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**Evaluating Te Reo Tuakiri: Acceptance and Commitment Therapy in a Schools-Based
Resilience Programme in Aotearoa**

A thesis presented in partial fulfilment of the requirements for the degree Doctor of Clinical
Psychology at Massey University, Auckland, New Zealand

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Abstract

The mental health of Aotearoa's (New Zealand) rangatahi (young people) has received considerable attention in recent years due to increasing rates of psychological distress and suicidality. Evidence shows these difficulties are greater for Māori and Pacific rangatahi and those living in low socioeconomic areas. The New Zealand government's 2018 inquiry into mental health recommended implementing early intervention programmes in schools to help rangatahi learn about mental health and develop skills to build their resilience. One such intervention is Te Reo Tuakiri, a new resilience programme offered to rangatahi in secondary schools across Aotearoa. Run by the bi-lingual social impact organisation M3, the content of Te Reo Tuakiri is informed by Te Ao Māori (Māori worldview) models of wellbeing and acceptance and commitment therapy (ACT). The programme utilises a tuakana-teina (relationship between an older person and a younger person) approach, whereby the rangatahi learn resilience skills and pūrākau (Māori legends) which they then go on to teach to tamariki (children) at a nearby kindergarten.

This thesis evaluated the Te Reo Tuakiri programme's inaugural offerings in two secondary schools in Tamaki Makaurau (Auckland). The aims of this evaluation were to investigate the effect the Te Reo Tuakiri programme was having on participant resilience and psychological flexibility and to investigate participants' experiences, understandings, and practices of ACT processes as taught in the programme, alongside their cultural applicability. To achieve these aims this research took a mixed-methods approach to evaluation and involved the quantitative analysis of measures of resilience and psychological flexibility at three time points, alongside thematic analysis of focus groups with students and facilitators following completion of the programmes.

The main findings of this study showed improvement in participants resilience from pre- to post-programme with a medium effect size. However, the participants did not see a significant difference in their psychological flexibility across the programme (pre to post), though there was a medium effect size from pre- to mid-programme. Further, no significant correlation was found between measures of resilience and psychological flexibility at any of the three time points. The qualitative portion of this study helped to provide some context to these findings. The themes

generated highlighted instances where students provided evidence of several ACT-congruent perspectives that were beneficial in helping rangatahi better manage their private experiences and act on these newly developed skills. However, there were also instances where students expressed ACT-incongruent perspectives. The qualitative analysis also provided support for the programmes cultural applicability and demonstrated the successful adaptation of ACT processes for a Māori cultural context.

Taken together, these findings demonstrate support for the Te Reo Tuakiri programme as an effective resilience intervention and adds to a small pool of research indicating ACT may be an appropriate intervention for addressing the mental health needs of rangatahi in Aotearoa. Limitations of the present study as well as recommendations for Te Reo Tuakiri and areas of future research are also presented.

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List of Abbreviations

AAQ-2	Acceptance and Action Questionnaire 2
ACT	Acceptance and commitment therapy
ANOVA	Analysis of variance
CBS	Contextual behavioural science
CBT	Cognitive behavioural therapy
FC	Functional contextualism
NGO	Non-governmental organisation
NZ	New Zealand
PF	Psychological flexibility
RFT	Relational frame theory
RCT	Randomised controlled trial
RS	Resilience Scale
TA	Thematic analysis

Glossary

Term	Description/Translation
Āki	Encourage
Aotearoa	New Zealand
Atua	Māori Gods/ancestors
Hapū	Subtribe, section of a large kinship group
Hauora	Health
Hoaketanga	Objective
Iwi	Tribe, extended kinship group
Kai	Food
Kaiwhakahaere	Organiser/director/administrator
Karakia	Prayer
Kaupapa	A set of values, principles and plans which people have agreed on as a foundation for their actions
Kawa	Marae protocol
Kōhanga	Māori preschool
Mahi	To work
Mana	Spiritual power
Manaakitanga	Generosity
Māori	Indigenous New Zealander
Mātauranga Māori	Māori knowledge
Pākeha	New Zealander of European descent
Pepeha	Tribal saying, a way of introducing yourself by sharing the people and places that are important to you
Poroporoaki	Farewell

Pounamu	Greenstone
Pūrākau	Māori legend
Rangatahi	Young people
Tamaki Makaurau	Auckland region
Tamariki	Children
Tangata whenua	Indigenous people
Taonga	Treasure
Te Ao Māori	The Māori worldview
Tikanga	Protocol
Tuakana-teina	Relationship between an older person and a younger person
Whakanoa	Spiritual clearing, the removal of tapu
Whakapapa	Genealogy
Whānaungatanga	A relationship through shared experiences and working together which provides people with a sense of belonging
Whareniui	Meeting house

Chapter One: Introduction

Aotearoa has witnessed a significant decline in the mental health and wellbeing of our rangatahi over the past decade (Sutcliffe et al., 2022). In response the New Zealand (NZ) government has recommended embedding early intervention mental health programmes into schools to help address rising rates of psychological distress and build student resilience (New Zealand Government, 2018a). One such intervention is Te Reo Tuakiri, a new resilience programme offered to rangatahi in secondary schools across Aotearoa. The programme is run by M3, a bi-lingual social impact programme, and its content is informed by evidence-based approaches including Te Ao Māori models of wellbeing and acceptance and commitment therapy (ACT) (Durie, 1985; Hayes et al., 2006).

This study evaluated the Te Reo Tuakiri programme and specifically focused on investigating the ACT components of the programme to better understand whether they were effective and culturally sensitive. This involved investigating the effect of the Te Reo Tuakiri programme on the variables of resilience and psychological flexibility (PF). Further, this study investigated participants' experiences, understandings, and practices of ACT processes as taught in the Te Reo Tuakiri programme, alongside their cultural applicability.

Mental Health of Rangatahi in Aotearoa

The mental health of Aotearoa's young people has received considerable attention in recent years. This is due in part to a number of studies and anecdotal accounts of young people struggling with psychological distress (Kvalsvig, 2018). New Zealand Health Survey data shows that the number of young adults, 15 to 25 years of age, reporting high or very high levels of psychological distress as measured by the Kessler Psychological Distress Scale has increased from 5.1 percent in 2011/12 to 23.6 percent in 2021/22. Further, young adults reported the highest unmet need for professional mental health support compared to other age groups (Ministry of Health, 2022a).

The Youth2000 large scale, representative survey series conducted between 2012 and 2019 ($n = 34,548$) identified a "rapid and unequal decline" in the mental health and wellbeing of secondary school students in Aotearoa (Sutcliffe et al., 2022, p.1). Sutcliffe et al. (2022) reported the prevalence of depressive symptoms rose 77 percent from 2012 to 2019 and were greater among Māori and

Pacific students and those living in lower socioeconomic areas. The series also showed large disparities in depressive symptoms between students of differing sexual orientations, with 53.1 percent of students attracted to the same- or multiple-sexes reporting significant depressive symptoms compared to 21.4 percent of cis-heterosexual students (Fenaughty et al., 2021). Roy et al. (2021) report that these difficulties are worsened for students who identify with more than one marginalised group (i.e., Māori, Pacific, rainbow, and disabled young people), for example 71 percent of rainbow students with a disability or chronic condition reported clinically significant depressive symptoms.

Reports released by the United Nations Children’s Fund (UNICEF) Office of Research found that from 2010 to 2015 young people in Aotearoa had the highest rates of suicide across all 34 countries within the Organisation for Economic Cooperation and Development (Brazier, 2017; Gromada et al., 2020). Māori experience disproportionately high rates of suicide with statistics from 2021 showing the suicide rate for Māori was 16.1 per 100,000 compared to 10.1 per 100,000 for all other ethnicities (Te Whatu Ora Health New Zealand, 2022). Sutcliffe et al. (2022) note overall self-reported suicide attempts have increased from 2012 to 2019 with significant increases for Māori and Pacific students. Risk factors for suicide attempts in Māori youth include individual characteristics such as symptoms of depression and anxiety, and contextual factors such as having close friends or whānau (family) complete suicide and being uncomfortable in Pākehā (New Zealander of European descent) social settings. Lawson-Te Aho and Liu (2010) argue that a focus on more easily identifiable individual determinants of suicide risk factors for Māori ignore the significant impact of colonisation. Consequences of colonisation for Māori include but are not limited to “land alienation, economic impoverishment, mass settler immigration, warfare, cultural marginalisation, forced social change and multi-level hegemonic racism” which has had extensive negative effects on the mental health and wellbeing of Māori (Moewaka Barnes & McCreanor, 2019, p.19).

