DSM-IV diagnosis of major depression. On a ROC analysis, the area under the curve for detecting major depression was 0.88, which means that this tool is able to detect youth depression (Richardson, McCauley, Grossman, McCarty, Richards, et al., 2010). The total score from this measure will be used in the analysis.

Generalised anxiety disorder scale 7 (GAD-7).

The GAD-7 is a brief tool used to screen for Generalised Anxiety Disorder.

Developed by Spitzer, Williams, Kroenke, and Lowe (2006), it was originally created

for use with adults who were receiving treatment in primary health care clinics. It was

created to reflect the criteria and symptoms found in the DSM-IV for Generalised

Anxiety Disorder. The first three items on the measure link directly to the DSM

diagnostic criteria (Spitzer, Williams, Kroenke & Lowe, 2006). The measure consists

of seven questions, which are related to different symptoms of anxiety. The

instructions are "over the last two weeks how often have you been bothered by the

following problems?". The person is asked to tick the response which best fits how

they have been feeling using a rating scale with four response options 0= not at all,

1= several days, 2= more than half of the days and 3= nearly every day. These

responses are summed to give a total score (range between 0 and 21). A higher score

indicates higher levels of Anxiety. A score of 0-4 indicates minimal anxiety, a score

of 5-9 indicates mild anxiety, a score of 10-14 indicates moderate levels of anxiety

and a score of over 15 indicates severe levels of anxiety. A score of over 10 is above

the clinical cut off. This measure has good reliability and validity. In a study carried

out in the United States with 2739 people who were being seen in primary care

services, they found strong internal consistency (Cronbach a. of .92) as well as good

test-retest reliability of .83. The mean score for people who had been diagnosed with

Generalised Anxiety Disorder was 14.4 and 4.9 for patients without this diagnosis

(Spitzer, Williams, Kroenke & Lowe, 2006). In a general population sample, the

GAD-7 demonstrated good internal consistency across subgroups of 0.89, the mean

score for women was 3.2 and 2.7 for men (Lowe, Decker, Muller, Brahler,

Schellberg, et al. 2008). The total score will be used for the analysis

Strengths and difficulties questionnaire.

The Strengths and Difficulties Questionnaire is a brief screening tool used to assess

behavioural and emotional problems. (Goodman, Meltzer & Bailey, 1998). The

measure consists of 25 questions. Respondents are asked, "for each item, please mark

the box for not true, somewhat true or certainly true. It would help us if you answered

all the items as best you can even if you are not absolutely certain. Please give your

answers on the basis of how things have been for you over the last six months." Each

item is related to one of five scales: emotional symptoms, conduct problems,

hyperactivity and inattention, peer relationship problems and prosocial behaviour.

Each response is scored between 0-2 with some items being scored in reverse. There

are 5 items for each scale (range is 0-10) (emotional symptoms scale items 3,8,13,16

and 24; conduct problems scale items 5,7,12,18 and 22; hyperactivity scale items

2,10,15,21 and 25; peer problems scale items 6,11,14,19 and 23; and on the prosocial

scale items 1,4,9,17 and 20 are added together. Items 7, 11, 14, 21 and 25 are reverse

scored.) A total problem score is obtained by summing the first four scales which

range from 0 – 40. A higher score indicates more significant behavioural and

emotional problems except for the prosocial scale where a higher score indicates

better social behaviour. Although there are no norms recorded for a New Zealand

population, the strengths and difficulties questionnaire has been used in a number of

New Zealand studies, particularly with adolescents who are receiving primary mental

health care (Clark, Johnson, Kekus, Newman, Patel, Fleming et al. 2014). Kersten,

Vandal, Elder, and McPherson (2018) questioned the reliability of this questionnaire

in a New Zealand population. They suggest that the five subscales on this

questionnaire are not reliable and have low internal consistency. They did, however,

find that the total difficulty scale had good internal consistency, which is the scale,

which will be used for this study. The questionnaire has strong internal consistency of

0.71 across the self-report, parent and teacher version of the measure (Seward,

Bayliss, Stallman & Ohan, 2017). Australian norms differ across age and gender. For

boys between the ages of 14-17, a normative score of 10.12 for total difficulties was

reported. For girls between the ages of 14-17, a normative score of 9.08 for total

difficulties was reported (Mellor, 2005). The total score on the self-report

questionnaire was the measure of interest in this study.

Thought control questionnaire.

A key component of ACT is the idea that it is healthy to be able to recognise thoughts

and feelings for what they are rather than focusing on changing them (Harris, 2009).

The Thought Control Questionnaire is a brief screening tool used to assess how

effective a person's strategies for controlling their thoughts are (Wells & Davies,

1994). The measure consists of 30 statements. This measure gives a rationale at the

top of the form about what the questionnaire is looking to measure and why. The

respondent is asked to circle the answer that describes how often they use each

technique to try to control their thoughts, for example, question 1 "I call to mind

positive images instead". The measure uses a rating scale with four response options

"never" (1), "sometimes" (2), "often" (3) and "almost always" (4). The total ranges

between 30-120. Each question is related to one of five factors, which could be used

to try to control thoughts. These include distraction, social control, worry, punishment and reappraisal. A higher score indicates an ineffective strategy in that area. A lower score indicates that the person is not trying to supress their thoughts. The internal reliability of this measure is good with an alpha score of .8, this test also has good test-retest reliability with a correlation score of .83 (Wells & Davies, 1994). The total score was the measures of interest in this study.

Acceptance and action questionnaire.

Acceptance is a key component of this intervention as the self-help book that is being used is based on ACT. The Acceptance and Action Questionnaire (AAQ) was developed to directly link to the key concepts of ACT. The original questionnaire was created by Steven Hayes and colleagues in 2004, since this time there have been a number of different versions of the test. The AAQ-9 was used for this intervention, which consists of nine questions to determine if levels of acceptance changed during the intervention. The instructions for this measure are "Below you will find a list of statements. Please rate the truth of each statement as it applies to you. Use the following scale to make your choice." This measure uses a likert scale with 1= never true, 2= very seldom true, 3= seldom true, 4= sometimes true, 5= frequently true, 6= almost always true and 7= always true. The responses are added together to get a total score. Items 1,4,5 and 6 are scored in reverse. The total score can range from 9-63. A lower score indicates greater acceptance. The internal consistency for this measure is .70. When a full factor analysis was carried out on each of the items across two clinical samples, it was found that the degrees of freedom ratio was 1.8, which again shows good internal consistency (Hayes, Strosahl, Wilson, Bissett, Pistorello, et al.,

2004). It has been noted that because the terms used in this test are complex and difficult to measure, it is often difficult to obtain accurate reliability and validity for this measure (Renshaw, 2018).

Day to day experiences (DDE).

The Day to Day Experiences Questionnaire, also known as the Mindful Attention Awareness Scale, assesses how much attention a person pays to the present moment (mindfulness) (Brown & Ryan, 2003). Mindfulness is a key concept of ACT and is one of the underlying concepts throughout the self-help book "Get Out of Your Mind and Into Your Life for Teens". The questionnaire consists of 15 items, the instructions are "below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item." This measure uses a Likert scale where 1= almost always, 2= very frequently, 3= somewhat frequently, 4= somewhat infrequently, 5= very infrequently and 6= almost never. People are asked to circle the number that best reflects their experiences. A mean score is calculated using all of the responses. A higher score indicates higher levels of mindfulness. It has been validated for use with college students, adults in the community and cancer patients (Brown & Ryan, 2003). This measure also shows good internal consistency and high test-retest reliability with Cronbach's alpha ranging between .80 and .90 (Brown & Ryan, 2003). There are no norms for New Zealand; however, the norms in an American

population are 4.20 for community adults and 3.83 for college students (Brown &

Ryan, 2003). The mean score will be used for the analysis.

Clarifying self-values.

Understanding and using values to improve well-being is a central concept in the

workbook used for this intervention. It was important to use a measure that

highlighted how much each participant understood their values and whether this

changed as they worked through the book. This measure came directly from the

workbook "Get Out of Your Mind and Into Your Life for Teens" (J Ciarrochi, L

Hayes and A Bailey p 94 & 106). The person is asked to rate a number of different

values in terms of their importance. The instructions for this measure are "look at the

table below, which shows some of the values people often say are important in regard

to themselves. These are qualities you might want to have or increase within yourself

and in your life. Then using a scale of 0 to 10, where 0 is not at all important and 10

is of greatest importance, rate how important each one is to you right now. We've

included a few blank spaces where you can fill in any other self-values that are

especially important to you." The measure uses a Likert scale that is written above the

table where 0 is not important, 5 is moderately important and 10 is of greatest

importance. This measure was used at each time point to assess the participants

understanding of their values and was not used in the final analysis.

Procedure

Once the participants expressed interest in the intervention I organised a time to meet

with them one on one at school. For all of the participants, the first meeting was the

same. At this meeting, I introduced myself to the participants and then talked through the intervention. They were then given the information sheet (Appendix B) to review and given the opportunity to ask questions. They were also shown the book and weekly questions to give them an idea of how much they were expected to do. If they agreed to participate at this point, they were then talked through the consent form and I answered any questions that they had. After this, they signed the consent form. The participants were then asked to fill out the first battery of questionnaires, (all of the seven questionnaires mentioned above) which took approximately 10 minutes. I then explained to them that there would be a two-week wait before they started the book. The participants were sent texts weekly during this baseline period to check in with them about how they were.

At the end of the baseline phase, participants were then seen again and completed the battery of seven questionnaires again. They were given a copy of the book to work through (as described in Table 2). A mutually convenient time was arranged for the weekly meetings. The book used for this intervention is "Get Out of Your Mind and Into Your Life for Teens" by Ciarrochi, Hayes and Bailey, 2012. This book is publicly available, and each participant received the book to keep.

The chapters were split into six sections as shown in Table 2. The participants were expected to complete 2-3 chapters per week but were told that they could complete more chapters if they chose to and if they missed a chapter then they could catch up the following week. There was no strict time limit around completing the intervention to allow the participants to work through the book at their own pace. Participant's weekly progress was recorded.

The participants met with me weekly at the school wellness centre. They were asked four questions about the chapters they had just read. These included "Did you find these chapters easy to read and understand?" and "Which part of these chapters did you find most interesting/helpful?" The participants were also asked two other questions, specific to the chapters, which they had just read, to ensure that they had read the chapters and to gauge their understanding (the specific questions can be found in Table 2). The responses to these questions were recorded verbatim.

Once the participants completed the intervention they were, asked four final questions, which focused on how helpful the intervention was overall (see the Table 2). At the end of the intervention, they were asked to complete the battery of seven questionnaires again. Their contact details were confirmed, and the participants were reminded that I would contact them two months after the intervention finished to complete the questionnaires for a final time. They were also given the opportunity to add any final comments about the book and to ask any final questions regarding the intervention. Two months after the intervention was completed I contacted the participants and met with them whilst they completed the battery of questionnaires for the final time.

Table 2

Breakdown of chapters and weekly questions

Chapter Name	Chapter focus	Activities in the chapter	Week completed	Weekly questions
Introduction: This book is for you	Introduces the book and explains what people should expect as they read through the book.		Week 1	1. Did this introduction make you want to keep reading the book?
				2. Did you find this part of the book easy to read and understand?
				3. What does BOLD stand for?
				4. Which idea from these chapters stood out for you the most?
Part 1- Getting started				
Chapter 1: What if everybody is hiding a secret?	Introduces the author's stories and continues to introduce the focus of the book.		Week 1	See above

Chapter 2: Becoming a mindful warrior	Introduces the idea of the mindful warrior. Also introduces the acronym BOLD. Breathing, observing, listening to your values, deciding on actions, and doing them. This acronym is the focus of the rest of the chapters in the book.		Week 1	See above
Part 2- The battle within				
Chapter 3: Beginning the journey	Introduces Jess and Sam who are used as examples of adolescents who are learning to use the skills taught in the book.	The reader is asked to write about their own story and their struggles.	Week 1	See above
Chapter 4: Finding your inner stillness	Introduces the concept of mindfulness and teachers the reader	The reader is taught to breathe mindfully using the balloon metaphor. They are then taught to notice	Week 2	1. Did you find these chapters easy to read and understand? 2. Do you feel that you are able to better

	how to be mindful and learn to observe.	what is happening in their body. The reader is then asked to listen to music mindfully.		understand how to control your breathing? 3. Do you feel that you are able to understand your emotions better? 4. Which part of these chapters did you find most interesting/ helpful?
Chapter 5: Observing the battle within	This chapter focuses on how to observe feelings. It teaches the reader to understand their emotions. It introduces the idea that fighting feelings can be unhelpful. Another key concept in this chapter is that it is difficult to get rid of thoughts and feelings that you do not like.	The reader is asked to read about Sam's battle and then sum up what Sam was feeling and how he dealt with these feelings and if this was helpful or not. They are then asked to think about their own feelings and how they and people they know usually manage difficult feelings. They are then taken	Week 2	See above

		through an exercise about control.		
Chapter 6: Making the winning move	This chapter continues to teach the reader about observing and then starts to introduce how to make decisions and how to move forward. Continues to use the concept of BOLD to teach these skills.	The reader is asked to experiment with holding their breath and being willing to feel discomfort. They are then asked to go through an exercise about willingness. The aim of this exercise is to show the reader that sometimes you have to have uncomfortable feelings to do something that you care about.	Week 3	1. Did you find these chapters easy to read and understand? 2. Do you feel that you understood the idea of being willing to have difficult feelings? 3. What do you understand about the concept of the problem finder? 4. Which part of these chapters did you find most interesting/ helpful?
Chapter 7: Meeting the machine	This chapter focuses on thoughts and how to observe your thoughts. It introduces the idea of the mind as a problem-finding machine. This chapter teaches the reader how to observe these	The exercise in this chapter is around understanding the history behind why your mind looks for problems. The second exercise asks the person to practice	Week 3	See above

	thoughts and then how to make a decision about whether to listen to it or not.	observing their thoughts.		
Chapter 8: Not buying the mind's evaluations	This chapter again focuses on thoughts; however, this time looks at how the mind evaluates different situations. It then goes on to teach the reader how to make a decision about whether the minds evaluations are correct or not. The key ideas covered in this chapter are the mind is an evaluator and the mind is a storyteller.	This chapter has four exercises. The first exercise asks the reader to read through a scenario and then observe how their mind evaluates this scenario. The second exercise asks the reader to observe what stories their mind tells them about themselves. The third exercise asks the reader to evaluate a cup to see if their minds evaluation about it can change when they say bad things about it. The fourth exercise teaches the reader to	Week 4	1. Did you find these chapters easy to read and understand? 2. What is a story-telling machine? 3. Do you feel that you learnt how to be kinder to yourself? 4. Which part of these chapters did you find most interesting/ helpful?

		use the phrase "never mind my mind".		
Chapter 9: Developing wise view	This chapter begins to introduce the concept of values. It also focuses on teaching the reader to be kind to themselves.	This chapter has a number of exercises. The first looks at how the reader will see things differently at different ages and teaches them that their identity is not set in concrete. The second exercise is about trying to predict the future and highlights that your mind cannot figure out who you will become in the future. The third exercise highlights how thoughts can change; however, this does not change who you are as a person. The fourth exercise looks at the idea of having a thought vs. being a thought. The final three exercises focus on teaching the	Week 4	See above

		person to be kinder to themselves.		
Part 3: Living your way				
Chapter 10: Knowing what you value	This chapter focuses on introducing and learning about values. It also introduces the idea that you can make decisions based on your values.	The first exercise in this chapter is a game where their future is chosen for them based on random numbers and the second time the reader is able to choose 6 options from the game which they would like in their future. The second exercise looks at figuring out what a person values and how they can use their values to get to where they would like to be in life. The final exercise is about daring to dream and focuses on allowing the person to dream about what their future might look like.	Week 5	1. Did you find these chapters easy to read and understand? 2. What were some of the dreams you choose to focus on? 3. Do you feel you understand more about your values after completing this chapter? 4. Which part of these chapters did you find most interesting/ helpful?

Chapter 11: Learning to value yourself	This chapter focuses on learning about the persons self-values. It teaches the person to use their values to move them toward what they care about in life.	The first exercise in this chapter helps the person to identify what their self-values are and what acting on them might look like. The second exercise asks the person to write about what they would like their future to look like and how their self-values can help them to achieve this. The third exercise looks at setting goals.	Week 5	See above
Chapter 12: Creating friendship	This chapter focuses on how friendships can be created and strengthened by using values.	The first two exercises focus on asking the person to think about what makes a good friendship and figuring out what is important in a friendship. It then asks them to complete the same values table	Week 6	1. Did you find these chapters easy to read and understand? 2. Do you feel you better understand how to create good friendships? 3. Do you understand more about how your

		as in the previous chapter with a focus on values they think are important in friendships. The final two exercises focus on learning about inside-outside vision and how to put these together with BOLD skills.		values can affect your life? 4. Which part of these chapters did you find most interesting/ helpful?
Chapter 13: Seeking your way in the world	This chapter focuses on learning about how values can interact with the wider world.	The first exercise uses the values table used in the previous chapters; however, the values in the table are different. The second exercise looks at what can be considered succeeding in life. The third exercise looks at moving outside your comfort zone. The final exercise looks at how to find motivation when it is not there.	Week 6	See above

| Conclusion: The spark you carry in your heart | This chapter summarises what was covered throughout the book. | The final exercise in the book asks the person to write, draw or create a story about what they have learnt and what they will carry with them. | Week 6 | Overall Questions

1. Do you feel you gained something from completing this book?

2. Which part of the book stood out to you as being the most interesting or important?

3. Were you able to transfer some of the skills you learnt into your everyday life? |

Statistical Analysis

Data collected from the two participants who did not complete the intervention was not used as part of the analysis. There was no other missing data. The data were checked for normality to ensure that parametric tests were appropriate.

Baseline Analysis

The purpose of this was to examine if there were any significant differences between the scores at the beginning of the baseline period and the end of the baseline period. The scores from these two time points were calculated and then compared. If they did not show any significant differences, they were then averaged to create one baseline score to use for the rest of the analysis. The first part of the analysis compared all of the participant scores from the baseline phase (T1) and the scores that were collected at the beginning of the intervention phase (T2). A paired sample t-test was carried out with the mean scores on each of the measures. An alpha level of .05 was used here to indicate a significant difference and will be used throughout the rest of this thesis. To determine the effect of the intervention a one-way repeated measures Anova was carried out for each of the measures including scores from the baseline period, end of intervention (T3) and two-month follow up (T4). Following this, the change scores for each individual for each measure were also calculated due to the high variability in the data. A separate one-sample t-test was completed for the change scores to find any statistically significant changes. To determine if there were any gender differences in the outcomes, the results for each measure were graphed with male scores on one bar and female scores on another bar, the graphs also included error bars with a 95% confidence interval. This was used to highlight any trends in the data.

The weekly questions were also analysed for key themes. The purpose of this was to understand if teenagers found the book easy to work through, useful and relevant to their lives. All of the responses were put together for each question and any theme, which was mentioned more than once, was highlighted. This information was used to find out the perceived usefulness of the intervention.

Chapter 3: Results

The aim of this research was to evaluate the use of a self-help book titled Get Out of Your Mind and Into Your Life for Teens (Bailey, Joseph Ciarrochi & Hayes, 2012). In particular, the research sought to find out i) if the book was effective in improving well-being in adolescents, ii) if there were any gender differences in outcomes and iii) understanding if adolescents found the book useful by evaluating if it was easy to work through and relevant to them.

Distribution of Data

The data for each of the measures was checked to discover if it was normally distributed. The data was slightly skewed for all of the measures; however, this did not differ significantly from the norm. A Shapiro-Wiko test (p>.05) and a visual inspection of their histograms showed that the scores were approximately normally distributed on all measures. From this, it can be concluded that parametric tests are appropriate to use with this data.

Baseline

To determine which value to use as the baseline score, scores from T1 and T2 for each measure were compared. The means scores at each time points are presented in Table 3. As can be seen in the Table, the mean scores at T1 and T2 were similar across all measures. The scores on each measure all showed small decreases except on the DDE which stayed the same. The repeated measures t-test results show that there was only one significant difference between T1 and T2, this was on the SDQ. There were no other statistically significant differences between T1 and T2. For this reason, the average of the two scores for each participant was

taken and was used as their baseline score for each measure. On the SDQ, the T2

score for each participant was used as the baseline score. The mean baseline

scores will be referred to as baseline throughout the remainder of the results.

Table 3

*The Descriptive Mean, Standard Deviation (s.d) and Inferential Statistics, (t
values, the df, p) for Pre and Post-Baseline for each Test in the Battery of
Questionnaires for all Participants who Completed them at T1 and T2.*

Measure	T1 Mean (SD) N=14	T2 Mean (SD) N=14	Repeated measures t-test	Baseline Score
PHQ-9	7.4 (5.0)	6.0 (4.2)	$t(13)=1.9$, $p=.07$	6.8(4.4)
GAD-7	6.1(4.9)	4.9(4.1)	$t(13)=1.7$, $p=.09$	5.5(4.4)
SDQ	21.1(4.5)	19.6(4.5)	$t(13)=2.2$, $p=.04$	19.6(4.5)
TCQ	61.5(8.0)	59.9(6.9)	$t(13)=1.4$, $p=.16$	60.8(7.1)
AAQ	35.1(8.7)	33.2(8.0)	$t(13)=1.9$, $p=.07$	35.9(8.3)
DDE	4.1(.77)	4.1(.95)	$t(13)=-.7$, $p=.46$	4.1(.85)

Note: PHQ-Patient Health Questionnaire-9 modified for Adolescents, GAD-7-
Generalised Anxiety Disorder Scale-7, SDQ- Strengths and Difficulties Questionnaire,
TCQ- Thought Control Questionnaire, AAQ- Acceptance and Action Questionnaire,
DDE- Day to Day Experiences.

Effect of the Intervention

The mean scores and results from a repeated measures ANOVA for each measure

from baseline, T3 (post-intervention), and T4 (follow-up) are presented in Table

4. A one-way repeated measures Anova was carried out to determine if there were

any significant differences in scores from baseline, end of the intervention (T3)

and two month follow up (T4). As shown in Table 4 scores on the PHQ-9

decreased over time indicating an improvement in mood; however, the decrease

was not statistically significant. Scores on the GAD-7 increased between Baseline

and T3 and then decreased between T3 and T4. Scores on the TCQ decreased between Baseline and T3 indicating an improvement in thought control; however, increased again at the follow-up. Scores on DDE increased over time, which suggests some increase in the levels of mindfulness. On the SDQ scores increased across time points which may suggest an increase in difficulties. However, the above changes did not reach the criteria for statistical significance. Scores on the AAQ decreased across time; statistical analysis indicated that these scores showed a significant improvement over time. Post-hoc tests revealed significant changes between Baseline and T3 ($p=.02$) and from Baseline to T4 ($p=.04$). It can be concluded that levels of acceptance increased significantly.

As there was a large variability in the data as well as a small sample size, additional analyses were conducted based on the change in scores between baseline and T3, and T3 and T4.

Table 4

The Average Data (mean), Range, Standard Deviation (s.d), F Values, the df, p Values and Cohens d, for each Test in the Battery of Questionnaires for all Participants Who Completed them at Baseline, T3 and T4.

Measure	Baseline Mean (SD) N=14	T3 Mean (SD) N=14	T4 Mean (SD) N=14	One-way Repeated Measures Anova	Cohens d
PHQ-9	6.8(4.4)	5.6(4.4)	4.6(3.5)	$F(2,26)=2.24, p=.13$	d=0.2
GAD-7	5.5(4.4)	5.9(5.1)	4.7(3.6)	$F(2,26)=1.57, p=.23$	d=0.1
SDQ	19.6(4.5)	20.2(5.0)	21.0(5.0)	$F(2,26)=1.41, p=.26$	d=0.2
TCQ	60.8(7.1)	58.0(6.7)	60.9(6.7)	$F(2,26)=1.93, p=.17$	d=0.4
AAQ	35.9(8.3)	30.8(8.7)	31.8(8.7)	$F(2,26)=4.52, p=.02$	d=0.5
DDE	4.1(.85)	4.3(.88)	4.2(.66)	$F(2,26)=.82, p=.45$	d=0.2

Note: PHQ-Patient Health Questionnaire-9 modified for Adolescents, GAD-7- Generalised Anxiety Disorder Scale-7, SDQ- Strengths and Difficulties Questionnaire,

TCQ- Thought Control Questionnaire, AAQ- Acceptance and Action Questionnaire, DDE- Day to Day Experiences

Change Scores

Change scores were calculated by subtracting the group mean scores at baseline from the scores at T3, the scores at baseline from the scores at T4 and the scores at T3 from scores at T4. On the PHQ-9, GAD-7, SDQ, TCQ, and AAQ a higher score indicates a higher level of difficulties, therefore a change score which is positive would indicate an improvement (i.e., scores were lower at T3 and T4). On the DDE questionnaire, a higher score indicates higher levels of mindfulness therefore on this measure a change score that is negative would indicate an improvement and an increase in levels of mindfulness. Table 5 shows the change scores for each measure.

Scores on the PHQ-9 showed the biggest improvement occurred between baseline and T4 with smaller improvements also occurring between Baseline and T3 and T3 and T4 (see Table 5). This indicates a decrease in the symptoms of depression. The scores for the GAD-7 showed the biggest improvement was between T3 and T4 there was also a small improvement between Baseline and T4. This suggests that there were no positive changes in anxiety during the intervention period. The change score for the SDQ indicates that the average scores increased across all time points. This suggests a small increase in difficulties experienced over time. The change score for the TCQ suggest that the biggest improvement occurred between baseline and T3; however, scores increased between Baseline and T4 and T3 and T4. This suggests that there was an improvement in thought control during the intervention; however, this was not maintained at follow up. The change score for the AAQ indicates that the average scores decreased between baseline and T3 and Baseline and T4. This suggests that

the participant's levels of acceptance increased during the intervention phase and was maintained at the follow-up. The scores for the DDE indicates that the scores had small increases between Baseline and T3 and Baseline and T4 indicating a small increase in levels of mindfulness.

A series of one-sample t-tests were conducted to evaluate the statistical significance of the change in scores. These tests indicate that there were significant improvements between baseline and T4 on the PHQ-9, between T3 and T4 on the TCQ and between baseline and T3 and baseline and T4 on the AAQ. This suggests significant improvements in levels of depression, thought control and acceptance. There were no statically significant changes seen at any time point on the GAD-7, SDQ or DDE. This suggests no significant changes in anxiety, strengths and difficulties or mindfulness. Table 5 shows the mean group change scores and the associated one-sample t-tests.

Table 5

Mean Change Scores, SD, t score, df and p score for each Measure between Baseline and T3, Baseline and T4 and T3 and T4.

Measure	Baseline and T3 (SD)	Significance of change (*t,df, p*)	Baseline and T4 (SD)	Significance of change (t,df, p)	T3 and T4 (SD)	Significance of change (t,df, p)
PHQ-9	1.2 (3.5)	*t*(13)=1.28, *p*=.224	2.2(3.0)	*t*(13)=2.69, *p*=.019*	1(4.9)	*t*(13)=.771, *p*=.454
GAD-7	-0.3(2.1)	*t*(13)=-.58, *p*=.572	0.8(2.3)	*t*(13)=1.33, *p*=.208	1.1(2.9)	*t*(13)=1.43, *p*=.175
SDQ	-0.6(3.3)	*t*(13)=-.644, *p*=.531	-1.4(3.3)	*t*(13)=-1.54, *p*=.147	-0.8(2.4)	*t*(13)=-1.23, *p*=.241
TCQ	2.8(7.9)	*t*(13)=1.32, *p*=.211	-0.2(6.0)	*t*(13)=-.098, *p*=.924	-2.9(4.5)	*t*(13)=-2.46, *p*=.029*
AAQ	5.1(7.5)	*t*(13)=2.56, *p*=.024*	4.1(6.9)	*t*(13)=2.20, *p*=.046*	-1(5.6)	*t*(13)=-.668, *p*=.516
DDE	-0.2(0.5)	*t*(13)=-1.17, *p*=.264	-0.1(0.5)	*t*(13)=-.372, *p*=.716	0.1(0.4)	*t*(13)=1.03, *p*=.324

*= p<.05

Gender Differences

Comparisons of scores between males and females were carried out for each questionnaire at each time point. The purpose of this was to explore if the intervention was effective for both females and males. It was also important to understand if there were any gender differences across measures. This section will focus on trends to see if there appears to be different patterns by gender as the sample size was too small to conduct inferential statistics (Refer to figures 1-6). There appeared to be no obvious trends, which indicate gender differences across the measures. On the PHQ-9 male participants showed higher scores at baseline; however, by the two month follow up female and male scores were the same. This

suggests that males were experiencing higher levels of depression at the start; however, by the end of the intervention depression levels were the same for males and females. On the GAD-7 and SDQ, female participants had higher scores across all three-time points, which suggests that females were experiencing higher levels of anxiety and were experiencing higher levels of difficulties. On the TCQ, female participants had lower scores across all three-time points. This suggests that female participants spend less time trying to control their thoughts. Male participants showed lower scores across all three-time points on the AAQ, this suggests that male participants showed higher levels of acceptance. On the DDE, male participants had higher scores at baseline and at the two month follow up which suggests that they showed higher levels of mindfulness.
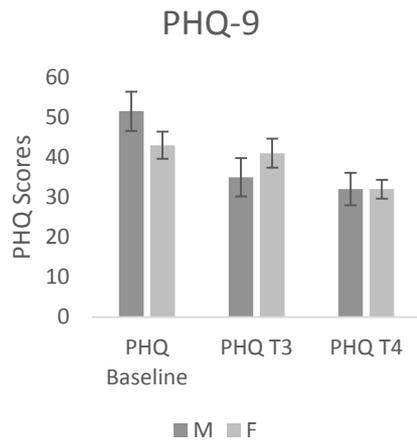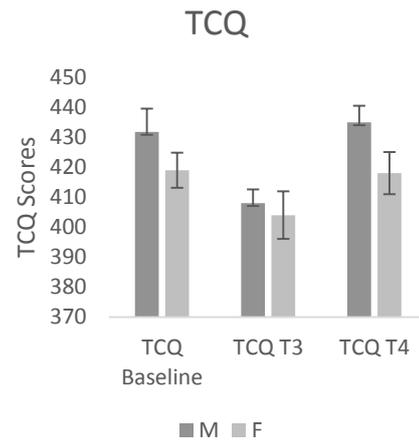
PHQ-9

Figure 1.

GAD-7

Figure 2.

SDQ

Figure 3.

TCQ

Figure 4.

AAQ

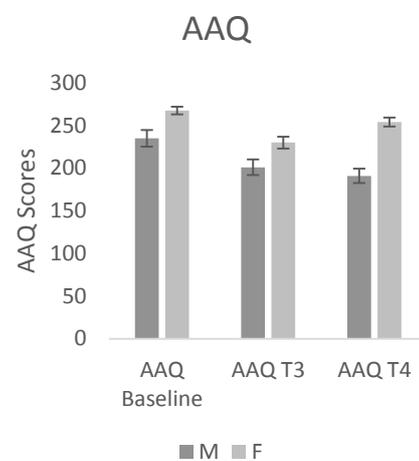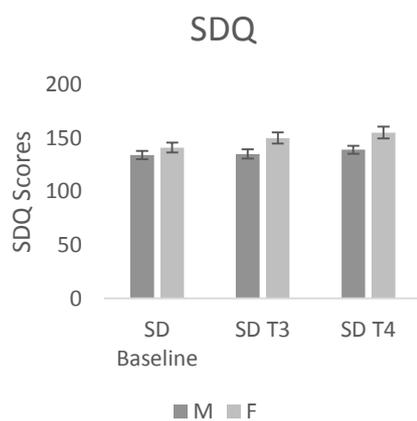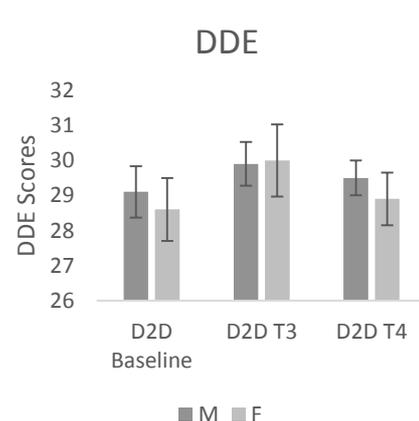*Figure 5.*

DDE
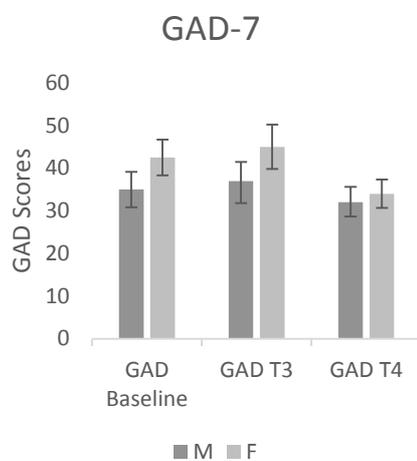
Figure 6.