Every-Palmer et al. (2020) argue that the COVID-19 pandemic may have exacerbated psychological distress for rangatahi. In their survey completed during a lockdown in April 2020, they found suicidality and psychological distress was highest among young people aged 18 to 24, and scores on the Kessler Psychological Distress Scale were significantly higher when compared to data

from the 2018/19 New Zealand Health Survey. Similarly, Gasteiger et al. (2021) found being younger (aged 18 to 24) was significantly associated with symptoms of depression as measured by the Patient Health Questionnaire in their survey conducted during the first ten weeks of the COVID-19 pandemic.

In their commentary on youth mental health in Aotearoa, Menzies et al. (2020) argue greater urgency is required to address rising rates of psychological distress and highlight the need to better understand why these rates have risen so quickly. In response to widespread concern about mental health in Aotearoa the NZ government conducted an inquiry into the mental health sector with the results published in a report named *He Ara Oranga: Report of the Inquiry into Mental Health and Addiction*. The authors reported rangatahi identified many determinants of stress and anxiety including economic insecurity, unaffordable housing, student debt, insecure and low paid work, body image, oppression, concern about climate change, concern about lacking life skills, and loss of community spaces (New Zealand Government, 2018a). Student submissions to He Ara Oranga highlighted the need for rangatahi to receive guidance on mental health "...how to look after oneself and to look after friends" (p. 49). Students and teachers stressed the importance of embedding mental health education into the curriculum in order to teach students how to regulate their emotions and develop resilience (New Zealand Government, 2018a). Community submissions to He Ara Oranga also highlighted that many rangatahi, especially Māori, were vulnerable to mental health difficulties as a result of poverty, traumatic events, racism, and discriminatory behaviour. Other concerns highlighted included the impact of alcohol and other drugs and technology such as social media (New Zealand Government, 2018b).

Whilst Māori youth have high levels of mental health concerns, data from Statistics NZ suggests significant under-reporting, assessment, and treatment of mental health difficulties, such as anxiety and depression, for young Māori compared to their non-Māori peers, with these inconsistencies exacerbated for those living in high deprivation areas (Theodore et al., 2022). In a 2022 survey, child and adolescent psychiatrists in Aotearoa identified increasing demands for their services and a lack of staff available to accommodate the growing need. They also reported disappointment that they had to restrict their services to only those young people of the highest need

and noted turning rangatahi away from their services discouraged them from re-engaging (Every-Palmer et al., 2022).

In 2019, the Youth'19 Rangatahi survey invited rangatahi to share what they believed were the biggest problems for young people in Aotearoa. The most common theme indicated was mental health, with respondents citing difficulties such as not fitting in, high expectations from society, bullying, lack of support, and social media. Another key theme included rangatahi viewing the future as bleak with particular concerns about climate change, lack of job opportunities, and the sense that adults had created a mess they were being left to clean up (Fleming et al., 2020).

The NZ government has taken steps toward bolstering mental health services for young people. This is evidenced through their first 'wellbeing budget' in 2019. The budget included a record 1.9 billion dollar investment in mental health over the following five years and the establishment of a new Mental Health and Wellbeing Commission to oversee new initiatives such as the expanding and enhancing of school based health services (Robertson, 2019). Social 'investment' of this kind has received criticism for a market approach to wellbeing that has a narrow focus on fixing problems and reducing costs, "if you work on 'bad' you get 'not bad'. If you work on strengths you get excellence" (Social Investment Agency, 2018, p. 23). The Social Investment Agency has addressed these criticisms, acknowledging "...an approach premised on fiscal restraint and reducing future liabilities provides little insight into what are often complex and enduring social challenges, and the range of solutions that might be found" (Sepuloni, 2018, p. 3). Clark et al. (2011) support a move away from a deficits approach that focuses on identifying risk toward a model that fosters the development and capacities of indigenous youth.

Summary

The studies and reports detailed above paint a bleak picture of youth mental health in Aotearoa. The data indicates psychological distress in rangatahi is increasing, especially for Māori and other marginalised groups. A myriad of potential causes have been suggested to explain the current state of mental distress in rangatahi and the NZ Government has invested significant resources

to address these issues. One of the proposed solutions is to develop mental health programmes in schools to help young people learn about mental health, better regulate their emotions, and develop resilience (New Zealand Government, 2018a).

Chapter Two: Youth Resilience in Aotearoa

This chapter will examine the literature around resilience as a concept and detail the demand for resilience programmes for youth in Aotearoa as well as identify challenges and opportunities for evaluation in this space.

Resilience

Resilience, like other abstract concepts, has no single agreed upon definition. The etymology of the word resilience comes from the latin verb ‘resilire’ meaning ‘to leap back’ (Hu et al., 2015). The term is utilised in a number of disciplines such as ecology, engineering, business, and of course, psychology (Earvolino-Ramirez, 2007). Research on resilience has burgeoned over the past fifty years in psychology, due in part to a shift away from a deficit focus and the rise of positive psychology (Pooley & Cohen, 2010). Wright et al. (2013) describe the four waves of resilience research, beginning with descriptions and definitions of the concept, the second wave focused on identifying variables that were associated with resilience, the third wave tested resilience interventions, and the current resilience research seeks to better understand the processes that lead to resilience. Whilst recent research has improved our understanding of resilience in psychology, there is still academic debate as to whether resilience should be conceptualised as a personality trait, a process, or an outcome (Pooley & Cohen, 2010). McCubbin (2002) argues that this variability in the application of this construct causes confusion and hinders the utility of resilience as a construct that can be empirically examined and employed in interventions.

Luthar, Cicchetti, and Becker (2000) explain there is a general consensus that in order to identify resilience two elements must be present: exposure to threat/adversity and successful adaptation to this adversity. The American Psychological Association (2011) share this perspective, describing resilience as “successfully ‘bouncing back’ from difficult experiences” (p.1) and provide a range of examples of difficult experiences, such as trauma, tragedy, family and relationship problems, health difficulties, and financial stress.

Whilst there is general consensus that resilience involves successful adaptation to difficult experiences there remains debate over the factors that allow for this (Fisher et al., 2019). Atkinson et

al. (2009) explain that there has been a central debate among researchers about whether resilience should be conceptualised as a fixed and stable personality trait or a dynamic state that changes over time and contexts. Proponents of trait resilience posit some individuals have a predisposition to responding well in the face of adversity whereas others argue people only become resilient through exposure to difficult experiences and it is something that can be learned (Atkinson et al., 2009; Kalisch et al., 2019). Kuldass and Foody (2022) contend that this trait-state dualism is a conceptual fallacy and instead call for a transactional view of resilience that leans into the complexity of resilience as a dynamic process, capacity, and outcome of an individual which is unavoidably influenced by the specific space, time, population, and context they find themselves in. Paralleling this discourse Masten et al. (2021) support a multi-system perspective of resilience that can be applied not only to individuals but also the communities, societies, and eco-systems they inhabit.

The concept of resilience is also culturally bound. Boulton and Gifford (2014) explain that for Māori the term resilience is not just about the attributes of an individual but rather is a process facilitated by the collective – whānau, hapū (subtribe), and iwi (tribe). The authors explain that Western definitions of resilience tend to ignore systemic inequalities that disadvantage indigenous populations. Lee-Penehira et al. (2014) critique government notions of resilience that frame Māori as needing to cope with or adapt to the status quo and note indigenous academics have adapted dominant Western definitions of resilience that focus on individuality in order to make the concept work for them. In this respect, resilience has shown utility for some Māori researchers, such as Moeke-Maxwell et al. (2014) who use the term whānau resilience to describe the capacity to care for sick and dying loved ones through the cultural and social capital of a collective.

Youth Resilience Programmes in Aotearoa

The NZ government's mental health inquiry report, He Ara Oranga, described a proliferation of services targeted at youth mental health, covering topics such as resilience, wellbeing, self-harm, anxiety, depression, bullying, and suicide. The authors noted that these programmes were often delivered in schools and run by an array of providers including commercial entities, government and non-governmental organisations (NGOs), charities, churches, and special interest groups. The authors

expressed concern about the variability of resourcing and delivery across schools and the lack of information about whether the programmes are evidence-based, fit for purpose, and having a positive impact (New Zealand Government, 2018a).

Whilst there are many programmes in Aotearoa that purport to increase rangatahi resilience, their content and theoretical frameworks are often vastly different. Table 1 shows a selection of youth resilience programmes operating in Aotearoa and details their content and approaches. As no official registry of resilience programmes in Aotearoa appears to exist, Table 1 represents resilience programmes found whilst completing this literature review and therefore may not be exhaustive.

Table 1

Resilience Programmes in Aotearoa

Programme	Provider	Content	Approach
Travellers (Wylie et al., 2016)	Skylight	In school activity-based lessons	Cognitive behavioural therapy
My FRIENDS youth programme (Laurence, 2016)	Friends Resilience	In school activity-based lessons	Cognitive behavioural therapy
SPARX (Malatest International, 2016a)	The University of Auckland	Computer programme	Cognitive behavioural therapy and E-therapy
Project K (Furness et al., 2017)	The Graeme Dingle Foundation	Wilderness adventure, community challenge, mentoring	Adventure education and service learning
PB4L – Check and Connect (Wylie et al., 2016)	The Ministry of Education	Mentoring	Attend-engage-invest framework

PB4L – Restorative Practice (Fanselow & Ballett, 2018)	The Ministry of Education	Holistic support for staff and students to approach problems from a restorative practice perspective	Restorative practice model and relational theory
Res-Kids (Wilkes, personal communication, December 5, 2019)	Living Well	Adventure-based learning	Adventure therapy and acceptance and commitment therapy
24-7-YouthWork (Turner & Schroder, 2017)	24-7 YouthWork Trust	Trained youth workers associated with local churches provide individualised support in schools	Level 3 youth work national certificate
The Resilience Project (The Resilience Project Pty. Ltd., 2020)	The Resilience Project and Tania Dalton Foundation	In school presentations, teacher resources, and digital content	Positive psychology and mindfulness
I Have a Dream (I Have a Dream Charitable Trust, 2021)	I Have a Dream Charitable Trust	Long-term mentoring and holistic support	Strengths-based approach and Te Ao Māori models of wellbeing
Rangatahi Tū Rangatira (Te Ora Hou Aotearoa, 2022)	Te Ora Hou Ōtautahi	In school leadership programme	Tohatoha kaupapa Māori approach

Āta Hihiko (Be Intent, n.d.)	Be Intent	A digital app-based platform	Te Ao Māori models of wellbeing
7-Day Youth Voyages (Arahanga-Doyle et al., 2019)	R. Tucker Thompson	Adventure-based learning on sailboat	Adventure education
Spirit of New Zealand 10-Day Voyage (Hayhurst et al., 2015)	Spirit of Adventure Trust	Adventure-based learning on sailboat	Adventure education
Headstrong (Holt-Quick et al., 2020)	University of Auckland	E-therapy	Arotika ki te kaupapa model
Mane Ake (Ministry of Health, 2022b)	Te Whatu Ora and The Ministry of Education	School-based mental health and wellbeing support	Service delivery varies by location and is co-designed with local communities

Many youth resilience programmes are delivered in schools as they are easily accessible, especially for students living in marginalised communities where schools may be their only formal source of service provision (Liebenberg et al., 2016). Schools are also viewed as ideal settings for prevention initiatives as students can be reached before their needs increase (New Zealand Government, 2018a). There is growing recognition of the link between student achievement and wellbeing with the development of *Te Pakiaka Tangata* in 2017 which provides guidelines for the provision of pastoral care, guidance, and counselling. The guidelines state effective pastoral care, guidance, and counselling in schools “...assists with reducing psychological distress, enabling greater engagement, increasing retention in education, and improving achievement. It also plays a significant role in reducing suicide risk among young people” (Ministry of Education, 2017, p.8).

Whilst there are many resilience programmes being delivered for rangatahi, information is lacking about whether some of the programmes offered are effective or contextually appropriate (New

Zealand Government, 2018a). Two school-based resilience programmes with a strong history of evaluation include Travellers and My FRIENDS Youth programme. Travellers is a cognitive behavioural therapy (CBT) based programme run by Skylight and developed and funded by the Ministry of Health for year nine students in Aotearoa secondary schools. The programme involves small group workshops delivered by a trained facilitator and explores content such as “...changes, losses and transitions and how to deal with these, and improving young people’s access to support” (Robertson et al., 2012, p.3). Travellers offers the programme to students “most at risk” as identified by a ‘student wellness survey’ delivered to all year nine students at participating schools (Travellers, 2017, p. 3). The programme is conducted in eight modules of 60 to 90 minutes, across eight to 10 weeks in school time. Each session is linked by the metaphor of ‘life as a journey’, aiming to help students identify, develop and access resources to navigate their life journey (Dickinson et al., 2003). Travellers has a strong record of independent evaluation beginning in 2009 and the reports are consistent in describing the programme as enjoyable and effective (Jasperse et al., 2014). Independent reviews have recommended Travellers update their resources to include te reo Māori translations (Wylie et al., 2016). In 2014 Skylight received a grant from the Wellington Community Trust to adapt Travellers for young people in marae-based environments (Dickinson & Asiasiga, 2017).

My FRIENDS Youth is also a CBT based programme, developed in Australia. Unlike Travellers, My FRIENDS Youth is open to all students regardless of mental health status (Stallard et al., 2005). The programme is endorsed by the World Health Organisation and according to their website is currently running in 28 countries including Aotearoa (Friends Resilience, 2019). Friends Resilience runs four programmes, targeted at different age groups. A review of randomised controlled trials (RCTs) showed the programmes demonstrate a small but significant reduction in anxiety for participants, with results sustained at six and 12 month follow ups (Murphy et al., 2017). In 2013 the NZ Ministry of Education introduced a three year pilot of the programme in 26 secondary schools for year nine students. An evaluation of the pilot was positive, despite increases on a wellbeing survey returning to pre-programme levels when readministered to students the following year (MacDonald et al., 2015). The content is centred around the acronym of FRIENDS, which the programme takes its

name, standing for: Feelings, Remember to relax, Inner helpful thoughts, Explore solutions and coping step plans, Now reward yourself, Do it every day, and Stay strong inside. This content is delivered across 10 sessions and two booster sessions with activities involving strategies such as self-talk, positive visual imagery and mindfulness (MacDonald et al., 2015).

Evaluation in Aotearoa

Aotearoa's performance on evaluation of mental health programmes is mixed. The authors of He Ara Oranga describe some well-designed initiatives that are subject to ongoing evaluation. However, they also note that too many initiatives are being implemented without proper evaluation. They warn "no new initiatives should be undertaken without good evaluation that builds in a continuous learning approach and draws on national, international and indigenous evidence" (New Zealand Government, 2018a p. 127).

Consecutive government reports have called for a coordinated evidential approach for deciding which youth interventions to offer and maintain (Gluckman, 2011; Malatest International, 2016b). The authors of He Ara Oranga state programmes being run without adequate evaluation is particularly prevalent in schools, with resourcing and delivery of programmes varying across schools, and governance delegated to local boards of trustees. The authors note that even high-quality wellbeing initiatives and resources are not being widely implemented, with providers reporting difficulty negotiating with individual schools to implement wellbeing programmes (New Zealand Government, 2018a).

Some mental health evaluations that have been conducted have been met with criticism for not adequately considering the needs of tangata whenua (indigenous people) and for perpetuating stereotypes. Cram (2015) argues evaluation can take a colonial perspective that constructs Māori disparities as deficits. The Aotearoa New Zealand Evaluation Association outlines in their standards of practice that ethical evaluation will consider the context and culture in which the evaluations are taking place and that the "...findings, judgements and conclusions are accurate, credible and trustworthy across the range of the cultural contexts of the evaluation" (Social Policy and Evaluation Unit, 2015, p. 22). Fergusson et al. (2011) delineate effective evaluation should consider the cultural

appropriateness of the programme. That is, do the values, format, and content of the intervention align with the cultural values and practices of the target group? Wilson (2008) explains that the failure of interventions to incorporate the cultural beliefs, practices, and worldviews of its users risks providing healthcare which lacks relevance and effectiveness.

Process Based Evaluation

Process research seeks to "...identify the critical ingredients of therapy and the mechanisms of change so as to increase our theoretical understanding of human change processes, improve the delivery of therapy, and maximise treatment efficacy" (Hayes et al., 1996, p.909). Rosen and Davison (2003) are critical of the current method of evaluating psychotherapy 'packages' without regard to the principles of change purported to account for their effectiveness. Kazdin (2007) explains that even though we have strong evidence for the effectiveness of a number of psychotherapies, we still struggle to provide evidence-based explanations for how these interventions produce change.

Llewelyn et al. (2016) explain process research has lagged behind outcome studies as researchers have been more interested in demonstrating the effectiveness of their interventions and because funding is more difficult to obtain for studies that seek to understand how psychotherapies yield their effects. The authors state whilst process research has been dominated by quantitative research in the form of correlational studies or more sophisticated analytic techniques such as multilevel hierarchical modelling, qualitative approaches also play an important role in understanding processes of change. They note qualitative approaches allow researchers to gather in-depth information about participants' experience of interventions and the components they found most helpful.

Lindsay (2013) recommends using mixed-methods research when evaluating complex interventions. The author argues that combining quantitative and qualitative methods enables researchers to capture a broad range of variables and provide evidence for both the interventions outcomes, and the processes important to the intervention's success. Onwuegbuzie and Leech (2004) further explain, "...combining qualitative and quantitative research enables evaluation researchers to be more flexible and holistic in their investigative techniques, as they endeavour to address a range of

complex research questions that arise” (p. 770). Outcome research alone cannot address the complexities of real life cases (Dattilio et al., 2010).