Figures 1-6. Scores on the Patient Health Questionnaire (PHQ-9), Generalised Anxiety Scale-7 (GAD-7), Strengths and Difficulties Questionnaire (SDQ), Thought Control Questionnaire (TCQ), Acceptance and Action Questionnaire (AAQ) and Day-to-Day Experiences Questionnaire (DDE) by gender, with error bars showing 95% confidence intervals.

Individual Scores on each Measure

There was a large variation in the results between participants for each measure. For this reason, the data from each individual was plotted for each measure to see if the patterns in change over time were similar for everyone (See figs 4 to 9).

PHQ-9. Five participants showed a clear decrease in scores across each time point. Two participants' scores stayed the same across each time point. Five participants showed scores, which decreased between baseline and T3 and then increased again at T4. Two participants showed scores, which increased between baseline and T3 and then decreased at T4.

GAD-7. Four participants showed a clear decrease in scores over time. One participant stayed the same. Four participants showed scores, which decreased between baseline and T3 and then increased again at T4. Four participants showed scores, which increased between baseline and T3 and then decreased at T4. One participant had scores, which increased at all three-time points.

SDQ. Two participants showed a decrease in scores across each time point. Two participants' scores stayed the same across each time point. Five participants had scores, which decreased between baseline and T3 and then increased again between T3 and T4. Four participants had scores, which increased between baseline and T3 and decreased again between T3 and T4. One participant had scores, which increased across all three-time points.

TCQ. Five participants showed scores, which decreased between baseline and T3 and then increased again at T4. Three participants showed scores, which increased between baseline and T3 and then decreased at T4. Two participants had scores, which increased at all three time points. One participant had scores, which

decreased across all three-time points. Three participants' scores stayed the same across each time point.

AAQ. Three participants showed a decrease in scores across each time point. Five participants' scores stayed the same across each time point. Six participants had scores, which decreased between baseline and T3 and then increased again between T3 and T4.

DDE. One participant showed a decrease in scores across each time point. Four participants' scores stayed the same across each time point. Five participants had scores, which decreased between baseline and T3 and then increased again between T3 and T4. Two participants had scores, which increased between baseline and T3 and decreased again between T3 and T4. Two participants had scores, which increased across all three-time points.

Overall pattern. Of the participants, whose change scores showed decreases in symptoms, five of them showed decreases on at least two of the measures at each time point indicating that more than one difficulty improved, and this improvement was maintained across time. One participant showed an increase in symptoms on two of the measures. Of the participants whose scores stayed the same across all three-time points, three showed this on two or more of the measures. Of the participants whose difficulties decreased between baseline and T3 and then increased again between T3 and T4, nine participants showed these changes over two or more of the measures. Of the participants whose difficulties increased between baseline and T3 and then decreased between T3 and T4, five participants showed these changes over two or more of the measures. This suggests that these results were consistent across measures and show that if

participants' scores changed on one measure then it was likely they also changed on another measure.

Overall, these scores show a trend of decreased scores across all of the measures during the intervention period. This suggests that the majority of participants experienced some positive changes and decreases in symptoms.

Figure 7. Individual Scores at baseline, T3 and T4 for Patient Health Questionnaire-9.
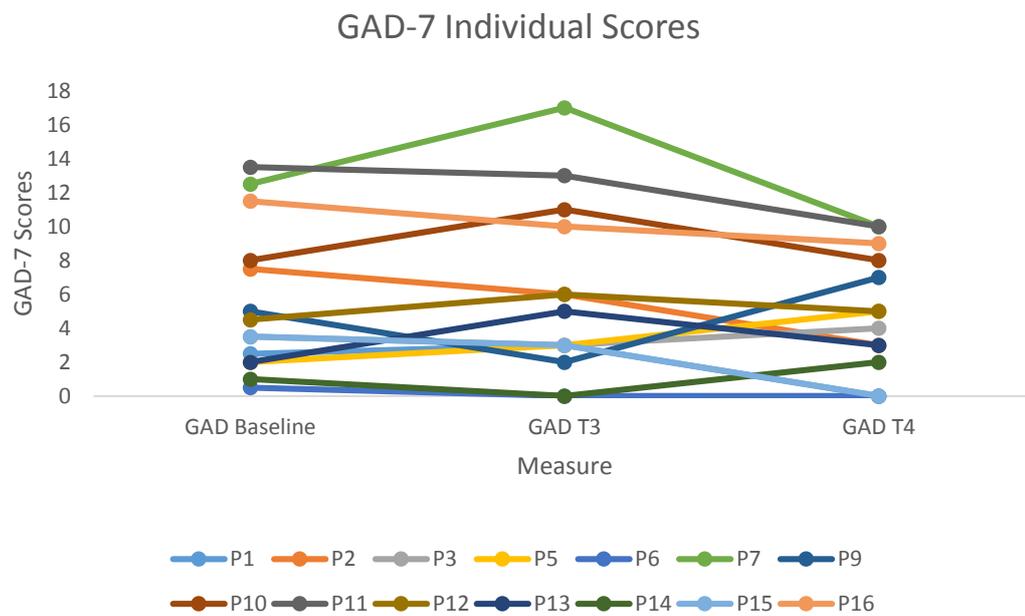
Figure 8. Individual Scores at baseline, T3 and T4 for Generalised Anxiety Scale-7.

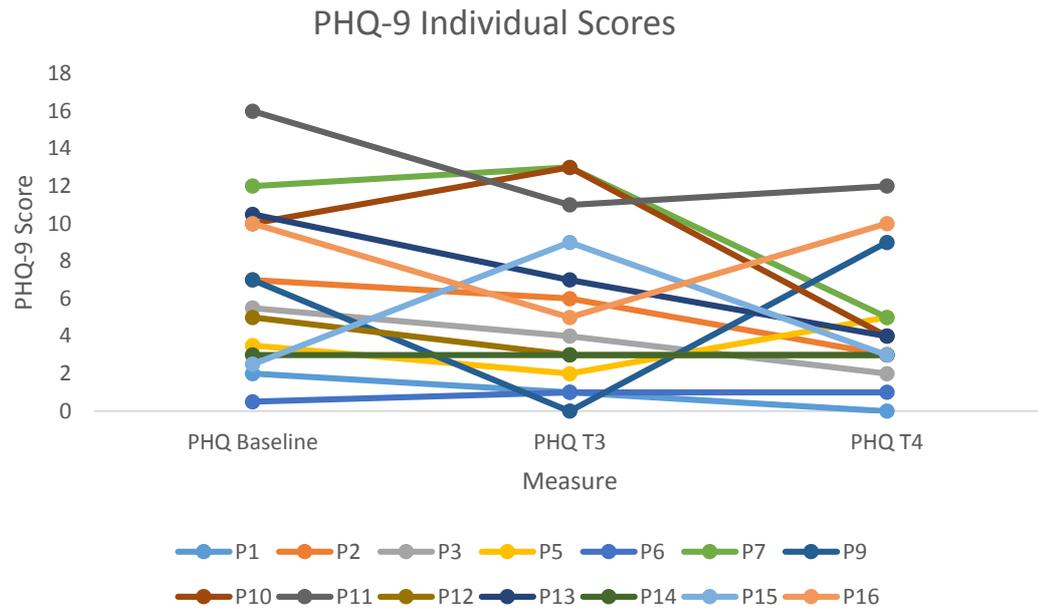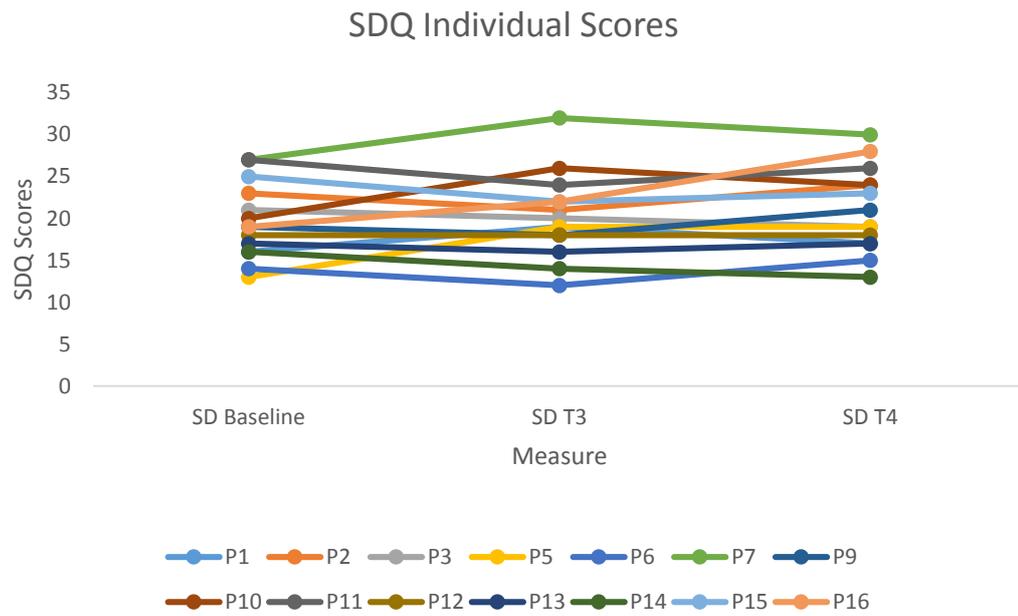*Figure 9.* Individual Scores at baseline, T3 and T4 for Strengths and Difficulties Questionnaire.
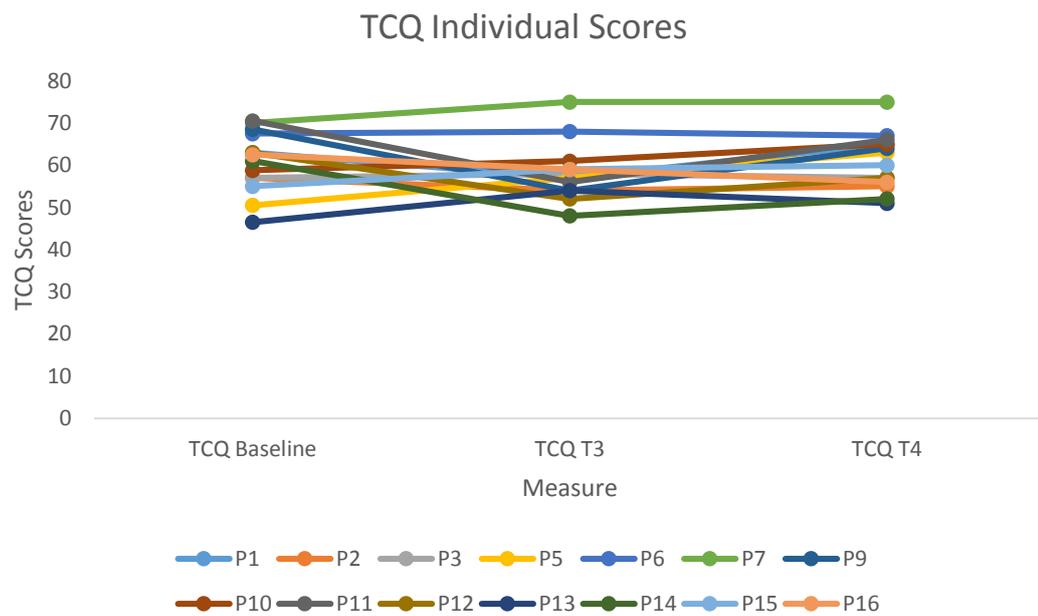
Figure 10. Individual Scores at baseline, T3 and T4 for Thought Control Questionnaire.
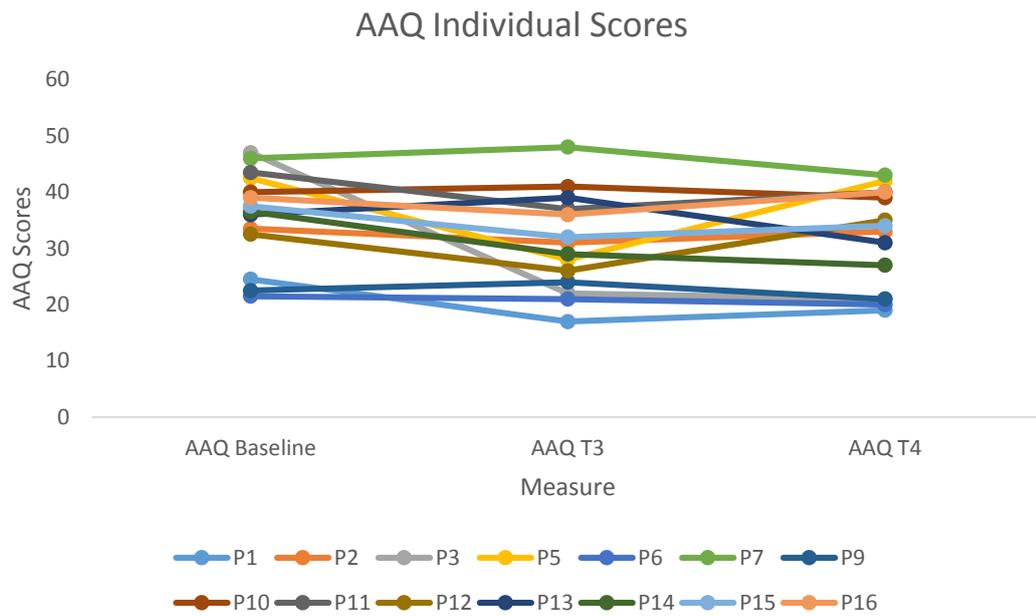
Figure 11. Individual Scores at baseline, T3 and T4 for Acceptance and Action Questionnaire.
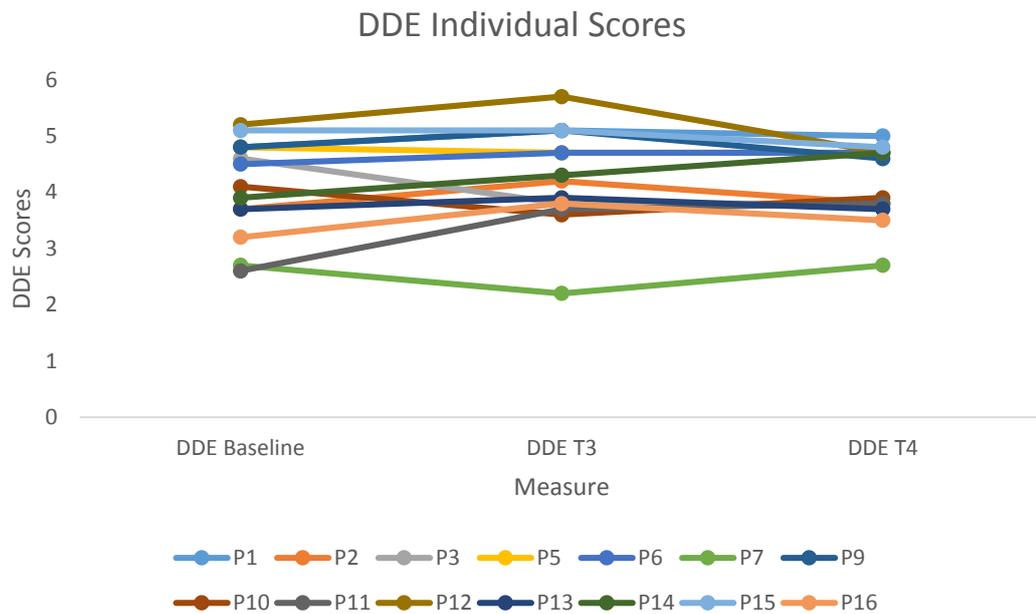
Figure 12. Individual Scores at baseline, T3 and T4 for Day to Day Experiences Questionnaire.