Summary

The concept of resilience has no one agreed upon definition, however, there is some consensus that resilience involves successful adaptation to adversity. A plethora of youth resilience programmes are operating across Aotearoa. These programmes differ markedly in their providers, method of delivery, content, and approach. The He Ara Oranga report identified many resilience programmes are being run without adequate evaluation making it difficult for funders to decide which programmes should be offered and maintained. Evaluations of youth resilience programmes should not just focus on outcomes but also consider the processes that produce change and the appropriateness of these processes for participant culture.

Chapter Three: Acceptance and Commitment Therapy

This chapter provides a brief overview of the history and development of acceptance and commitment therapy (ACT), its underlying theory of behaviour and cognition, relational frame theory (RFT), the processes that make up the ACT model, and its effectiveness as a therapeutic modality.

History and Development of ACT

Acceptance and commitment therapy, or ACT, belongs to a ‘third wave’ of behavioural therapies developed over the past two decades (Zettle, 2011). The first two generations of the behavioural tradition include traditional behaviour therapy and cognitive behavioural therapy (CBT). Traditional behaviour therapy can be traced back to Pavlov and Skinner’s work on classical and operant conditioning which explained psychopathology in terms of functional relations between ones environment and behaviour (e.g., a young person may avoid social situations because they have had a former negative experience with their peers during which they experienced feelings of anxiety) (De Houwer et al., 2016; Rachman, 2015). Rachman (2015) explains CBT represented a coming-together of behaviour therapy and Beck’s cognitive therapy which proposed psychopathology arose through faulty cognitions including negative thoughts and self-schemas. These approaches proved complimentary in that cognitive distortions could be said to influence one’s behaviour (e.g., faulty cognitions such as “they won’t like me” may maintain avoidance of social situations even in the absence of other people) (De Houwer et al., 2016). Therapeutic interventions came to focus on changing both behaviour and cognitions (e.g., a young person’s social anxiety could be de-conditioned through exposure to social situations in a safe setting and cognitive distortions could be challenged and altered through experiential evidence and cognitive restructuring) (Rachman, 2015).

CBT continues to be an effective intervention with over 2000 clinical trials demonstrating support for its treatment of a wide range of psychological disorders (Beck & Fleming, 2021). Despite its success, researchers have identified problems with the approach that necessitated a re-examination of the veracity of CBTs theory of change (Hayes, 2004). Chen et al. (2006) explain the mechanisms underlying CBTs success are still not well understood with studies failing to show support for the therapeutic benefits of cognitive interventions over behavioural ones. Interestingly, studies have also

shown cognitive distortions tend to decline even in the absence of cognitive change techniques (Rachman, 2015). Hayes et al. (2006) argue there is not enough strong evidence linking cognitive science to CBT interventions and note many therapeutic techniques reflect common-sense procedures developed clinically rather than emerging directly from cognitive science laboratories.

The third wave of behavioural therapies emerged in part as a response to some of the problems identified with traditional CBT (Hayes et al., 2006). Developed by Steven Hayes and colleagues in 1986, ACT was the first of these third wave therapies to emerge (Harris, 2006). ACT follows in the tradition of CBT; however, it differs in several important ways. Rather than a focus on modifying or controlling cognitions, ACT takes a contextual approach and seeks to alter their function instead of their form. Further, ACT rejects the CBT approach of organising and treating psychopathology according to narrowly defined disorders and associated models, instead advocating for a transdiagnostic approach emphasizing experiential and contextual change strategies (Hayes et al., 2006). Alongside its third wave counterparts such as dialectical behaviour therapy and mindfulness based cognitive therapy, ACT emphasises topics such as acceptance, mindfulness, and spirituality that were largely absent from previous behavioural approaches (Hayes, 2004).

Contextual Behavioural Science

ACT belongs to a wider strategy of scientific development known as contextual behavioural science (CBS) (Hayes et al., 2013). In their report on the strategies and tactics of CBS research, Hayes et al. (2021) explain that the CBS tradition of scientific inquiry is evident in functionalism, pragmatism, behaviourism, and Darwinism, but in its modern form began with the establishment of the Association for Contextual Behavioural Science in 2005. Initially focused on ACT and RFT, CBS research has broadened to include a wide variety of topics linked by shared philosophical foundations (Hayes et al., 2021). The analytic approach of CBS is grounded in the philosophical assumptions of functional contextualism which posits that all behaviours (including cognitions) can only be understood in the context in which they occur (Hayes et al., 2021; White et al., 2017).

Relational Frame Theory

Underlying ACT is the theory of behaviour and cognition known as relational frame theory (RFT). RFT has quickly become one of the most actively researched analytic theories of behaviour, with over 150 published peer review articles (Harris, 2009; Hayes et al., 2006; Hayes & King, 2024). The key claim of RFT is that humans learn to relate objects and events in their environments based on social and cultural standards rather than just on their physical characteristics (Boone et al., 2015). Hughes and Barnes-Holmes (2015) explain that many animals can be trained to respond to non-arbitrary relations between objects in their environment, that is, relating objects according to their physical properties such as colour, shape, size, and quantity. Humans however appear to be unique in their ability to derive relations between stimuli and events independent of their physical characteristics and without direct training. Relational frames describe the different types of derived relational responses that can occur such as coordination, equivalence, comparison, distinction, opposition, and hierarchy (Barnes-Holmes et al., 2004).

There are three core properties of this type of relational responding (a) mutual entailment, (b) combinatorial entailment, and (c) transformation of stimulus function (Hayes, 2004). Mutual entailment refers to a bidirectionality of stimulus relations. For example, if a child is taught ‘puppies’ are like ‘kittens’ in a particular context, that child will derive that ‘kittens’ are like ‘puppies’. Combinatorial entailment refers to the phenomenon of untrained relations emerging when two stimulus relations combine. So, if the child who was taught ‘puppies’ are like ‘kittens’ learnt ‘dogs’ were bigger than ‘puppies’ they would also come to relate ‘kittens’ as smaller than ‘dogs’ and ‘dogs’ as bigger than ‘kittens’ without any direct training to do so. The final property of relation learning, transformation of stimulus function, occurs when the function of one stimulus is changed due to its relation to another stimulus (Hughes & Barnes-Holmes, 2015). Following on from the above example, we can imagine a child is playing happily with their new puppy and thoroughly enjoying themselves. At this stage the stimulus function of the puppy is to elicit joy, that is until the puppy bites the child with its sharp teeth and draws blood. Now the stimulus function of the puppy, which was joy, has transformed to fear. Not only is the child wary of the puppy, but because they have been taught

puppies are like kittens, they may become afraid that kittens will bite them too, even though this has never happened to them before. Further, knowing that dogs are bigger than puppies, and through combinatorial entailment, bigger than kittens, they will likely be even more afraid of a dog's bite than they are of a kitten or puppy's bite.

Barnes-Holmes et al. (2004) explain transformation of stimulus function is important for understanding human psychopathology. For example, imagine someone experiences a panic attack whilst driving in their car and subsequently develops agoraphobia. Whilst in therapy the client is asked to rank potentially anxiety provoking situations and paradoxically ranks taking public transport as more anxiety provoking than driving, even though they have never experienced a panic attack on public transport. According to RFT this happens because the client is engaging in comparative frames between taking public transport and driving a car (e.g., less control, more people, more embarrassing). The stimulus function of taking public transport, which may have been neutral or positive, has now transformed due to its relation to the negative psychological functions of driving a car. The client may describe this in their own words as "if I had a panic attack by myself in a car, when I could pull over at any time, then it would be much worse if I panicked on a bus in front of lots of people where I could not easily escape".

RFT is technically difficult, requires the mastery of several new terms, and is difficult to describe succinctly (Hayes et al., 2006). Fortunately, Harris (2009) explains you do not need to know about RFT to understand ACT, comparing ACT to driving a car and RFT to knowing how the engine works. In order to be more accessible for clinicians and clients who are likely unfamiliar with behaviourism jargon, the ACT model has developed more easily understood 'middle level' terms based on RFT concepts. Twelve core 'middle level' processes have been established that explain the ACT model of pathology and intervention and are detailed below (Hayes et al., 2013).