Perceived Usefulness of the Intervention

All of the participants who completed the book were met with once a week during the intervention and all completed each of the weekly questions. Engagement with the weekly questions was 100%. Overall, the responses that the participants gave to the weekly questions were positive in nature. The majority of participants reported finding each of the chapters easy to read and understand. Each participant was able to identify themes from each of the chapters, which they found interesting or useful, there were a number of key themes, which came up across participants (see Table 6 for more information). Multiple participants also identified that the chapters, which focused on friendships, were the most relevant to them. Overall, the majority of participants felt that they had gained something from completing the book and were able to transfer some of the skills that they had learnt into their everyday lives. Table 6 shows a summary of the key themes found from the weekly questions. Appendix C shows all of the responses.

Table 6. *Summaries of key themes found from responses to the weekly questions*

Questions	Positive themes	Negative themes
Week 1: Chapters 1-3		
1. Did this introduction make you want to keep reading the book?	10 of 14 participants answered yes.	P2 found them hard to relate to and "pretty dry". P7 found them "boring and too cliché".
2. Did you find this part of the book easy to read and understand?	13 of 14 participants answered yes.	P1 participant thought they had "A few complicated bits"
3. What does BOLD stand for?	14 of 14 answered this correctly.	
4. Which idea from these chapters stood out for you the most?	5 participants mentioned that they liked the BOLD definition and found it relatable. 2 participants mentioned that they liked the concept of the mindful worrier. 4 participants mentioned that they liked the author's examples.	P1 thought that some of the examples were too American.
Week 2: Chapters 4-5		
1. Did you find these chapters easy to read and understand?	13 participants answered yes.	1 participant found "A few words in these chapters that were hard."
2. Do you feel that you are able to better understand how to control your breathing?	13 participants answered yes.	1 participant "wondered why breathing normally would not be enough."

3. Do you feel that you are able to understand your emotions better?	All participants answered yes. 6 participants mentioned that they liked the part about the 9 basic emotions.	
4. Which part of these chapters did you find most interesting/ helpful?	6 participants mentioned that they liked the part about listening to music mindfully. 5 participants mentioned that they liked the breathing exercises.	2 participants mentioned that they did not like the tug of war story.
Week 3: Chapters 6-7		
1. Did you find these chapters easy to read and understand?	All participants answered yes to this question.	
2. Do you feel that you understood the idea of being willing to have difficult feelings?	All participants answered yes to this question. 7 participants mentioned that they learnt that it was okay to have feelings and emotions and not to fight them.	
3. What do you understand about the problem finder?	2 participants mentioned that they liked the activity and the exercise. 2 participants focused on the overthinking part of this concept.	4 participants mentioned that they did not click with this concept.
4. Which part of these chapters did you find most interesting/ helpful?	All participants liked these chapters. 5 participants liked the concept of the problem finder.	

	5 participants liked the examples given in these chapters.	
Week 4: Chapters 8-9		
1. Did you find these chapters easy to read and understand?	13 participants answered yes to finding chapter 8 easy. 11 participants answered yes to finding chapter 9 easy.	1 participant did not understand the words in chapter 8. 2 participants found chapter 9 complicated.
2. What is a storytelling machine?	4 participants thought it was when your mind tells you something is worse than what it is. 3 participants thought that it was when your mind criticizes yourself.	
3. Do you feel that you learnt how to be kinder to yourself?	11 participants answered yes to this question.	2 participants felt that they were already kind to themselves so did not think this part was relevant to them.
4. Which part of these chapters did you find most interesting/ helpful?	9 participants liked the storytelling machine and learning that "you are not your thoughts" and that "thoughts are not always true". 5 participants liked the parts about being kinder to yourself.	P13 thought, "There wasn't really anything that stood out for me."
Week 5: Chapters 10-11		

1. Did you find these chapters easy to read and understand?	13 participants answered yes to this question.	1 participant had to "Look up the hard words".
2. What were some of the dreams you choose to focus on?	9 participants spoke about their dreams and gave examples.	5 participants said they did not really understand this part and were not able to give any examples.
3. Do you feel you understand more about your values after completing this chapter?	12 participants answered yes to this question and suggested that they enjoyed learning about their values.	2 participants felt that they were still confused and did not fully understand what the concept of values was.
4. Which part of these chapters did you find most interesting/ helpful?	7 participants liked learning about their own values. 3 participants liked learning the difference between goals and values.	1 participant thought, "I didn't find any of this part interesting or helpful."
Week 6: Chapters 12-13		
1. Did you find these chapters easy to read and understand?	12 participants answered yes to this question.	2 participants said that they had to reread parts of it.
2. Do you feel you better understand how to create good friendships?	All participants answered yes to this question.	
3. Do you understand more about how your values can affect your life?	13 participants answered yes to this question.	1 participant "I found this bit hard because I didn't know what values were."
4. Which part of these chapters did you find most interesting/ helpful?	6 participants liked the part about friendships the best.	1 participant "felt neutral towards these chapters."

	5 participants mentioned that these were their favourite chapters in the book.	
Overall Questions		
1. Do you feel you gained something from completing this book?	12 participants answered yes to this question.	P7 felt that "The book just didn't gel with me." P2 "I think it could be useful for some people but not for me."
2. Which part of the book stood out to you as being the most interesting or important?	There was a variety of positive answers to this question. Most participants mentioned learning that it is "okay not to be okay all of the time" and it is "normal to have feelings" was useful.	
3. Were you able to transfer some of the skills you learnt into your everyday life?	13 participants answered yes to this question. Key themes from this answer included using the BOLD definition, the part about friendships and the problem finder.	P7 felt "The book felt generic and stereotypical, so it didn't feel personalised."

Chapter 4: Discussion

The aim of this research was to evaluate the use of a self-help book titled Get Out of Your Mind and Into Your Life for Teens (Bailey, Joseph Ciarrochi & Hayes, 2012). In particular, the research sought to find out i) if the book was effective in improving well-being in adolescents, ii) if there were any gender differences in outcomes and iii) understanding if adolescents found the book useful by evaluating if it was easy to work through and relevant to them.

The results of this study indicated that using this self-help book with minimal support was effective in improving overall well-being. Although many of the measures did not show statistically significant changes, a number of the measures showed positive improvements occurred during the intervention period. There were statistically significant improvements in acceptance, depression and thought control. The majority of the results continued to show these positive improvements at the two month follow up. Group and individual change scores also show similar improvements. Individual change scores highlighted that participants who showed improvements on one measure were more likely to show these improvements across measures. Individual scores also showed a trend of decreased scores on all of the measures during the intervention period. This suggests an increase in overall well-being occurred during the intervention. There were no obvious gender differences with similar trends seen between female and male participants. The weekly feedback suggests that adolescents are able to understand the content, found the book easy to work through and found it relevant to them. This feedback also suggested that the

majority of participants enjoyed completing the book and felt that it added some value to their lives.

The strongest finding of this study was that participants who completed the intervention reported a significant increase in their understanding and levels of acceptance. This was seen through a significant decrease in scores on the Acceptance and Action Questionnaire. These scores are supported by the weekly feedback where participants mention specific aspects related to acceptance such as learning "thoughts are just thoughts" and learning that they do not have to get "caught up" in their feelings.

These findings suggest that completing the book increases wellbeing, is useful for both male and female participants, is relevant to adolescents and is an alternative method of offering support. These findings also suggest that using this self-help book could be an alternative, less time intensive, method of offering support to adolescents.

Wellbeing

Depressive and Anxiety disorders have a high prevalence both in New Zealand and in other countries. The New Zealand Health Survey (2016) highlights that mood and anxiety disorders were the two most common diagnoses given to people aged between 15-20 years. One of the key components of this study was looking at improving wellbeing. For this reason, it was important to measure both depression and anxiety, this was done using the PHQ-9 and the GAD-7.

At the beginning of this intervention (baseline), six participants scored in the normal range on the PHQ-9. Five participants' scores indicated minimal depressive symptoms and three scored above the clinical cut off. Subclinical depression can be

defined as scoring over the clinical cut off on depression measures (Zhou, Li, Pei, Gao & Kong, 2016). If this definition is used, 21-28% of this sample was experiencing subclinical levels of depression. This finding is consistent with other findings, which suggest that rates for subclinical depression in community samples are between 7.3 and 23.1% (Zhou, et al. 2016). By the end of the intervention period, there were still three participants who scored above the clinical cut off for depression; however, these scores had decreased from being in the moderate range to being in the mild range. Two participants scored above the clinical cut off in the mild range at the two month follow up. Seven participants were in the normal range at the end of the intervention and nine were in the normal range at the two-month follow up. Individual scores showed that 10 participants scores improved during the intervention period, two scores showed higher levels of depression and two stayed the same. There were also statistically significant improvements found between baseline and the two-month follow up. This indicates that this ACT based intervention was effective at improving mood and that these improvements were maintained across time.

Haller, et al. (2014) suggests that the lifetime prevalence of subclinical anxiety is estimated to be 12%. At the beginning of this intervention, eight participants scored in the normal range and three in the mild range and three above the clinical cut off on the GAD-7. At the end of the intervention, four participants scored above the clinical cut off and at the two month follow up two participants scored above the clinical cut-off. Again, this suggests that between 14-21% of participants were experiencing subclinical levels of anxiety. This suggests that a higher number of participants in this study were experiencing subclinical levels of anxiety than we would expect; however, this may be because there is limited research

on subclinical levels of anxiety with an adolescent population. This finding also suggests that the intervention did not alter clinical levels of anxiety. However, at the two-month follow up the number of participants who were experiencing clinical levels of anxiety had halved. This indicates that there may have been other factors influencing anxiety levels during the intervention. Individual scores on this measure showed the eight participants scores improved, five participant's scores showed increases in anxiety and one stayed the same. These scores suggest that general levels of anxiety decreased for the majority of participants; however, it cannot be concluded that this intervention was effective for reducing anxiety at clinical levels. This may have been because this intervention did not have a specific focus on anxiety. It may have also been influenced by the measure, which was used to assess anxiety.

To understand more about other factors, which might influence mood and anxiety, gender differences were explored. Afifi, et al. (2005) found significant gender differences in the rates of depression and anxiety in adolescents. They found that female adolescents in Canada and Australia were three times more likely to experience depression. A higher prevalence of anxiety with adolescent females was also found. These findings are consistent with adult studies. The findings of the current study were not consistent with these gender differences for depression; however, were consistent with gender differences for anxiety. In this sample, the male participants were experiencing higher levels of depression at baseline and females were experiencing higher levels of anxiety at baseline. More males than females were experiencing subclinical levels of depression and more females than males were experiencing subclinical levels of anxiety at baseline.

Many people do not benefit from current treatment approaches. Between 30-50% of people, do not go back to their normal levels of functioning after treatment and still experience some kind of mental health concern (Hopko, et al. 2011). Thirty five percent of the current sample had received mental health treatment in the past, however, of these 40% were still falling in the clinical range at baseline on both the depression and anxiety measures. None of these participants had ever engaged with an ACT-based treatment approach. This finding is consistent with previous research and shows that adolescents who have received treatment for mental health concerns may not return to their normal level of functioning therefore, indicating that current treatment approaches may not be beneficial for all adolescents. This also highlights that of the 35% of participants in the current study who were experiencing subclinical levels of depression at baseline, 60% had never received professional help. Of the 21% of participants who were experiencing subclinical levels of anxiety at baseline, 33% had never received professional help. Van Zoonen, et al. (2016) found that only 1% of people who experience subclinical levels of depression or anxiety access professional help. The findings from this study suggest that adolescents with subclinical levels of depression and anxiety are accessing professional help more often than suggested by the literature. This finding may be influenced by the nature of the participants, as those who were experiencing some distress may have been more likely to volunteer for this study. However, there is still a high percentage of this sample of who have never received professional help.

ACT based Interventions.

This study has shown that there were statistically significant improvements in depression between baseline and the two-month follow up. However, there were no statistically significant changes in depression, anxiety or difficulties between baseline and the end of the intervention. There was some indication that symptoms of depression improved during the intervention period with both individual and group scores decreasing during this period. There was also some indication that the intervention was effective at decreasing lower level symptoms of anxiety for individual participants; however, it did not result in decreases in clinical levels of anxiety. It did not result in any decreases in difficulties as measured by the strengths and difficulties questionnaire; however, there was some indication that scores on this measure decreased for individual participants. Zettle (2015) and Swain et al. (2013) both found that ACT was effective at decreasing the symptoms of depression and anxiety with an adult population whilst Halliburton and Cooper (2015) found that ACT was effective at reducing the symptoms of a number of different mental health concerns with adolescents.

Halliburton and Cooper (2015) found that the best results occurred when ACT was adapted to a developmentally appropriate level and delivered in a way that is relevant to adolescents. Many of the participants in this study commented in the weekly questions that they found the intervention relevant and useful to them. The majority of them reported that the chapters were easy to read and understand and felt that they gained something from completing the intervention. It was also clear from the responses to these weekly questions, that the participants were able to understand

the ACT based concepts. This suggests that the intervention was presented at a developmentally appropriate level and was relevant to adolescents. Although there were significant, changes in depression found, there no significant changes in anxiety. An important component of the current study was that the majority of the participants felt that they gained something from completing the intervention, which is an important part of improving their overall wellbeing. The self-help book used in this study did not focus specifically on anxiety, this may suggest that adolescents who are experiencing higher levels of anxiety need an intervention, which is specifically focused on these areas.

Alongside a significant improvement in depression, this study also found significant improvements in levels of acceptance. The aim of ACT is to use techniques such as mindfulness, acceptance, understanding values and creating goals to help a person to live a more fulfilled life. There were three measures used in the present study, which looked at how much a person tries to control their thoughts, acceptance and mindfulness. These measures showed improvements in all of these areas between baseline and end of the intervention; however, these improvements decreased over time. The most significant improvement was in levels of acceptance, which was measured by the Acceptance and Action Questionnaire. This measure showed significant improvements between baseline and end of intervention as well as at the two month follow up. This suggests that the adolescents in this study were able to learn key ACT skills, particularly acceptance during the intervention.

There are currently a limited number of studies, which look at the effects of ACT with adolescents. Previous studies focus on a reduction in symptoms rather than which areas of ACT were most effective. These studies also often used participants

who were already receiving mental health support. Burckhardt, et al. (2015) found that increasing acceptance was the most important component in reducing symptoms of depression, anxiety and stress in an adolescent population. The study by Burckhardt, et al. (2015) was an early intervention, which was carried out in a school environment where any students were able to volunteer. Although the current study was not specifically used as an early intervention, many of the students who participated had minimal mental health concerns, which meant that this was an early intervention for these students. The current study found that acceptance was increased during the intervention; however, this did not lead to a significant change in depression and anxiety during the intervention period. The participants in the current study had a large range of scores on the depression and anxiety measures used. This may have influenced this finding, as the measures may not have been specific enough to capture what was going on for each participant. Having a small sample size also meant that one high score influenced the trends for the entire group, this is highlighted by the individual scores. The findings from this study show that depression scores improved over a longer period of time with scores between baseline and the two-month follow up showing statistically significant improvements. A finding that is consistent between the Burckhardt, at al. (2015) study and the current study is that adolescents are able to understand the concept of acceptance, which is important to improving in overall well-being.

This study used weekly questions to understand if the participants were able to understand and use specific ACT techniques. This is something, which has not been a focus of previous studies with adolescents. Mindfulness is a technique that teaches people to stay present focused (Swain, et al. 2013). In this study, mindfulness

was taught using the acronym BOLD with a focus on breathing, observing, listening and slowing down. Participants were also taught specific breathing techniques. All of the participants found the BOLD acronym easy to remember and many also commented that they enjoyed using the mindful breathing techniques. This suggests that participants were able to understand the concept of mindfulness. Acceptance aims to change how people relate to their thoughts and feelings (Swain, et al. 2013). This study taught acceptance by teaching the participants to be willing to have difficult feelings and also by teaching them that thoughts are just thoughts. The majority of the participants commented that this was useful and that they liked these concepts. A number of participants mentioned that these ideas stood out as being the most important and also that they were able to transfer these skills to their everyday lives. Through identifying values, people can learn to live a more meaningful life and use them to guide their decisions (Swain, et al. 2013). In this study, the second part of the BOLD acronym is listening to your values and using them to guide your actions. Values was an important component of this study; however, not all of the participants were able to understand this concept. A number of participants commented that they found it difficult to identify their values and felt that they did not fully understand the idea. The participants who were able to understand their values found this part useful, particularly when using their values to guide their friendships. The key ACT concepts that the participants learnt and felt they could use in their everyday lives included mindfulness, using values to guide friendships and learning that you are not your thoughts.