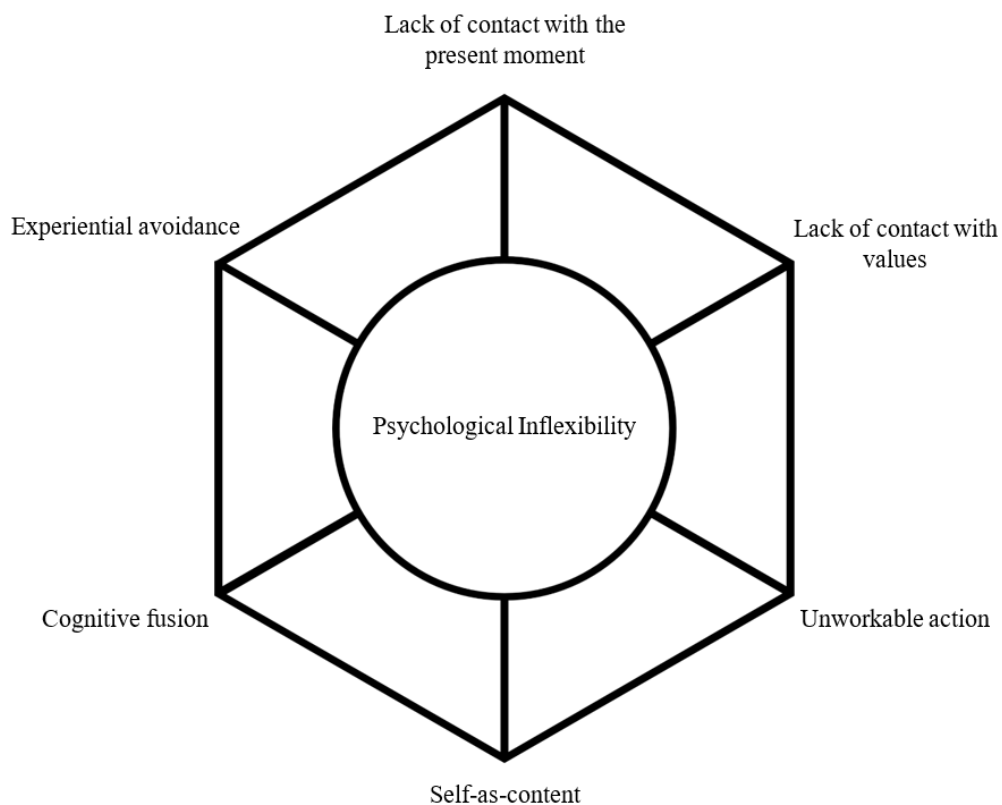
Psychological Inflexibility

ACT posits that the root of psychological suffering can be found in the way human language and cognition has evolved (Barnes-Holmes et al., 2004). Harris (2006) describes human language (in this context referring to both public language such as speaking and writing, and private language such

as thinking and visualising) as a double-edged sword. He explains that the processes of relational responding which have proved extremely effective at keeping us alive as a species (e.g., anticipating and solving problems) inevitably cause suffering when applied to our inner worlds. Hayes et al. (2012) reject the ‘myth’ of psychiatric disease which views psychological suffering as abnormal and instead subscribe to the assumption of *destructive normality* which posits that normal, healthy psychological processes often have destructive and dysfunctional results. The ACT model refers to patterns of behaviour that are regulated by these unhelpful language processes as psychological inflexibility (Hayes et al., 2013). Six interconnected and repertoire-narrowing processes have been identified in the ACT model of psychological inflexibility and are outlined below:

Figure 1

The ACT Model of Psychological Inflexibility



Cognitive Fusion

Cognitive fusion refers to the process by which people experience their cognitions as the same as their external real world experience (Hayes et al., 2012). Harris (2006) describes this process as being “caught up in language” (p.6) and explains in a state of cognitive fusion thoughts appear to be literal truths which dominate our awareness and consequently have a large influence over our behaviour. Whilst cognitive fusion is not necessarily pathological (e.g., there is likely no harm in daydreaming about what you will have for lunch) it can become problematic when we become ‘fused’ with unhelpful thoughts, memories, rules, and assumptions (Harris, 2009). For example, in a state of cognitive fusion a person may experience the thought “I will have a panic attack if I catch the bus” as an accurate prediction of future events rather than what it really is – words in their head.

Experiential Avoidance

Experiential avoidance is the attempt to change the form, frequency, or intensity of inner experiences such as cognitions, emotions, and physical sensations (Hayes et al., 2013). Harris (2006) explains that whilst our evolved problem-solving strategies work well in the outside world (e.g., running away from a lion in the African Savannah), attempts to avoid the contents of our inner world are not so successful. From an RFT perspective this is because attempts to avoid unwanted inner experiences tend to increase their salience (a phenomenon effectively captured by the exercise “do not think about a pink elephant”) (Hayes et al., 2006).

Lack of Contact with the Present Moment

Hayes et al. (2013) explain that the processes of cognitive fusion and experiential avoidance take people out of contact with the present moment. This is because individuals are either ruminating on the past, worrying about the future, or actively trying to avoid unwanted inner experiences occurring in the present moment. One of the problems of ‘living in your head’ is that people miss out on the things that are important to them in the here and now. For example, a man spends the entirety of his daughter’s rugby game worried about the possibility he will have a panic attack, looking for routes of escape, and getting caught up in unhelpful cognitions such as “I can’t do this”. Even though

the father is physically present he is not meaningfully engaged with what is important to him (Harris, 2009).

Self-as-Content

Self-as-content refers to the process by which people become attached to the various names, evaluations, and categories they construct about themselves (Hayes et al., 2012). Hayes et al. (2013) explain self-as-content occurs when we become fused with self-evaluative stories about who we are, and may include elements such as our age, gender, occupation, ethnicity, likes, dislikes, strengths, weaknesses, successes, failures, hopes, and dreams. When fused with these self-descriptions we think we are the same as the stories we have constructed about ourselves (Harris, 2009). Hayes et al. (2012) note self-as-content interferes with our ability to be psychologically flexible and narrows our repertoire of responses. For example, a person fused with the story “I am an anxious person” may be less open to new experiences that evoke feelings of anxiety or even trying strategies for managing anxiety, as ‘anxiety’ is seen as an inextricable part of their identity, rather than a transient emotional state.

Lack of Contact with Values

Hayes et al. (2012) explain that a natural consequence of engaging in other processes of psychological inflexibility is a lack of contact with values. This is because behaviour becomes guided not by the things that are important or meaningful to us but rather by attempts to avoid unpleasant private experiences or fusion to specific rules (Harris, 2009). In the above example the father at his daughter’s rugby game has likely lost contact with certain values such as ‘fun’ or ‘family’ as his focus is instead on avoiding feelings of anxiety.

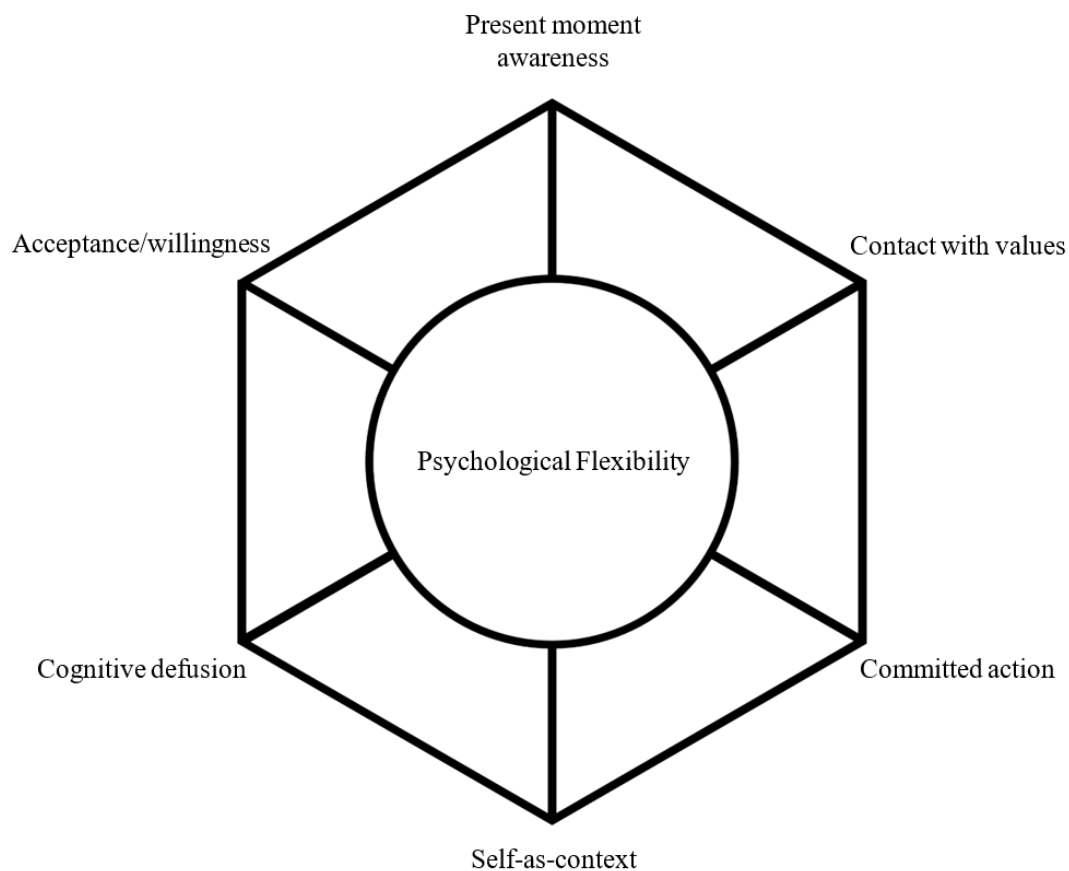
Unworkable Action

Harris (2009) describes unworkable action as behaviour that moves us away from mindful, valued living. Hayes et al. (2012) conceptualise unworkable action as ‘behavioural rigidity’ and note this can involve behavioural avoidance (e.g., procrastination or withdrawal) or behavioural excess (e.g., impulsivity or overuse of alcohol or drugs). They explain this behavioural rigidity is in the

service of reducing or avoiding aversive states rather than moving us toward the things in life that are intrinsically important or meaningful.