Self-Help Workbooks.

A key component of the current study was that it used a self-help workbook to teach ACT skills with the aim of improving well-being. Self-help materials are often used when there are barriers to engaging face- to- face such as cost, waitlists, and stigma (French et al. 2017). In the United Kingdom, self-help materials are accessed by people who are waiting to see a mental health professional due to long wait lists, self-help materials are also used as a part of treatment with mild to moderate mental health concerns (French et al. 2017). This is important to the current study as New Zealand also has long waitlists to see a mental health professional. The New Zealand Health Survey (2016) highlights the difference between the number of New Zealanders who are experiencing psychological distress and the number of people who are accessing mental health services. This suggests that alternative treatment approaches are necessary to help a wider range of people.

Draucker (2005) found that only 20-40% of adolescents who experience mental health concerns access services for treatment. Some barriers to engaging in treatment included low socioeconomic status, limited availability of services, the perception that they are not experiencing mental health problems and therefore not initiating treatment, the stigma around accessing services and the perception that these services will not be useful (Cummings, 2014). More than half of the participants in the current study had never accessed any mental health services. These participants all volunteered for the study and all felt that they could gain something from completing the book. This suggests that they all had some areas in their lives which they felt could be improved. Using a self-help book to improve these areas

allowed some of the above barriers to be reduced. For example, there was no limit to the number of people who could access the book and no limits on when and where they could complete the book. Using a self-help book also reduces the stigma associated with accessing treatment as the book did not talk specifically about "mental health" but instead framed it in a way that would allow adolescents to feel comfortable having the book.

Other self-help material has been found to be useful particularly with university students such as ACT based internet or phone-based interventions (Rasanen, et al. 2016). This could be an area for further study as this would decrease more barriers and would allow more people to receive support. Although this was not the focus of the present study, the findings of these studies are similar to the findings in this study. Two ACT based internet interventions with university students both found improvements in well-being after completing the intervention. These studies highlight that ACT-based self-help interventions are effective at improving wellbeing. The current study also found that an ACT-based self-help intervention had positive effects on wellbeing.

Cavanagh, et al. (2014) found that people were able to learn mindfulness and acceptance as well as decrease symptoms of depression and anxiety, after completing an ACT-based self-help book. Ritzert, et al. (2016) also found that participants showed significant changes in anxiety, depression, quality of life, acceptance, mindfulness, and self-compassion after completing an ACT self-help book. The current study also found that people were able to learn acceptance with significant changes on the acceptance measure. However, it did not find significant changes in mindfulness, depression, and anxiety. There were some trends to suggest that

participants were able to learn mindfulness as overall scores as well as change scores showed increases in the levels of mindfulness. The difference between these studies and the current study was that the current study did not find significant changes in depression or anxiety. This suggests that both studies as well as the current study highlight that mindfulness and acceptance can be learned by using an ACT-based self-help book.

Previous studies have found that increased guidance from a clinician while the person is completing the self-help book increased the effectiveness of the intervention (French, et al. 2017). They concluded that ACT is effective when carried out in a self-help format with guidance from a clinician. The current study did not have an input from a clinician. Participants reported a good understanding of the book and were all able to complete the intervention without any extra guidance. They also showed significant improvements in acceptance, which again suggests that they were able to successfully understand and complete the intervention without needing any extra, support. This finding is not consistent with the results that French, et al. (2017) found; however, it may be important to consider that with increased support the intervention may be even more effective.

Jeffcoat and Hayes (2012) used the adult version (Get Out of Your Mind and Into Your Life) of the self-help book used in the current study. Their study also focused on improving general wellbeing. They found that the participants who were experiencing normal levels of pre-treatment depression maintained this at a 10-week follow up. The current study also had a number of participants who had normal levels of pre-treatment depression. These participants also maintained this after the intervention. This suggests that the book is appropriate to use with people who are

not experiencing clinical levels of distress. Jeffcoat and Hayes (2012) also found that participants who regularly engaged and completed the workbook showed better results overall. In the current study, all of the participants engaged regularly and completed the book, which suggests that it is appropriate and engaging for adolescents. This is a positive finding as better engagement suggests better outcomes so if adolescents engage well with the book then they will have increased positive outcomes.

Fledderus, et al. (2012) found that ACT-based self-help workbooks are effective for supporting people with mild to moderate symptoms of depression. Their study found significant reductions in depression, anxiety, fatigue, avoidance and improvements in overall mental health and mindfulness. The current study can also conclude the self-help workbooks are effective for supporting adolescents with mild to moderate mental health concerns. Fledderus, et al. (2012) also found these positive results occurred with minimal support. This finding is consistent with the current study as there were positive results found with minimal support. This suggests that self-help workbooks can be completed and have positive results with no extra support. This is an important finding as one of the barriers to receiving treatment is often long waitlists to see a clinician. This finding shows that this barrier can be overcome when there are mild to moderate mental health concerns by the person using a self-help workbook.

A unique aspect of this study was the direct feedback from the participants about the workbook and how they found it. Although some improvements were shown on the self-report measures, many of these improvements did not reach statistical significance. Having the feedback from the participants highlighted specific

aspects of the workbook, which they found most useful. It also showed if participants felt that the book had added value to their lives. This was important as it highlighted areas, which were not covered by the self-report measures. All of the participants mentioned that they learnt something from the chapters on friendships. It was mentioned that because of their age, there were a lot of changes with friendships happening and they felt that this part helped them to think about the sort of people that they would want in their lives. Another key part which was mentioned was that the book showed them that it was okay to have feelings and experience emotions. Both of these areas were mentioned when the participants were asked if they could use these skills in their everyday lives. At the two-month follow up a number of the participants also mentioned that they really enjoyed working through the book and were still finding the skills that they learnt helpful.

Strengths

The present study had a small dropout rate and each of the participants who completed the intervention fully engaged in all areas. All participants read all of the book, completed the exercises in the book and engaged in weekly meetings. During these weekly meetings, many of the participants expressed positive feedback about the book. This positive feedback, as well as engagement with the book, was also seen through the responses to the weekly questions. At the end of the study, the majority of participants mentioned that they enjoyed the book and found it useful to their everyday lives.

Another strength of this study was that all of the participants excluding one were high school students aged between 16 and 18 years. This meant that this study

was able to focus on a specific population where limited research has been carried out previously. The participants in this study were also unique as none of them had any significant mental concerns so were all at a subclinical level. The study had an even number of male and female participants, which is an important strength as many studies in this area have limited male participants. This means that the sample was similar to that of a normal population of high school students of this age. The use of mixed methods used in this study was also a strength as it highlighted the student's thoughts and perceived usefulness of the book, which was not seen through the measures. Overall, this study provided a self-help book to a group who otherwise would not have sought support and found that it could improve general wellbeing in a non-clinical sample of adolescents.

Limitations

This study had a small sample size with participants only recruited from one high school except for one community participant. Ideally, future research in this area would recruit participants from multiple schools and communities to achieve a better representation of a general adolescent population. Participants also volunteered for this study, which may mean that the sample was already more motivated than the general adolescent population. Participants in this study were between a small age range so the findings cannot be generalised across all adolescents. Future research would include a larger age range so that it covered all teenage age groups. This study used the participants as their own control by collecting baseline data; however, to improve the accuracy of the results a separate control group or a baseline period that is equivalent in length to the intervention would be added. The measures used in this

study were chosen to focus on wellbeing with a smaller focus on ACT techniques. This study did not find significant changes in depression and anxiety; this may have been influenced by the measures used to assess these areas. Measures, which are more sensitive and have higher validation in a New Zealand setting may have shown different results. Fewer measures would also be recommended for future research, as mentioned above measures for depression and anxiety are important as well as specific ACT measures to understand which techniques were the most effective.

Clinical or Real-Life Implications

There are a number of real-life and clinical implications which can be taken from this study. Firstly, it is important to acknowledge that this book does not replace clinical support and the sample used in this study had mild to moderate mental health concerns. This intervention would not be appropriate for adolescents who are experiencing more severe mental health concerns or adolescents who had risk concerns. This intervention would also not be appropriate for adolescents who are experiencing specific concerns around depression or anxiety. However, this study has shown that adolescents with sub-clinical mental health concerns will engage with a self-help book with minimal support. This study shows that self-help workbooks can be an alternative form of support, which can reduce some of the barriers that currently stop adolescents from seeking support. It has also shown that even though there were no significant improvements in depression and anxiety, the scores on the self-report measures showed improvements in general wellbeing, acceptance, and mindfulness. The feedback from participants also highlighted that most of them felt that the book had added some value to their lives.

This study has shown that it is possible to give adolescents a self-help book and they will engage in it with minimal support. It has also shown that adolescents felt that the ACT-based self-help book used in this intervention added value to their lives and significantly increased levels of acceptance. In New Zealand, there are long waitlists to see a mental health professional through the public system or a high cost to see a clinician privately. This workbook may be an alternative form of offering support for mild to moderate mental health concerns with less wait time and for a lower cost. It may also be of benefit for adolescents who are on a waitlist to complete the book. This could help to reduce the number of adolescents who need to see a clinician or reduce the number of sessions that they need once they are receiving treatment as they would already understand many of the basic concepts and have some symptom reduction after completing the book.

The majority of participants in this study attended a local public high school and the weekly feedback sessions were carried out in the school. This suggests that this could be a more widely used intervention in schools. As this is a cheap resource, it would be affordable for schools, students or their families to purchase. This could be something that school counsellors can give to students who are struggling with lower level mental health concerns or something, which teachers or counsellors could work through with students.

Conclusions

Overall, this study has demonstrated the usefulness of using a self-help workbook written by Bailey, Joseph Ciarrochi and Hayes (2012) with an adolescent population. The most significant finding was increased levels of acceptance after the intervention

and at a two month follow up. This study found that completing the intervention did improve wellbeing in adolescents. It could be tentatively suggested that due to individual trends, this intervention was effective for improving general wellbeing with adolescents who were not experiencing clinical levels of distress. There was no gender differences found in the results of this intervention. Adolescents reported finding the book useful and relevant to their lives. Findings of this study had some inconsistencies with similar studies, as there was no significant improvements anxiety found. However, there were significant improvements in depression found. The findings around the ability to learn ACT based techniques through using self-help materials were consistent with previous research in similar areas. The current study had high levels of engagement and showed that adolescents engaged well with self-help material with minimal support.

This research provided information on wellbeing in adolescents with a particular focus on depression and anxiety as well as information on concepts specific to ACT particularly acceptance and mindfulness. It also provided feedback on the perceived usefulness of the workbook, understanding of concepts and if the book added value to their lives. This study has also shown that using self-help interventions can be used as an alternative and cost-effective method of offering support to adolescents with mild to moderate mental health concerns. This information will hopefully be of use to any professional who works with adolescents experiencing mental health concerns.

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Appendix A. Recruitment Poster

Are you between the ages of 16 and 18 years old?

Does life sometimes feel like this?

Would you like your life to feel more like this?

What is this about?

This will involve working through a self-help book called "Get out of your mind and into your life for teens". The book works on teaching you how to feel more positive about your life and friendships and gives strategies to help make these improvements. This should take about 6 weeks to complete and you will keep the book at the end.

Want to find out more information?

Please contact Nicole on 021 027 19553 texting or calling is fine. Otherwise you can see the school counsellor and she can pass your name and phone number onto me and I can contact you. This study is for my Masters project at the University of Waikato.

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

Nicole Lisle 021 02719553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle 021 0271 0553	Nicole Lisle

Appendix B. Information Sheet

Information Sheet

"Get out of your mind and into your life"- Using a self-help book to improve your wellbeing

What does the study involve?

This study involves working through a self-help book called "Get out of your mind and into your life for teens". The book works on teaching you how to feel more positive about your life and gives strategies to help make these improvements. I am collecting this information for my master's thesis through the University of Waikato.

What am I trying to find out?

The main aim of this study is to understand whether this book is relevant to New Zealand teenagers. I am looking to understand whether the book is helpful to you and whether it teaches you skills to improve wellbeing.

What will you need to do?

You will be given a copy of the book to work through at home. Each week I will ask you to work through two or three chapters. I would like to meet with you at school weekly to check in on how you are going and to go over some brief questions about the chapters you have completed and how you found them. If you are not able to meet weekly in person I am happy to work around your commitments and could talk over the phone if you would prefer. Once you have finished you can keep your copy of the book.

How long will it take?

The book should take you about 6 weeks to complete however for some people it might take more or less time. I would expect that you would need to spend about an hour during the week to complete the chapters. During the 6 weeks I will check in

with you for about half an hour to check on how you are going and to go over the weekly questions with you.

Other important information for you to know…

All of the information that I get from you will be confidential. Only my supervisor Nicola Starkey and I will be able to associate any information with you. All of the information will be stored in an anonymized format and will be password protected. There is a possibility that this research will be published at the end of the project. I may also share key findings with the school. None of these findings will have any information on them that could link the project back to you. You are also able to withdraw from this study at any point.

If you would like more information you are more than welcome to contact me on 02102719553 or nsl6@students.waikato.ac.nz . This study is supervised by Nicola Starkey: associate dean of research and professor in psychology at the University of Waikato and Karen Allsopp Youth Psychologist.

This research project has been approved by the Human Research Ethics Committee (Health) of the University of Waikato. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email humanethics@waikato.ac.nz, postal address, University of Waikato, Te Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

Appendix C. Responses to the weekly Questions

<u>Week 1: Chapters 1-3</u>

1. Did this introduction make you want to keep reading the book?

1. Yeah, it didn't put me off reading it. It talked about the authors own stories, this was good. I don't like the use of labels and if they continued to use these this would lose my interest. I feel that labels are used to quickly and often people use them when they don't need to which takes the seriousness away from them. Thought that this part of the book was a good amount to do and was glad that it wasn't condescending.
2. I was unsure about these chapters. I found them hard to relate to and pretty dry. Didn't find them intriguing. Didn't find them relevant but I was curious to keep reading.
3. Thought that these chapters were generic. Thought that they were good but not life-changing. Made me feel like it could be beneficial but that I wasn't sure if I needed it. I want to keep reading to see what else it says.
4. Yes, I found that the stories linked back to me and bits of those stories stood out to me. This made me want to keep reading.
5. Yes, I expected it to be more boring, but I actually found it really interesting. I can see how it could be inviting for people who are struggling. I found it exciting because it sounds different. Liked that it wasn't trying to be hip and cool and that it had a relaxed perspective.
6. Yes, it sounded interesting, but I wasn't sure how it would be for me, I was a bit worried it would bring up things for me that I couldn't deal with.
7. No, it was boring, it was to cliché. I have heard all of this before. But I am a curious person, so I kept reading
8. Kind of, explains what it is going to be about. It was interesting and helpful. Generally good. I liked the part where it said we hope this book will offer something that surprises you.
9. Yes, it made me feel curious to see what the other people went through.
10. Yes, it had really good quotes. It talked about bettering yourself. Said things that were relatable like this book would have been given to you.
11. Kind of. I wanted to read it anyway. I liked that it was less of an educational book and more of a personal book in the way it was written.
12. I wasn't too sure because I didn't see it as being helpful for me. I am not really going through anything, so I wasn't sure how relevant it would be. I liked that it talked at the end about how you can take small parts of the book and adapt them to fit your life.
13. Yes, I thought it would have good tips.
14. Yes

2. Did you find this part of the book easy to read and understand?

1. Yeah, the font size is good, spread out with not much writing. Liked that it had a poem or quote at the beginning of the chapter. Found that the quotes

were relevant. I think that another quote could help to grab people's attention. Thought that the quotes that they use were wise quotes and thought they could have some less serious ones or a joke from a movie or famous person. Probably took me between 30-45 minutes to complete which I think is a reasonable amount of time.

2. Really easy to read. I didn't think that the examples weren't that interesting.
3. Liked the quotes at the beginning. Thought it was easy to read and understand. Didn't find it overly engaging or overly useful. Didn't like that the wording was so informal.
4. There were a few words that I didn't understand. The different font sizes were good and they helped to make it easier to read. If it was too simple I would lose interest and I haven't lost interest yet.
5. I found it really exciting and really easy to read. It was not tiring, it flows well and is inviting to keep reading.
6. Yep, it was easy to read and understand.
7. Yes definitely.
8. A few complicated bits but was mostly alright to read.
9. Yes, I did.
10. Yes, they were okay. Used young vocabulary not to hard to understand.
11. Yes, very easy.
12. Yes, it was pretty easy. It explained it in a basic way to you didn't have to think too much about it.
13. 13. Yes x2

3. What does BOLD stand for?

1. Breathing, observing, listening, deciding and choosing what to do.
2. Breathing, observing, listening, and deciding your actions.
3. Breathing, observing, listening, deciding and choosing what to do. The concept of this made sense and was good but I feel like I already do this okay.
4. Breathing and slowing down, observing, listening, deciding on values and doing something. I took a photo of this to look back on.
5. Breathing, observing, listening and making a decision. I liked this and it was a practical way of showing people not to run after their thoughts. It teaches you to look at it for what it is and find a rational way around it.
6. Breathing deeply, slowing down, observing, listening to your values then deciding on actions and doing them.
7. Breathe deeply, observe what is going on, listen to your values, decide on an action. It teaches you to slow down and slow down your thoughts and pull yourself out of the moment and observe what is going on in your head, listening to your values and deciding on your actions and choosing whether to carry them out or not.
8. Breathing deeply and slowing down, observing, listen to your values, deciding on actions and doing them.
9. Breathing deeply, slowing down, observing, listening to your values and making a decision. This helped me to realise that when I get angry I can take a

step back. It made me think about the consequences of being angry which I think will be helpful.

10. Breathing deeply, slowing down and observing, listening to your values and making a decision. I thought this was a good strategy.
11. I can't remember exactly what it stands for but what I understood was it was a way of relaxing and being able to think about the situation rather than not thinking and just going for it. Thinking about how I can attack this situation in a calm and good manner.
12. Breathing slowly, observations, listening and deciding. It showed that you can use these in your life in different ways.
13. Breathing deeply, observing, listening to your values and making a decision.

14. Breathing deeply, slowing down, observing, deciding on actions and doing them.

4. Which idea from these chapters stood out for you the most?

1. Nothing major stood out. Liked being able to write your own story, liked being able to open up as I enjoy writing. Found this part helpful. Thought that the part about bullying was a little bit American, thought that talking about online bullying could be more relevant.
2. BOLD stood out.
3. Liked the examples of the authors. Felt like it was relevant to New Zealand. The content of it was helpful. Overall felt these chapters were average.
4. I liked the BOLD part the best. I also liked that it gave instructions on how to calm down and take life the easy way instead of stressing.
5. I liked that part about not fighting your emotions and just observing them. This stood out. I also liked the part about the mindful worrier. I also liked how they used their own examples to show that they had been through similar experiences.
6. I liked the examples, I found them relatable, lots of the things in the examples have also happened to me. I wasn't sure about writing the life story because it might bring up some memories of hard times. I didn't feel that I was in the right place to do it. Once I wrote the story I felt better and felt like it took a weight off my chest.
7. It was good to realise that other people have gone through similar struggles. It puts it into perspective. It shows me that it is something that we all experience once or twice through high school and each person deals with it differently. It was similar to what I have learnt before in terms of mindfulness, but it was a good reminder of what I learnt before. I also liked the idea of the mindful warrior. I found it really interesting and helpful so far.
8. BOLD. I thought that B was obvious and the OL was complicated but interesting. Nothing else stood out.
9. I liked the example of the angry kid, I found I could relate to this a lot. It opened my eyes a bit more to what I am doing and the effects of this.
10. I liked the idea of BOLD. I thought it would be quite useful. I liked the quotes as well.

11. I really liked the stories. It was nice to realise that the people who are writing the book aren't just going off a degree and that it is personal for them. I found this really interesting. I also liked the part about how you can stand back from a situation and think about what you can do and how this relates back to the authors stories. It also stood out to me how different the stories were. I liked that they weren't all the same issues.

12. I liked how they introduced the characters in the book. I also liked writing about my situation. I wasn't sure that the characters were relatable as I wasn't going through things like they were. I kind of ended up adapting the ideas to fit me. I liked that the people that wrote the book were the characters in the story. This surprised me but also helped me to trust the book better because the people who wrote it could relate to the stories and weren't just going off their degree.

13. The BOLD definition. I really liked the D in the BOLD definition. I really liked the quote on page 11 I even took a picture of the quote because I liked it so much and I could really relate to it.

14. The part about the mindful warrior, discovering that you don't need to be trapped by your thoughts and feelings. Experiencing mistakes and growing stronger from them.

Week 2: Chapters 4-5

1. Did you find these chapters easy to read and understand?

1. Yeah. Most of it was ticking boxes, it was easy to read and easy to understand. Found it all straightforward. Took about 45 minutes to complete. The practical exercises were easy/ helpful and simple. Took about 30 minutes to do the writing tasks. Thought that a reasonable amount to expect a teenager to do would be 15-20 minutes each night. Thought that this would be about one chapter per night.

2. Yeah, they were really easy to follow and understand. The wording is good. Didn't see it as a chore which was good.

3. Yeah found these chapters more interesting. Very clear and easy to understand.

4. A few words in these chapters were hard. The rest of it was pretty straightforward. I read it a couple of times to make it make sense I found it easier to understand the second time I read it.

5. Yes, I like the quotes at the start of the chapters.

6. Yes, they were easy to read and understand x2

7. Kind of yes.

8. Yes very.

9. Yes x5

2. Do you feel that you are able to better understand how to control your breathing?

1. I already knew the techniques, but these chapters reminded me to actually do them. Didn't teach me anything new.

2. I think could easily apply it whenever I want to. I have thought about it since I read it.

3. These chapters reinforced what I already knew. I Think it will be helpful for someone who didn't already know these things. Thought it was easy to understand what they want you to do.

4. Yes, I learnt about the balloon in your belly and found this helpful. I felt calmer after doing the exercise and it helped me to learn how to breathe better. I used it when I was annoyed, and it helped me to calm down.

5. I liked the idea of controlling your breathing. I have personally learnt it more in-depth through yoga but I think this was a good amount of information in a book or else it could get confusing.

6. Yes, finding my inner stillness. I learnt to breathe slow and steady deep breaths. Breathing in two three and out two three. It helped me to focus on my breathing.

7. Yes, I already knew a little bit about breathing. I was surprised because I have done it before and I have been doing it ever since, but I didn't realise that I was still doing it. Taking the time to focus on it again has been good.

8. It is a very different way but yea it did. I wondered how this would work and how it would help. I wondered why breathing normally wouldn't be enough.

9. Yes, again just reading it made me realise there are different techniques to calm down. Wasn't too sure how it felt when it came to trying it. I tried it a little bit, but it felt weird trying to breathe in the way they were saying.

10. Yes, it was really good, it gave exercises about how to practice. The exercises were interesting, you wouldn't think of doing them on your own. I think it will be quite useful.

11. The explanations of what to do were good, they gave a good example and a relatable one for a teenager. The example of having an argument with a parent. It was helpful to see this context as it showed you how and when to use it. It said to practice a lot because sometimes you can read it and forget it if you don't practice it.

12. Yes. I am still trying to figure out how to use it more. I'm not sure how I would put it into practice.

13. Yes it opened my mind up. My mum tells me I have to remember to breathe when I have my panic attacks and I usually don't listen to her because I am breathing just normally. The book gave me a new strategy so the next time I have a panic attack I will try this.

14. Yes. By tuning into your body and by using the mindful breathing.

3. Do you feel that you are able to understand your emotions better?

1. I have only really used these techniques with physical activities but I think it would help me to be more aware of my emotions.

2. Yeah. Felt that the breathing could help to manage the emotions.

3. Yeah. Taught me that you can cope and overcome down times and that they are normal. Also taught me that I don't have to be happy all the time. I didn't complete the activities, but I don't think that this impacted my understanding.

4. Yes. I went through and connected the 9 emotions and figured out how it worked for me. This helped me to understand them better. I think that it might have missed one emotion which was jealousy. I liked how it broke down all of

the emotions and I think that it covered all of the main ones and the strongest ones.

5. I liked learning that you are not your thoughts. This chapter taught me to better understand my thoughts and emotions. Explained that by noticing an emotion you are automatically able to understand it better because you have noticed it and then you can make a decision about what to do with it. Explained that it gives you a chance to ask yourself is there a better response than that.

6. Yes. I learnt about the 9 basic feelings and that they can be a variety of flavours and blends. I learnt that avoiding bad feelings only works for a short time. It's a mindless battle which you may end up fighting forever. Working with my feelings not against.

7. Yes. I wondered what happens when you have more than one emotion and they stack up on each other. The book says to take it one thing at a time but I'm sure there must be a way to do it all at once.

8. A little bit yes. Sound the same as what everyone else would say. I have heard it before. kind of sounds like common sense.

9. I didn't know that there was that many basic emotions. I thought there might have been 3 or 4 but was surprised that there was more. It opened my eyes that emotions are a normal thing that happens to people.

10. Yes, they are still all over the place, but they are better than what they were. It was funny how they knew which ones we classify as good and bad. It was good to learn that it is not always bad to have those emotions.

11. Yes, because when giving the nine emotions you can single out what you were feeling looking back or what you are feeling now. This was interesting that none are good or bad that it is just our perception of what is good and bad which was interesting to think about.

12. Yes. I liked the activity about the 9 different common emotions. I was surprised that I got exactly the same answers as the people in the book, I think that it shows how we learn this from the society we live in. I was surprised to learn that feelings aren't good or bad but just help you to learn.

13. Yes definitely.

14. Yes.

4. Which part of these chapters did you find most interesting/ helpful?

1. Liked the part where it listed things and you had to tick it if you did it or if someone else did it. Liked to think about if others did it. Didn't like that it implied that all of the things listed were bad things, thought that they were not all bad. Thought that it would depend on how each person did these things and depends on the context.

2. Liked the activities and found them helpful. Learnt to breathe through my stomach, not my chest which I think is useful to learn. Also learnt to take an extra moment to think about what I am doing and not just acting on it. Didn't like the monster tug of war story, thought it was a bit childish.

3. Thought that the breathing stuff was good. Liked that analogy about the storm and liked the story about the person who didn't think it would work.

Weathering the storm stuff was interesting and liked chapter 4 the most. Also liked the rhetorical questions and the quotes at the start. Thought that the battle of control part was interesting. Didn't like the tug of war story.

4. The balloon exercise and the music exercise. I liked that I could link the music exercise with my breathing. I was able to play a song which helped me to breathe to the music. It taught me that when you are stressed you can take time to calm yourself down.

5. I liked that part where it asked a series of questions and the concept of mindlessness in everyday life. Liked the idea of mindfulness and taking the time to notice your body and your breathing. Also liked the part about taking the time to actually listen to other people responses rather than always thinking about what to say next. Liked that it taught you just to be with your thoughts rather than trying to push them away.

6. The most helpful part was learning not to avoid bad feelings. I have always tried to push my feelings to one side and forget about them. I thought the mindful listening to music exercise interesting and would like to try it.

7. I liked using all 5 senses to do mindfulness. I didn't realise that you could do mindfulness in lots of situations. I liked the idea of mindfully listening to music. I found that most useful.

8. One part that interested me was the listening to music with new ears. It is a new way of listening to music. It helped to learn observation. Listening to one part of the track was really interesting. Figured out that I actually do it without me noticing all the time.

9. The list of basic emotions.

10. Having the book is really good timing because a lot is going on and it is helping to put things into perspective. It is actually helping. I liked the example with them letting go of the rope and thought it was a good example. I also liked the breathing technique of filling the balloon and the chocolate cake thinking exercise was a good learning.

11. Chapter 4. the listening to music with new ears. I listen to music everyday but listening to it with a different mindset was interesting and how it can help you and your observation skills.

12. The breathing part was useful. I focused on my breathing instead of overthinking when I was trying to get to sleep and it helped me fall asleep. I liked the concept of doing the activities. They helped me to observe and focus. It was good to be able to put the skills into action.

13. Listening to music with new ears. I do this in dance so it was cool to be reminded. Chapter 4 and the breathing was also helpful because it will help me when I have my panic attacks.

14. Not avoiding negative feelings but shifting them instead, for example, shifting insecure to self-assured. Also learning that avoiding difficult feelings in the short term doesn't help in the long run.

Week 3: Chapters 6-7

1. Did you find these chapters easy to read and understand?

1. Thought they had a good layout and were easy to read and understand. Felt that the ideas have been realistic.
2. Yea they were easy to read and follow. I felt that sometimes it wasn't serious enough.
3. Yea really easy. I didn't like the examples of Jess and Sam, thought they were over the top. It was almost annoying to read. Felt that these examples didn't seem real. Felt it was too negative, but I realise that some people probably think like this but I try to keep the negativity away so when I am forced to read it is difficult.
4. I found it hard to understand at first but when I read it again I was able to understand it better. I had to search a few of the words to find the meanings.
5. Yes, it is still engaging. I thought that these chapters were bridging chapters which linked the last ones to what it coming.
6. Yes, they were easy.
7. Yes, they were easy to read.
8. Mostly easy to read. Couple of bits that I had to reread to understand.
9. Yes, the whole book was easy. I liked that they changed the font for stories that made it easy to follow.
10. Yes just like the other parts with activities and easy steps on how to put it into practice.
11. Yes x3

2. Do you feel that you understood the idea of being willing to have difficult feelings?

1. Liked this idea, thought that if you kept things bottled up them they wouldn't usually go away. Good layout and guidelines. Liked the idea that if you are feeling a certain way then you can't hide from it.
2. Yes. I learnt that having emotions is normal at a low level. It also taught me that you don't have to be perfect all of the time and it is okay to be down. This is something I realized at the beginning of the year, so it was good to see it in there. I was hoping that something like this would be in there.
3. Yes, it is something I do anyway. I like the concept though and I think it is a good thing to teach people.
4. Yes, it helped me to realise that you have those thoughts. It showed that you can rationalise them instead of getting involved with the feeling because it is easy to get caught up in the feeling.
5. I learnt that if you hold in the problem then it will get bigger and if you bottle it up then it will explode. I learnt that it is not a good idea to hold in feelings. I also learnt that if you can identify the feeling then you can see that others are maybe feeling the same way. If you can identify the feeling, then you can ask for help.
6. Yes, this made sense. The first strategy you try might not be the best way and the only way. It is easier to let feelings run their course rather than trying to fight against them or push back.
7. Yes, they are going to be there, so we have to accept that they are going to be there and deal with them as they come.
8. Definitely. Just made sense in a common-sense kind of a way.

9. Yes, it showed me that you are not alone having these difficult or mixed feelings, anyone can have difficult feelings. Helped me to see that it is okay to have difficult emotions. Made me feel that I am not alone when I have those feelings.

10. Yes, that was good. I did the breathing experiment and I lasted longer when I just went with it which was interesting. If you are not trying to fight it and are willing to feel that way makes it easier.

11. I think so because they give the examples of certain situations and the feels that you have to have to achieve positive things. How they related it back to the BOLD skills made it easier to understand how that can help.

12. Yes, the book has probably opened my eyes to difficult feels and being okay. In the past, I have dwelled on the feelings and they have brought me down. Now I can see that yes this is a difficult feeling, but it will pass so I should learn to accept it.

13. Yes, it did. I read it last night and when I woke up I felt more energized and motivated which I think was because I let go of some things. I liked the part where the girl let go of the rope, this made so much sense to me. If you let, go of what you are holding in or holding onto then you can move on.

14. Yes

3. What do you understand about the concept of the problem finder?

1. Thought this was good. Thought that the idea of the mindful worrier was cheesy. The concept was good, but I didn't like the layout or wording.

2. I found this part interesting. I think it is common for people to over think and try to find faults that aren't there. We often try to find faults before they find us.

3. It taught me that you can step back and see that you are not your thoughts. Showed you that your brain was creating a problem that wasn't necessarily there.

4. I didn't really click to this idea. I think it is when your brain tries to figure out why you are upset.

5. I didn't click so much with this concept. I didn't think it taught me anything in particular.

6. I focused on the over-thinking part. You can always just stop and take a moment and figure things out bit by bit. I learnt about the inner and outer problems and learnt that the inner ones are the problems that your mind overthinks and tries to come up with solutions for.

7. I didn't agree with this concept, I think it has a flaw in it. They talk about how your mind tries to solve problems. We have fight and flight so sometimes we try to fight through it. You are not always going to run away. When you run away they usually come back at a later time. I don't fully agree with the idea.