Figure 2

The ACT Model of Psychological Flexibility



Psychological Flexibility

ACT is an example of a 'process based-therapy'. Hayes (2019) explains that ACT does not rely on a treatment protocol, but rather on a set of evidence-based processes which are personalised to the individual client's difficulties. The ACT model identifies six processes of psychological flexibility (PF) that counteract the processes of psychological inflexibility that produce rigidity and suffering. Hayes et al. (2012) explain that whilst the PF model appears conventional in its assertion that most human suffering is attributable to the mind, it is unique in its view that it is the *context* of inner private

experiences that leads to suffering, not their *content*. That is, it's not what we are thinking that is problematic, but the process of thinking itself that creates psychological inflexibility (i.e., destructive normality). PF involves engaging in processes that bring private experiences under better contextual control and directs attention to the positive consequences of this behaviour in the present moment. As demonstrated in Figure 2, the six processes of PF can be viewed as a correction for the six processes of psychological inflexibility. How these processes achieve this is outlined below:

Cognitive Defusion

Luoma et al. (2007) explain 'defusion' is a made up word which means to undo or counteract the process of cognitive fusion. Harris (2009) describes cognitive defusion as the process of stepping back or creating distance from thoughts, images, and memories. It can be seen as breaking the illusion that thoughts are what they say they are and instead brings awareness to thinking as an active, ongoing process (Luoma & Hayes, 2009). A large number of defusion techniques have been developed and include naming thoughts, repeating thoughts out loud until the sound loses its meaning, or imagining thoughts as cars driving by your house or as clouds floating through the sky (Luoma et al., 2007). In the example given of cognitive fusion above, the individual who was fearful of having a panic attack could employ the technique of imagining their thought as words on a TV screen which may help bring awareness to the fact that their thoughts are not literal and are more like sounds, words, or images (as demonstrated in Figure 3 below).

Figure 3

Cognitive Defusion Example



Acceptance/Willingness

Whereas experiential avoidance involves attempts to change or avoid our unpleasant thoughts, feelings, and sensations, acceptance means opening up and making room for these difficult private experiences (Harris, 2009). Harris (2008) prefers to use the term ‘expansion’ clinically as it better encapsulates the process of expanding to create room for unpleasant thoughts, feelings, or sensations, and avoids unhelpful connotations with the word acceptance such as ‘putting up with’ or tolerating something. Hayes et al. (2012) explain that in the ACT model acceptance refers to two complementary processes which are willingness and psychological acceptance. They describe psychological acceptance as “...the adoption of an intentionally open, receptive, flexible, and non-judgemental posture with respect to moment-to-moment experience” and willingness as “the voluntary and values-based choice to enable or sustain contact with private experiences and the events that will likely occasion them” (p. 77). In other words, making space for and being willing to experience whatever private experiences shows up in our bodies in each moment, whether they be pleasant (e.g., the thought “what a beautiful sunset”) or not so pleasant (e.g., the thought “oh no, it’s Monday tomorrow”).

Present Moment Awareness

Highlighting the interconnectedness of the ACT processes, Hayes et al. (2004) state the processes of cognitive defusion and acceptance counteract the two primary sources of disconnection from present moment experience. According to Harris (2009) present moment awareness means being psychologically present and consciously paying attention to our here and now experience. Hayes et al. (2012) describe present moment awareness as the central column of the ACT model as the other processes “...are based on the choices of a conscious person behaving in the present context” (p. 78). The central benefits of present moment awareness involve being able to accurately perceive what is happening, gather important information about whether to change or continue what we are doing, and to engage fully in values-based behaviour (Harris, 2009).

Self-as-Context

Harris (2009) defines self-as-context as ‘pure awareness’ and describes the process as a viewpoint from which we can observe our private experiences. As opposed to self-as-content where we become fused with the self-descriptions that form our self-concept, self-as-context refers to the space in which we notice those self-descriptions occurring. Self-as-context brings awareness to an unchanging transcendent sense of self that is separate from our private experiences and external events (Hayes, 2004). Harris (2009) explains that self-as-context is fundamental to mindfulness as when we instruct ourselves to notice a thought or a feeling we are acknowledging there is space from which those experiences can be noticed. Hayes et al. (2004) note that one of the benefits of accessing this sense of self is that from this view point the contents of consciousness become less threatening. For example, from a self-as-context perspective an individual does not equate feelings of anxiety to their self-concept (e.g., “I am an anxious person”) and instead observes anxiety as a transient emotional state which is one of many potential private experiences alongside thoughts, images, memories, or sensations that are occurring in the present moment.

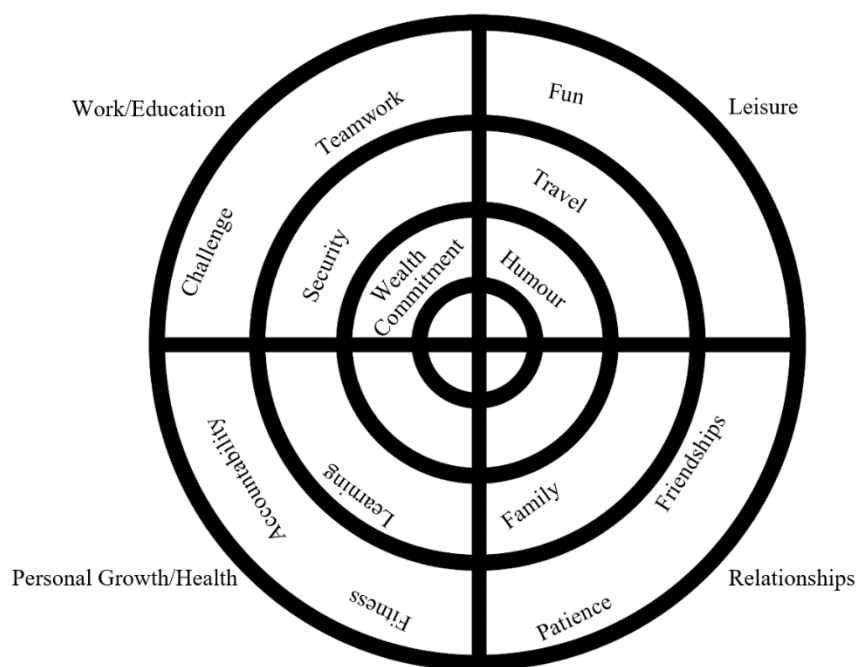
Contact with Values

Values in ACT are referred to as ‘qualities of action’ in that they are more like a direction than a destination (Hayes et al., 2013). For example, the value of ‘being a supportive parent’ is not something that can be obtained or achieved but is an ongoing process of values-congruent behaviour which may include such varied actions as offering advice, allowing opportunities to rebel, or attending sports events. Hayes et al. (2012) state that it is only in the context of values that the other ACT processes make sense, as we would not ask people to spend time, energy and effort on difficult private experiences and challenging situations if it is not in the service of developing a rich, full, and meaningful life. Unlike other therapy modalities ACT does not focus on symptom reduction as a goal and instead uses values-congruent goals as direction for therapy (Harris, 2008). For instance, rather than working toward the goal of reducing feelings of anxiety, ACT would focus on moving towards values-congruent goals and developing strategies to better manage feelings of anxiety that arise along the way. Clinically, values work may involve values clarification for individuals unsure what is

important or meaningful to them and may involve such exercises as asking clients to imagine what they would like their loved ones to say about them at their funeral. Values work may also involve exploring how aligned their current actions are with their values and identifying opportunities for change (e.g., Figure 4 demonstrates an example of the bull's eye exercise in which clients are asked to place their values on a 'bull's eye' separated into different domains of life, with values they are living fully marked toward the centre and values they are living inconsistently toward the edge) (Harris, 2009).

Figure 4

Example of the Bull's Eye Values Exercise



Committed Action

Hayes et al. (2012) explain the therapy's acronym 'ACT' is said as one word, rather than individual letters as a reminder that the approach encourages an active stance toward life. Harris (2008) points out that a rich, full, and meaningful life does not manifest simply by identifying values but rather through behavioural changes guided by those values. Committed action involves identifying

goals that move one in a valued direction and anticipating and making space for psychological barriers (Hayes et al., 2004). Committed action does not just refer to physical action and also involves mental behaviour such as choosing to make space for difficult feelings in acceptance or choosing to step back from unhelpful thoughts in cognitive defusion. Unlike values which can never be ‘achieved’, therapeutic goals can be attained through committed action and clinically may look similar to other therapeutic methods such as graded exposure in CBT. The difference, however, is that the exposure goals are not completed to reduce anxiety but rather to move toward values (e.g., a father takes concrete behavioural steps toward the goal of being both physically and mentally present and engaged at his daughter’s rugby game, actions that are guided by values such as family, love, challenge, and commitment) (Hayes et al., 2012).

Workability

Whilst the ACT model posits the processes of psychological inflexibility tend to result in psychological suffering, and the processes of PF tend to lead to a more rich, full and meaningful life, it rejects the categorisation of these processes into binaries of ‘good’ and ‘bad’. Rather, the ACT model rests on the concept of ‘workability’ which comes from the truth criterion of functional contextualism that states what’s true is what works (Hayes et al., 2012). In a therapeutic context ACT does not ask whether thoughts or behaviours are right or wrong, good or bad, but instead asks, is the behaviour workable? Harris (2009) asks clients “is what you’re doing working to make your life rich, full, and meaningful?” (p. 43). In ACT, it is not the behaviour, but the context which determines whether an action is workable (Hayes et al., 2012). Procrastination is a good example of unworkable action, whereby we may engage in behaviours to avoid uncomfortable thoughts and feelings associated with another task that may be nonetheless important and meaningful to us (e.g., watching a movie to avoid working on your thesis). However, it is perfectly conceivable that in a different context that same behaviour would align with your values and goals and thus be workable (e.g., watching a movie that aligns with values of leisure and enjoyment after completing work on your thesis).

Psychological Flexibility and Resilience

PF and resilience appear to be related but distinct constructs. Salandé and Hawkins (2017) explain that whilst there are conceptual similarities between the two constructs, such as healthy adaptation to difficult circumstances, there are important differences too. They state the key difference being that the definition of resilience includes reference to some external event or adversity, whereas PF is more concerned with responding to internal events such as thoughts, feelings, and physical sensations. Researchers have theorised that PF may act as a contributor to resilience. In other words, practicing PF may enable people to better adapt to adversity (Bryan et al., 2015). In studying the effects of PF in intensive care medical staff, Holmberg et al. (2020) state that within a contextual behavioural framework resilience could be defined as “the ability to continuously engage in meaningful activities that promote current and future quality of health, in the presence of pain and distress” (p. 2). They argue the conceptual similarities of this definition to PF imply it is a resilience factor.

In their paper on psychological interventions for patients with cancer Hulbert-Williams et al. (2015) theorise that engaging in ACT processes can help patients better manage their illness-related emotions and cognitions, therefore freeing up resources to improve resilience. Pakenham et al. (2018) delineate a similar theory when explaining their ACT based resilience intervention for people with multiple sclerosis, and Goubert and Trompeter (2017) put forward PF as a potential resilience mechanism alongside positive emotions and needs satisfaction in the treatment of chronic pain.

PF as a method of increasing resilience has been given more attention in recent years as researchers look for ways to foster resilience following new stressors caused by the COVID-19 pandemic. Several of these studies have demonstrated support for this hypothesis. For example, in their study of burnout, resilience, and PF in nurses during the COVID-19 pandemic, Jiménez-Fernández et al. (2022) found a significant correlation between measures of PF and resilience, as measured by the Acceptance and Action Questionnaire 2 (AAQ-2) and the 10-item Connor Davidson Risk Resilience Scale. Another study focusing on PF and resilience in nurses during the COVID-19 pandemic found a significant correlation between PF and resilience, also measured by the AAQ-2 and

the Brief Resilience Scale. Also investigating potential resilience mechanisms in the context of COVID-19, McCracken et al. (2021) concluded PF was an important resilience factor as it was negatively associated with symptoms of depression, anxiety, and insomnia.

Other examples include the development of the Personalised Psychological Flexibility Index which found that the adverse effects of stressful life events on emotional functioning was lower for individuals higher in PF (Kashdan et al., 2020). Further, PF has been found to be a mediator between resilience and quality of life and distress in a sample of people with multiple sclerosis (Pakenham et al., 2023).

Effectiveness of ACT

ACT is an empirically supported treatment modality with numerous studies demonstrating its effectiveness across a number of mental health conditions (1041 ACT RCTs have been completed as of mid-2023) (Harris, 2006; Hayes, 2023). Several meta-analyses have been conducted investigating the efficacy of ACT for specific mental health disorders and comparing ACT to other treatment approaches. Meta analyses by A-Tjak et al. (2015) and Powers et al. (2009) found that ACT was more effective than control groups but not more effective than established psychological interventions such as CBT. Similar findings were reported by Fang and Ding (2020) in their meta-analysis investigating the efficacy of ACT for children. Meta-analyses conducted by Öst in 2008 and 2014 were less favourable with the author concluding the methodology of ACT RCTs was less stringent than their CBT counterparts and that ACTs effectiveness is not yet well established for any mental health disorder. This perspective was critiqued in a response by Atkins et al. (2017) who contended Öst's 2014 meta-analysis was unreliable and biased toward CBT.

Bai et al. (2020) conducted a meta-analysis investigating the effectiveness of ACT for reducing depression symptoms and found ACT significantly reduced depression symptoms compared to control groups and at three-month follow-up. Stenhoff et al. (2020) found ACT was superior than control for all but one study in their meta-analysis of ACT interventions that assessed subjective wellbeing. In a recent review of meta-analyses the authors found ACT was efficacious for all disorders examined including anxiety, depression, and substance use (Gloster et al., 2020). A meta-

analysis of dropout rates found ACT had an aggregated dropout rate of 15.8 percent across included RCTs and the dropout rate did not differ significantly compared to other therapy modalities (Ong et al., 2018).

ACT demonstrated limited clinical efficacy across different therapeutic delivery methods. In their meta-analysis of the effectiveness of web-delivered ACT interventions Brown et al. (2016) found ACT demonstrated a small effect size for the treatment of depression and neared a small effect size for the treatment of anxiety, though was not found to be effective in improving quality of life. Similarly, Thompson et al., (2021) found small effect sizes for the effectiveness of internet-based ACT across all mental health outcomes in their meta-analysis. Wang and Fang (2023) conducted a meta-analysis of internet-based ACT for adolescents and reported mixed results with small but significant improvements in symptoms of depression and experiential avoidance and a non-significant improvement in anxiety, however no significant differences in symptoms of stress and wellbeing compared to controls. French et al. (2017) found self-help ACT had small effect sizes for the treatment of depression and anxiety, with improved outcomes with clinician guidance.

The majority of ACT research has focused on symptom outcomes which represents a limitation in the evidence base, as symptom reduction is not a primary goal of ACT (Stenhoff et al., 2020). Atkins et al. (2017) advocate for research which focuses on demonstrating theoretically consistent mediating processes which is more aligned with ACTs transdiagnostic approach.

A number of mediation studies have investigated the mechanisms by which ACT produces clinical outcomes. Stockton et al. (2019) reviewed twelve studies and found mediation results to be generally consistent with the PF model of ACT, with strong evidence that acceptance is a primary mechanism of change in ACT. A study by Ren et al. (2019) investigating the mechanisms of ACT using a meta-analytic structural equation model found significant meditation effects for PF, acceptance, contact with the present moment, and values, however, the effects of cognitive defusion were not significant. In a meta-analysis comparing ACT and CBT Ruiz (2012) concluded that overall ACT worked through its processes of change whereas CBT did not.

Research on the use of ACT with adolescents has been increasing in recent years with studies assessing the effectiveness of ACT across various difficulties including depression, anxiety, obesity, chronic pain, attention deficit hyperactivity disorder, autism spectrum disorder, post-traumatic stress disorder, anorexia nervosa, and obsessive compulsive disorder (Armstrong et al., 2013; Avdagic et al., 2014; Guerrini Usubini et al., 2022; L. Hayes et al., 2011; Heffner et al., 2002; Kemani et al., 2016; Murrell et al., 2015; Pahnke et al., 2014; Petts et al., 2017; Woidneck et al., 2014; Zack et al., 2014). Szabo and Dixon (2015) advocate for the use of ACT in educational settings and propose incorporating ACT skills into the curriculum. In a systematic review of ACT interventions in secondary schools Knight and Samuel (2022) found mixed results of the effectiveness of the nine programmes included in the study. The authors reported promising evidence of the effectiveness of school-based ACT interventions, though highlighted methodological weaknesses across the studies.