8. This didn't really make sense. When there is a problem the mind usually follows a formula to try to solve it which means you could end up finding a solution or it could make it worse and not solve it at all. It can try to solve problems that don't exist which I'm not sure how because if the problem

doesn't exist then you couldn't get all of the information for it to fill in the formula.

9. I could relate to the character of Sam when he talked about how he ruined someone's life. I learnt from this not to be so hard on myself, I already knew this but every time I read the book it reminds me, and it is slowly sinking in.

10. This was good, it is just so true. You can't turn it off. It only finds problems because it is trying to look out for you. Sometimes it can get carried away and will put you down. You never really notice what your brain is saying to you. The exercise about saying nice things to yourself was interesting.

11. Yes, it's the thing where you don't know you have problems, but it tries to find problems with a bad situation and about you which isn't good.

12. When it did the activity, I wasn't able to relate to it. I don't have those negative thoughts, so they never really came. This wasn't relatable to me.

13. I liked the problem finder exercise. Jesses example was also good, but I felt that Jess was really negative about herself and I found it easier to be positive with the examples. The lion exercise was also good, I saw some of them differently to the book.

14. Locating and fixing problems both inside and outside your body. If you think you are terrible at something your mind is going to give you lots of reasons not to do it, for example, doing a speech. This doesn't help if you are wanting to accomplish something and it is giving a solution that won't work.

4. Which part of these chapters did you find most interesting/ helpful?

1. I learnt more new things from these chapters. Was glad to learn that I was already doing some of these things but had never been formally taught it. Liked the part about accepting feelings and that you had the choice to either fight them or go with them. Also liked how it listed different people and what you would need to do for them. Nothing I disliked.

2. I found these chapters quite good. Often when you have a problem you feel like you shouldn't. I liked the part about the problem solver and found this relatable. Found the part about finding things that weren't there relatable. I think it is very true and lots of people do it.

3. I found these chapters thought provoking. It helped me to see a different perspective. It taught me that you have you and you also have your brain. It taught me that you can take a step back and observe what your brain is saying.

4. I liked the idea that if a warrior only has one strategy they are not really a good warrior. If you can understand and notice your feelings better, then you can fix the problem. In the example, it showed me that if you drop the rope instead of fighting it makes the problem easier to understand. It also shows you that you can't fight it because it will get worse if you fight it. I also liked the inside-outside view idea.

5. The part about bad, sad, mad and the tug of war example. I found this part motivating. I also liked that it taught you how to detach from feelings. It helped to learn that you might want to do things that your mind gets in the way of. The lion example was also interesting. I found it interesting that it

explains why the mind does what it does I don't know if this was necessarily helpful, but it was interesting.

6. I thought that there was a big difference between 7 compared to 5 and 6. 5 and 6 were just observing the problem but in these ones, you try to solve the problem. I liked the part about inside and outside thoughts. The overthinking part was the most interesting because I am always over thinking.

7. The willingness to have difficult feelings. I thought the holding your breath exercise was interesting, but I wasn't sure about it

8. The understanding and being willing to have difficult feelings. Sometimes to get to good things you have to risk bad things in order to achieve good things. To get something good sometimes you have to risk getting a bad outcome to get there. I also thought a lot about the problem finder and wondered about if it was a made-up problem or a real problem. If it is made up, then you can add details because you are making it up in your head. The lion example made me think too. I felt that they didn't give a lot of information about how it could work in real life.

9. I thought it was interesting that the example showed that when they were fighting their emotions and the best way to deal with it was to let go of the rope. Most of the time I just can't let things go. It opened my eyes a bit more and made me feel that I should try let things go more.

10. I liked the problem finder exercise and noticing the problem finder. I liked the breathing exercise. Noticing the discomfort and going with it. Letting the discomfort be there and not try to get rid of it was good to learn.

11. All the examples they give you of actual situations which helps you to understand and relate it back to real life situations and they have lots of those in the chapters.

12. The part where it said humans will always try to find an answer to a problem. I can now identify it in myself. I could relate to this as my mind often tries to find a problem or solution and it will spiral out of control so that was interesting. Will use this next time. Being able to name it as the problem finder takes it away from yourself. It's just something that humans have not you as a person.

13. The example of the girl with the rope. I did the holding your breath exercise, but it didn't make sense to me because I didn't feel uncomfortable because I was just focusing on holding my breath.

14. That you need to practice getting better at problem-solving. I liked the exercise noticing the problem finder it was helpful. I also learnt that the mind does a lot of criticizing when the word I is around.

Week 4: Chapters 8-9

1. Did you find these chapters easy to read and understand?

1. I really liked these chapters. Thought they were still realistic and not too cheesy. Found them really helpful and real and relevant.

2. Yes, they were easy to read and understand x2.

3. There were a few words that I didn't understand but I searched them up to get the definition. It is getting easier and I am understanding it better the first time I read it now.
4. Yes, they flowed on well from the last two chapters. It is still good. These chapters picked back up.
5. Yes x5
6. Chapter 8 was easy to understand. Chapter 9 was really deep and complicated.
7. Yes, I did find it quite easy to understand.
8. Yes, they were. The whole book is easy to read and understand and the quotes are relatable.
9. Yes, I found 9 more difficult. I didn't know what they meant by wise view but once they went on it made more sense.

2. What is a storytelling machine?

1. How you are feeling and what your thoughts were. Are you a strong character? Lots of repetition about complementing yourself. Liked the cup exercise. Also thought that the story about friends was helpful. Thought the examples were relatable.
2. It is overcoming your mind when it tells you things are worse than what they are. It is when you try to find a fault even though the fault might not be there to find.
3. It is your brain or mind and it makes a situation worse than it actually is. When your brain tells you things that aren't true. It tells you how bad things are when it's not actually true. Learning to take a step back from this helps.
4. It is your mind describing yourself in words and sentences. Sometimes these words are not nice words. I was able to relate to this and I found it interesting.
5. I liked the idea of this because it links back to identity and how people see themselves. People get caught up in their sense of identity but forget that this can be changeable. Showed that people shouldn't buy into their own conceptions of themselves. Showed that people are more complex than just bad things.
6. I liked the mind as a storyteller. Helpful to learn that I am always criticizing myself, but most people criticize themselves and when we do this then our mind goes into overdrive. One thought can lead to more and more and creates a more negative thought and makes it worse than it actually is.
7. They tell you that your mind is going to tell you bad stuff, but they don't tell you that sometimes it will be positive. For me, I often get positive not so much negative, so I didn't agree with this idea.
8. The mind is very odd. The mind tries to tell you bad things. It made me feel like the mind is not nice and can be unreliable.
9. How when something happens, and you try to explain it is always shorter than what actually happens and always sounds pathetic and makes it harder for the person to understand why you feel like you do.
10. It is how your mind tells stories and trying to overcome that. The storytelling machine is basically just your mind. I liked the bits where they say never mind my mind and thank you mind for telling me that.

11. When your mind is placing thoughts and ideas in your head based on things that are happening at that point in time that are not always truthful.
12. It's how you would tell your life from start to finish and how your mind tells the story at that moment depending on your feelings.
13. Jess's example. I think that in our mind we make up negative things. I do it a lot. You know you are doing well but you have a negative thought and then you end up doing well. It's just us putting ourselves down to make us feel better in the end.
14. The mind transforms all this information into bite-sized chunks which aren't the real you. Its words woven into stories.

3. Do you feel that you learnt how to be kinder to yourself?

1. Yes. Thought's become more real when you write them down. Liked the exercise where you had to write a letter to yourself. This showed how you are constantly changing. Shows how you could be unhappy now but won't necessarily be in the future. Helps to put things into perspective.
2. Yes, I learnt that it is okay to not to always be at your best and put so much pressure on myself. It was good to see it in there. It taught me to accept that you can't always be at the top and at the same time don't think low of yourself.
3. Yes, I learnt to treat myself as a friend. I didn't do the part about writing a letter to myself. I feel like if I had been in a bad situation this part would have really helped.
4. Yes, because if you give yourself the kindness you need the better you will feel. This will start to get rid of negative thoughts. I also think that if you start to be kinder to yourself then you will start to be kinder to others too.
5. It taught me to stop and think of a solution that is in line with the morals that I value myself. The problem is that people often don't love themselves, so I think they maybe need to put in a bit more detail about this.
6. Yes. The mind is unreliable when you are trying to say something good it can sometimes go bad. It can make you think that the thought is true and will convince you of this even when it is not true. Choosing not to listen to your own mind machine. Trying to think the opposite of what your mind is telling you.
7. Chapter 9 was the only one that I really enjoyed in the book. It gave more knowledge about how to be kinder to myself because my thoughts are often not. It brought the idea of BOLD together.
8. It felt very personal which was something I am not sure if I enjoyed. I found it kind of confusing. It didn't explain how to be kinder to yourself it kind of just threw it at you.
9. Yes, I learnt not to be so hard on myself and not have such negative thoughts about myself. Try to be more calm and not so stressed out, I am trying to do this with my life at the moment.
10. In chapter 8 you can see the kindness coming through. Yes, with the strategies and examples they had.

11. Yes, because I learnt that sometimes my mind places negative thoughts into my brain, but I don't have to believe them and using the never mind my mind statement to help me to feel more confident about myself.

12. This was good, I don't tend to have as many negative thoughts as I used to, I didn't tick many boxes in the exercise. Rearranging that negative thought and thinking is it relevant and if it's not then move on. Justifying what you think is correct or not.

13. I wasn't really mean to myself, I'm not the kind of person to say things like I am really stupid, and I was reading it like oh yea it wasn't really relevant to me.

14. I don't think I am mean to myself and I am usually kind to myself, but it is good information to have.

4. Which part of these chapters did you find most interesting/ helpful?

1. I learnt more in these chapters. Learnt that thinking and believing thoughts can be different. Felt it was relevant to New Zealand as we have tall poppy syndrome and we don't like people who do well. These chapters show that it is okay to feel good about yourself and give yourself compliments.

2. Being kinder to yourself was good, I think it reinforced what it was saying in the last chapter. Found it fitting that it is okay to not be at your best. I found this relatable. I think there is lots of pressure to be the best as a teenager and this can get a bit overwhelming and this shows you that it is okay to relax a little bit.

3. Liked the part where it used the phrase "I am having a thought" this helped to separate the thought from myself. It was helpful to learn that something else was having the thought and that it was not me. Taking a step back helped me to be kinder to myself. Liked that it showed that there is a difference between you and your mind.

4. I could relate to the storytelling machine and the words they used. I also liked the part about being kinder to yourself which helps the negative thoughts to go away.

5. You aren't your feelings, but you have them and sometimes your mind comes up with solutions or problems that it doesn't need to. It changed how I see someone and I liked the example they gave for this. It showed how easily you can change your thoughts from nothing because your mind comes up with things that haven't actually happened. Liked that it showed you that you are just having a thought and they aren't necessarily true. I also liked the cup exercise.

6. Kindness to self. Having a thought vs being a thought because a lot of the time I can't have a thought without being the thought, but this taught me differently. With your values, you have no limitations on what you can do.

7. Chapter 9. I learnt to be more curious about the negative thoughts and look at them as just a thought, not as something that is physically happening to you that might not be true at all. The worst was chapter 8 I thought the exercises were lots of negative self-talk. I am often telling myself positive affirmations. I didn't like that it told you were saying bad things to yourself all the time.

8. Chapter 9, page 68 the exercise about a recent event and how that made you feel and think. I found this interesting.
9. The exercise observing your own storytelling machine and the list in this. I could relate to that a lot and I found this useful.
10. Chapter 8- observing evaluations and it talked about Jordan and the friends, it showed me how people's minds can impact on their friendships.
11. All of the examples and analogies because it makes it more relatable because they tell you what it is and then give you an example which shows how you can deal with it also the exercises give you a chance to actually try some of the skills.
12. Using your values to determine if your thoughts are correct or not. Going away and doing an activity to boost up your confidence. Listening to your values was interesting as it is not something I have considered. Your thoughts are just thoughts not necessarily the truth and that okay. I wasn't sure about the cup activity and wasn't sure if I agreed with this or not. Your mind can actually be correct. I could see what they meant but didn't fully agree.
13. They just talked about how to be nice to yourself and I'm not really like that. Some days I do it, so I know what they meant. There wasn't really anything that stood out for me.
14. How the mind easily tricks us and wants you to think that stories and evaluations are true and wants you to buy into them when they are not true. The never mind your mind bit was good as well.

Week 5: Chapters 10-11

1. Did you find these chapters easy to read and understand?

1. Yes, liked these chapters the most so far. Still easy to read and understand.
2. Yes, they were easy to read and understand.
3. In between easy but hard at some points. Hard words. Had to go back and reread to remember. Looked up the hard words.
4. Yes, really easy. These chapters were more externally focused. I found that it is easier to read if you work through it properly.
5. Yes x7
6. Most of it was practical so it was pretty easy.
7. Yes, I did.

2. What were some of the dreams you choose to focus on?

1. I didn't answer this question, but I liked the idea that you could have no limitations to your dreams.
2. I liked the part about dreams vs goals. I learnt to understand the difference between dreams and goals. I found it helpful to distinguish between the two and realize that somethings are goals not dreams.
3. The dreams I focused on were mostly for other people. I thought that making sure everyone around me had a better life first would help me to focus on myself after.
4. To become a dance teacher, create and perform in a flash mob, change the world and inspire others.

5. Liked the question about if you could wave a magic wand what would you be doing. I found this part really interesting and it helped to put things into perspective.
6. I already know what my dream is, before reading this I wondered if it was worth perusing my dreams. This helped me to see it differently. I learnt that I can dream to be more. I want to be a teacher, but this showed me that I can be even more.
7. This bit was okay. I felt like my dreams were more goals because I am working towards achieving them.
8. I can't remember. I found this exercise too much and a bit confusing. I found it a bit tricky to think.
9. At first, I thought this exercise was a bit weird but once I took a step back it was interesting to think about what I wanted to do. My dreams were different to the examples in the book, mine were all adventure activities that I want to do.
10. If I could do anything I would stop animal cruelty. I found the exercise good. It was really interactive which was good, instead of just reading stuff you would write as well.
11. Success, creativity, fame, influence, love and wealth.
12. I would like to be able to remove the human attitudes and remove the idea of greed. This activity was good but weird. I'm not someone who would usually dream like this. I am usually more of a realist, but I decided to do it just for fun. Once I started I enjoyed it. It is fun but in the end, it might be difficult to achieve. Giving false results or ideas so it didn't seem practical.
13. When it asked what I wanted I wanted to travel, success, wealth and to get married. I thought about how people want that and don't always get that. It made me think about how to get there.
14. I didn't really get that one because I didn't focus on any.

3. Do you feel you understand more about your values after completing this chapter?

1. Yes. I already knew what my values were, but this helped me to learn that it is important to stick to them.
2. I feel like I have a good sense of who I am and what I stand for. I think this part helped me more to understand others values. It helped me to see that I might see something one way but someone else might think differently.
3. It was good to see where I stood at that point in time. I enjoyed figuring out what my values were. Found that the exercise to help you figure out what your values were was interesting. Thought that it was a simple question, but he learnt a lot from it.
4. Yes, I actually understand my values more because lately I haven't been sure about what I wanted to do but this chapter helped with that. The exercise on clarifying your self-values were all between 8-10 except being attractive. Having courage, being creative and having fun is what I want to do. I need to work on having more courage and being brave because that's an important value to me.

5. Yes, it taught me to live through your values. They are not something you reach, you just live that way. Every day you have to make a choice about your values. Liked when they talk about inside vs outside view. Also liked that it talked about slowing down and figuring out how to do that. Liked that it distinguished between values and goals.
6. I learnt more about my values and my goals. My values I reflect on them and always go back to them. My goals are changeable. I learnt to value myself. The difference between values and goals is that values are your compass and goals are concrete and set in stone. Overall it helped me to understand my values.
7. I got confused about the values part. The definition of values got really mixed up. Values reflect how you ideally choose to live and you can never complete them. I thought values were more of an attribute that we can show, I thought their definition was more like a goal and didn't fit with what I thought values were. It was confusing.
8. Learnt what my values were but I still don't think I fully understand the concept of values. I don't fully understand values and what they mean.
9. Yes, I think I do. It actually helped me to write that out. It helped me to understand what my higher values are personally.
10. Yes, there was an exercise about clarifying self-values and what was important to you. It gave an exercise and examples which was really good.
11. Yep because I can recognise them and how I can direct my own life towards those values.
12. This part was interesting. It was weird to think that values are tied in with goals. This wasn't something I thought of before, but values are something that you have for life and if you create goals based on this then you could actually achieve them because they really mean something to you.
13. Yes, I didn't have to think twice about picking the value. I picked 10 for all of them because they are all quite important.
14. Yes definitely.

4. Which part of these chapters did you find most interesting/ helpful?

1. I learnt what a value is and that the end point of that value is. Liked that it talked about figuring out the difference between linking goals and values.
2. The part about different situations and what would you do in them. When you think about what you would do it then tells you what your values are. I learnt that values are a result of actions not actions as a result of values.
3. The part about values. It was so simple but so effective to see what values he has. Thought that the exercise about the values was the best.
4. Chapter 11 was more interesting. If you value yourself then you will value your dreams more. It's like a circle. I liked Jesses story where even when she failed she went back to her values and that helped her. This helped me to learn to never give up and encourage yourself to do it.
5. Classifying what your own morals are and liked that part about living your values. I liked the exercise about daring to dream and how to be happier and how it is easy to misconceive what you really want in life. Was interesting to

think about what you would do if you didn't have to worry about money and this would help fulfill you. Choosing a job based on your values. I also liked the part about writing a letter to yourself and I liked the example about Jess. I found that I changed my mind about a few of the self-values as I saw them in a different way after reading the book.

6. The most helpful was learning the difference between goals and values because I always thought that they were the same thing.
7. I didn't find any of this part interesting or helpful. I didn't like the definition of values.
8. The board game living by numbers exercise in chapter 10 was fun and interesting. I liked the goal setting exercise although there was one confusing part because I didn't see how setting the values made sense to setting the goals.
9. Clarifying self-values was the most useful part. The part where you had to write and describe what it would look like to be acting on these top 3 values was really interesting too.
10. The chapters were quite interesting overall, I liked chapter 10 the most because it was interactive. I also liked the game because you picked random numbers and I could see how this could work.
11. It was helpful that it made you identify your own values and goals and write them down, so you can actually use them in your life rather than just being told what values are.
12. The values and goals part. Values could be more than what I thought. I didn't know that things like being healthy could be a value and seeing this made the goal setting easier. Made me see that there was a range of values that wasn't what I originally thought. I found the activity interesting where it asked you about having all the money in the world. I found it interesting because I answered them both the same way. It made me realize that having that much money doesn't mean a lot to me. Discovering value of money doesn't make you happy.
13. I liked the Martin Luther King quote. At the end of chapter 10 the wrap-up bit about daring to have big dreams. The wrap up of chapter 11 where it talked about success which I thought was true.
14. The only way you can figure out what your values mean to you is knowing you have choices. The exercise getting a glimpse of your values was good. I liked the wrap up at the end of chapter 11.

Week 6: Chapters 12-13

1. Did you find these chapters easy to read and understand?

1. Yes, they are still easy to read and understand.
2. Yes, they were easy to read and understand.
3. There were a few words that I didn't understand but I searched them up. I also had to reread some of the sentences. After this it was okay.
4. Yea basically
5. I found myself having to reread parts of 12 but that might have been because I was quite tired.

6. Yes x9

2. Do you feel you better understand how to create good friendships?

1. Yes. It helped me to realize which friendships will last and which ones won't. I thought that the ones who will stay close to me will be ones who have similar values.
2. Yes, it reinforces the idea that if you don't do something yourself then you can't expect others to do it. For example, if you are mean to people then you can't expect people to be nice to you. Was interesting to think about what your friends value vs what you value and how that fits together.
3. Yes, I learnt that treating others how you want to be treated is important. It is also important to practice showing values to others that you want them to show to you.
4. Yes, because I put them to work. I have been in the situation of making new friends because I moved to a new school. I met some nice people and some not nice people but this helped to choose which ones to keep. This actually really helped. Pretty sure it said if you can be yourself then you can make better friends because it helps them and you to understand how you act and behave.
5. Yes, I don't hang out with people who don't align with my values anyway but sees other people hanging out with people just for the sake of having friends. I liked that it inspires people to be themselves and be confident about your values. I think some people don't make the decision to align themselves with their morals and might align with the wrong people.
6. Yes, I liked the exercise about figuring out what matters to you in a friendship. I also liked the part about inside and outside version in friendships. I tend to put on a face, but I should let values guide what I want and choose friends that reflect my values. It helped me to see with my real friends I can just be me and not have to fake it.
7. Yes, I thought it was a bit stereotypical American but some of the more in-depth parts were good. I thought the inside-outside vision part was weird.
8. Yea the part that talked about values and friendships. It explains what a friendship is and how it is made. It talks about how it sounds easy but is actually quite hard. Finding someone who has the same values that you do.
9. Yes, I sort of thought that a good friendship would just happen naturally but that is not necessarily the case. To make good friendships you need to introduce yourself to people, be yourself more, be more understanding of the way people are.
10. Yep, there was an exercise about creating good friendships and figuring out what matters to you in friendships.
11. Yes, because I understand that both people have to equally contribute to the friendship and it's not just a one-way road. You also have to show the qualities that you want to see in a friend.
12. Yes, I think so. What I think was quite interesting was that things that you like in friendships you have to let them show it and you have to mirror what you like. I think sometimes I talk and am bubbly and others maybe don't get a

chance to show me that back, so it was good to learn that maybe I should let them have more time to communicate with me.

13. Yes, I am quite a people person anyway, so it isn't very hard, but I liked the bit about the kids and the example and I knew what I would do but I could see how it would be helpful for other people. Once you gain enough confidence to own it then bullies will go away.

14. Yes, no particular part.

3. Do you understand more about how your values can affect your life?

1. I Think that it is hard to stand up for your values sometimes. I learnt that it is important to be happy and look after the people who you care about. I thought that this could be hard to be constantly standing up for people. It helped me to understand how going against those values could negatively affect someone.

2. Yea I found that it was helpful to figure out what my priorities are and where they lie. For example, if you value something and you try to work towards it and something out of your control stops it from happening do you see it as a success or failure. Was interesting to learn that this is still a success because you were still following your values.

3. I learnt to treat your values as a compass, using your values to help to guide you to where you want to go. I liked this part.

4. Yes, because we can decide how it affects us and others, in a good way. The quote in the book knowing your values is one thing but acting them out is another thing which is harder and when you feel upset they become harder to do. I think this is true because sometimes I feel discouraged, but I have to remind myself how far I have come and to never give up.

5. Yea living in line and confidence to live out your values and be yourself will attract people to be around you. I found it inspiring to be more like yourself.

6. Yes, I learnt that you can be the change you want to see in the world and believe in myself. If it is important to me it doesn't have to be what others think. It also reminded me to remember why I am doing what I am doing. You might fail but you should never give up.

7. I found this bit hard because I didn't know what values were. They were talking about succeeding and living by your values, but success is achieving goals big or small and I didn't see how values fitted with this. I don't see values as the same as goals this might just be an American thing.

8. Yes, I think the entire book explains it.

9. Yes, I mean it depends what you value. If you value building or law those two things are completely different and can change your life in completely different ways.

10. Yep, the exercise about clarifying your values was good.

11. Yes, because you should be trying to direct your life towards your values and setting goals along the way to help you get there. Using your values as a direction.

12. Yea I thought this was interesting when it spoke about inner and outer success. Your values can help you to focus on your inner success. Don't change your values just to fit in with everyone else. You will attract people

who have similar values to you. I find that at the moment my values are a bit different to the people around me and it is hard not to change your values to suit the people that you are around. But I have to remember to stick to my values and eventually those people will come around.

13. Yes, I think, I was kind of confused but obviously, if you are feeling down then you would be sad but if you are having fun then you would be happier.

14. Yes, listen to your values and let them guide you in deciding and committing to actions which you think are important was good.

4. Which part of these chapters did you find most interesting/ helpful?

1. I liked the part about looking for values in a friendship. There were parts of the list about friendships that stood out for me. I thought that I had never thought about other people's values before and had only ever thought about my own. Liked the part about looking at a perspective from and outside or inside perspective.

2. Again, I liked that it helped you to feel like you didn't need to be perfect all of the time. I liked the part with the scenario about succeeding or failing. I liked the idea that if you stick to your values then it will always be a success.

3. I found the part about goals the most interesting. Creating and sticking to goals. I liked where they gave examples of athletes who do something over and over again, I found this motivating to go and do something multiple times. I even created a goal chart from this. I think the book is having an effect on me. It taught me not to give up.

4. The friendship part because after reading it, it helped me to realise that I am not the only one that feels like this. It also helped me to see the sort of people I want to be around. I saw this when I was trying to make friends. Sometimes I felt uncomfortable with people actions, so I know they weren't the sort of people I would want to be around.

5. I liked the part about inside and outside vision and thought this was interesting. I also thought that the exercise where they talked about popular people was interesting. Taking things for face value and coming to judgments based on past experiences. I liked the values table, being able to write it down was good.

6. The friendships part, this chapter was most interesting.

7. I felt neutral towards these chapters.

8. Chapter 12 understanding what true friendship is and what needs to happen to have a true friendship.

9. Chapter 12- Creating good friendships. It kicked me more into gear about being more understanding of different people and that I should introduce myself to more people.

10. An exercise about succeeding. The most interesting part was the exercise succeeding on your terms I found most valuable. It was probably my favourite exercise in the book.

11. Learning about how to improve yourself and learning how to apply this to the outer world and friendships and beyond high school and use the skills throughout your life.

12. These chapters put things into perspective. It was good to have it shown again. It was an eye-opener and a refresher. I learnt that you can't expect people to do things if you don't show them first. The part "its normal for adolescents to lose and change friendships" stood out to me. This happened to me last year and it was hard to do this. I thought it was just me, I thought I was the only one who was losing or changing friendships at this point. Also, the part where it talked about people who think talent is crucial don't work as hard as people who believe hard work is crucial. This fits with how I live my life and I can see that it is the difference between me and my brother. I also liked the comment about the negative qualities about popular people at school, the activity for this was interesting and I found these people were similar to people at my school. I think these chapters were the most relevant for me, the other chapters were useful, but these ones fitted the stage that I was at more.

13. Page 22 talks about principles for success and the part where it says succeeding is less about talent and more about practice. Sometimes you need to be willing to go outside your comfort zone. I feel like I related to these chapters a lot more than the rest.

14. Developing inside-outside vision. You will never be sure about what others think unless you ask them and using the never mind your mind concept.

Overall Questions

1. Do you feel you gained something from completing this book?

1. I feel that it reinforced who I am and who I want to be around. Thought that it was beneficial and helpful. It was particularly helpful because I am going to uni next year and there will be lots of changes. This book helped me to know that when I meet new people I will be able to figure out who I want to be around. It will help me to know who I want to surround myself with.

2. Not overly. I think it could be useful for some people but not for me. I don't think it dramatically changed my life.

3. Yea I did. It gave me a new outlook on myself and how I treat others. It helped me to learn to be in tune with my body a bit more.

4. Yes, definitely because it made me feel like I am not the only one who feels these feelings. Even though the situations in the book were different to mine, they were really relatable.

5. Yea definitely. I already tried to live this way, but it is cool to have something to look at that is concrete. Sometimes you can get caught up in life, so I could use this as a reference and help to put things into perspective. By practicing the exercises, it would become natural.

6. Yes, I usually shut down when I don't know how to feel, when doing the book I learnt about feelings. The book has helped me to see the different feelings and be more open to them.

7. No, I don't. I thought the book sounded quite American and was very stereotypical American teenager. We are new Zealanders and we are going to have different issues and be in different situations. I found it hard to relate to and I couldn't do the exercises because I couldn't relate to them. Some of the chapters are quite doom and gloom and what they give you might not get you

out of the doom and gloom. My view has changed since I started seeing a counsellor the things I learnt were easier to put into practice with my counsellor. Maybe talking to a person is easier than using a book. The book just didn't gel with me.

8. Yes
9. Yes, I think so. I think I have gained more perspective on things. It has kicked me into gear to not be so harsh on myself and put myself out there more to more people which could potentially help me to get a job or an apprenticeship.
10. Yes, I gained knowledge and a better understanding of how your brain thinks.
11. Yes, all the skills and exercise they got you to do I know I will use a lot especially when I am stressed out. The BOLD idea is versatile and can be used in lots of situations.
12. Yea I think I have. Initially, I thought it was for people who were going through hard stuff but once I read the introduction I realized that it was actually relevant to my life.
13. Yes, I feel like I can help others and myself.
14. Yes, just more knowledge about ways to cope.

2. *Which part of the book stood out to you as being the most interesting or important?*

1. The book was generally good. There were parts that stood out but can't think of one part in particular.
2. The part about clarifying values, the part where it talks about not being okay is okay. I also liked the part about not being perfect all of the time.
3. The BOLD acronym, I think it is driven into my head now. I especially liked the breathing part of this.
4. The bit about key emotions and feelings. To be able to link the emotions and understand that feelings are normal because if you feel nothing then you are not really human.
5. Not one specific part, the book draws you in and you keep learning. I liked the examples of the authors these stood out for me. I also liked Sam and Jess's stories and how you can see them from an outside perspective.
6. Yes, the part about feelings.
7. The bit about values was interesting but confusing. I didn't like that they confused values and goals. After the values stuff I kind of lost interest and shut off to the book.
8. Creating true friendships.
9. The friendship part. That is a very key thing for me.
10. The last exercise succeeding on your terms. I liked the story of Jess and Sam throughout the book.
11. The part about learning not to listen to your self-doubt your mind is just telling you negative things about yourself but this doesn't define you. You are a lot better than what you think of yourself sometimes.
12. The BOLD. The breathing definitely has helped with the overthinking things. The problem finder has helped me realise that I should question is what I am thinking true. Chapters 12 and 13 and the part about friendships was the most relevant to me and where I am at in my life at the moment.

13. Chapters 11 and 12 and also the BOLD definition.
14. Chapter 4 and 5 not avoiding feelings. Avoiding difficult feelings in the short run doesn't help in the long run.

3. Were you able to transfer some of the skills you learnt into your everyday life?

1. Yea the book was pretty practical. I liked the book, I like that it didn't use stupid slang and pretend that it knows what a teenager wants. I like that it was realistic. It helped me to know that it is okay not to have the future planned out.
2. Yes, the bit about trying your best and not reaching what you are striving for doesn't always mean that you are a failure if you don't get the whole way. By just trying means you have succeed.
3. Yea again the BOLD part. I try to naturally apply this to my everyday life.
4. Yes, the friendship one really helped because I needed to make new friends. It helped me to understand how I work and how others understand me too.
5. The book helps you to realize that your problems aren't unique and if others can get through it then so can I. I learnt it is important to slow down and not getting too caught up in your day. Slowing down and being an observer and being conscious of your decisions and being mindful is also helpful. Taught me that I am not my thoughts and feelings. Just because I feel something it doesn't define you. Helps you to consciously live in line with what you think a good person will be. Never mind your mind. Overall it teaches you to not get so caught up in everything.
6. Yes, when I have been feeling bad I haven't just shut down I have been asking friends for support which I wouldn't have done before.
7. Nope because for a person like me who has had the help and gained all these skills already, it didn't really help. The book felt generic and stereotypical, so it didn't feel personalised. We are New Zealanders and I didn't find it as relevant. I think for someone that isn't confident in speaking up about needing help this could be a good first step for that person.
8. Kind of especially the friendships part.
9. Yes, I find myself this year feeling more stressed about school work and worrying that I won't pass. This book has helped me with this. The part about not being so harsh on yourself. Remembering that part about how your mind tells you can't do things but to do it anyway has also helped.
10. Yes, usually when I finish a chapter I try to use the skills. I can try but I still need to practice because I probably wouldn't remember to use them when I'm really down but it is good having those strategies there.
11. Yes, I have already used a lot of the anti-stress techniques especially this term. I have learnt how to stand back and observe the situation.
12. The BOLD skills and the problem finder. Listening to others, using my values and reflect on others and being open to new relationships and friendships.
13. Yes, I used them this morning to help someone. I almost had a panic attack and used some of the breathing skills and it helped to calm me down.
14. Yea a few the shifting the negative feelings and the problem finding idea was the best.