Whilst no published studies of school-based ACT interventions in Aotearoa were found in this review, there have been several studies completed in Australia. Strong Minds is an Australian schools-based mental health programme combining ACT and positive psychology and is offered to all students in years 10 and 11 (the equivalent of years 11 and 12 in NZ). A RCT of the programme in a Sydney high school demonstrated a significant reduction in symptoms of depression and anxiety for students with elevated symptom scores, compared to controls (Burckhardt et al., 2016). Another study from Australia evaluated the effectiveness of the ACT Experiential Adolescent Group, a manualised eight-week programme targeted at secondary school students. The study took place across five high schools with participants experiencing mild to moderate depressive symptoms nominated by school counsellors and invited to participate. The study showed there was significantly greater reduction in depressive symptoms and psychological inflexibility for participants in the ACT programme compared to students in standard care (i.e., monitoring support by the school counsellor) (Livheim et al., 2015). A feasibility study for an ACT universal prevention programme for adolescents conducted in Sydney Australia had less promising results, with no statistically significant differences found between students in the ACT versus control group (Burckhardt et al., 2017).

Summary

ACT belongs to a 'third wave' of behavioural therapies developed over the past two decades and was developed in part as a response to problems identified with traditional CBT. ACT is part of a wider strategy of scientific development known as contextual behavioural science and is informed by the theory of behaviour and cognition known as relational frame theory. The ACT model of psychopathology is conceptualised by six processes of psychological inflexibility which although are normal functions of a healthy human mind, cause considerable suffering. Counteracting these are the six processes of psychological flexibility which seek to bring private experiences under better contextual control in the pursuit of values congruent action. ACT has a strong evidence-base demonstrating its effectiveness for a number of different mental health conditions and populations, however, there is limited evidence of its effectiveness in a NZ context.

Chapter Four: Te Reo Tuakiri

Developed in 2021, Te Reo Tuakiri is a new resilience programme based in high schools across Aotearoa. The programme is run by M3, a bi-lingual social impact programme aimed at improving the mental health and resilience of students, teachers, and whānau across Aotearoa. There are 3 M's in their kaupapa (a set of values, principles and plans) that embrace the Māori wellbeing framework of te whare tapa whā. These are mindfulness (taha hinengaro/taha wairua), movement (taha tinana), and Māori narratives and stories (taha whānau) (Te Patu, 2022).

Te Reo Tuakiri in English translates to 'the language of one's true being' and speaks to the hoaketanga (objective) of the programme being to "...teach students to stand in their mana - own who they are!" (Te Patu, 2022, p.15). The programme does this by teaching rangatahi resilience skills over 20 weeks, which they first learn themselves, then teach to tamariki (children) of a neighbouring primary, pre-school or kōhanga (Māori preschool) (M3 Mindfulness Ltd, 2021). The content has been developed from evidence-based approaches including te whare tapa whā, mindfulness, and ACT (Durie, 1985; Hayes et al., 2006). The resilience skills taught in the programme will be detailed in the Te Reo Tuakiri programme manual and session plans section in the following chapter.

Development of Te Reo Tuakiri

Te Reo Tuakiri is the amalgamation of two different but complimentary resilience programmes, Mindsets and M3 Mindfulness for Children. The development and history of evaluation for both programmes will be outlined below.

Mindsets

Mindsets was a school-based resilience programme, developed by the social enterprise arm of the mental health NGO Connect Supporting Recovery. Connect Supporting Recovery merged with fellow mental health NGO Framework Trust in 2019, emerging as Ember Services Limited. To avoid confusion, I will refer to Connect Supporting Recovery as Ember when referencing Mindsets development.

Mindsets was developed in 2012 in response to several local schools approaching Ember for support to build the resilience capacity of their young people. The schools recognised students in years 12 and 13 especially were struggling to cope with the unique stressors in their daily lives such as academic pressure, interpersonal difficulties including bullying, and symptoms of anxiety and depression (Mindsets, 2018). The programme was co-designed with young people and developed by Ember psychologists and expert facilitators. Mindsets took a universal and preventative approach, offering the programme to all students in years 12 and 13, not just those deemed ‘high risk’ (Cowpewart, 2017). The Mindsets facilitator manual (2018) explains Mindsets’ focus is on universal promotion of positive mental health and not just the treatment of disorder. Mindsets’ content was largely based on ACT with some elements of positive psychology, counselling psychology and Māori models of wellbeing (Cowpewart, 2017).

The programme initially ran as 7 two-hour activity-based sessions, plus an introductory session (Cowpewart, 2017). However, in response to feedback from schools and students, Mindsets underwent a major revision across 2017 and early 2018. The programme became more streamlined, comprising of 6 one-hour sessions, with “...higher quality and more interactive resources and places greater acknowledgment of Te Ao Māori to recognise te Tiriti o Waitangi commitments” (Mindsets, 2018, p.6). Following this revision Mindsets hired Dovetail, an independent research and evaluation organisation, to assess the impact the programme was having in schools (Mindsets, 2018). Dovetail evaluated Mindsets programmes across 2018 and 2019, utilising pre and post measures of resilience using the Resilience Scale (RS), student feedback surveys, and focus groups with school staff, students, and Mindsets facilitators (Crocket et al., 2018, 2019; Wagnild & Young, 1993). Results showed student resilience scores on the RS significantly increased after completing the programme, moving from the Low to Moderate range. Feedback from student focus groups was generally positive and staff saw improvements in students’ coping skills and attendance (Crocket et al., 2019).

Following the merger of Connect Supporting Recovery and Framework Trust in 2019, Ember set up Ember Innovations, an entity within the larger NGO that focused on fostering mental wellbeing projects outside of traditional government funded models. Rather than run interventions inhouse,

Ember Innovations decided to focus their efforts on connecting, supporting, and advocating for community starts ups with a focus on mental health. Consequently, in 2021 the Mindsets programme was gifted to M3 and incorporated into their already established M3 Mindfulness for Children programme running in schools to become Te Reo Tuakiri (Ember Innovations, 2023).

M3 Mindfulness for Children

M3 Mindfulness for Children was developed by Jase Te Patu, an award-winning wellbeing advocate, public speaker, and accredited yoga, meditation, and mindfulness facilitator (Te Patu, 2022). In 2017 Jase discovered the power of mindfulness to help tamariki and rangatahi better manage difficulties such as anxiety and depression after he was asked to teach yoga to a class of Māori and Pacific students (TEDx Talks, 2019). In 2018, Jase started M3 Mindfulness for Children, an educational programme that taught mindfulness and breathwork through themes of Māori pūrākau (Māori legends) to children in early childhood, primary, and secondary education settings (Te Patu, 2020). In September 2021, Ember Innovations approached Jase about partnering with M3 to provide practical tools to rangatahi after recognising the impact M3 Mindfulness for Children was already making in this space. Ember Innovations gifted Mindsets to M3 and supported Jase to evolve and scale the programme, blending the mindfulness, pūrākau, and Te Ao Māori perspective of M3 Mindfulness for Children with the ACT informed activities of Mindsets. What emerged was Te Reo Tuakiri, a resilience programme with a Māori approach to knowledge sharing. Rather than just working with rangatahi, Te Reo Tuakiri utilises a tuakana-teina (relationship between an older person and a younger person) approach, teaching resilience skills to rangatahi and empowering them to share these tools with tamariki in their community (Ember Innovations, 2022).

Evaluation of Te Reo Tuakiri

This research project represents the first evaluation of the Te Reo Tuakiri programme. I began this research project in 2019 with the intent to evaluate the Mindsets programme. However, this plan was put on hold due to school closures during the COVID-19 pandemic and Ember Innovations decision to no longer run interventions inhouse. Graciously, Jase Te Patu agreed to let me continue my

research project with M3 and adapt the study to evaluate the newly created Te Reo Tuakiri programme. The specifics of this evaluation will be detailed in the following methods section.

Chapter Five: Method

In this study I sought to investigate how ACT is experienced, understood, and practiced in the context of the Te Reo Tuakiri programme. Further, this study endeavours to explore the potential impact of the programme for participants and better understand its cultural applicability. This chapter outlines the factors involved in completing this research project and includes the research paradigm, aims and hypotheses, participants, procedure, quantitative and qualitative design and analyses, Te Reo Tuakiri session plans, and ethical considerations of the study.

Research Paradigm

This study was informed by the paradigm of functional contextualism (FC) which provides the philosophical foundation for ACT and informs the intervention's ontological and epistemological perspective (Vilardaga et al., 2007). FC has its roots in post-Darwinian American pragmatism (Hayes et al., 2012). The main feature of pragmatism is the assertion that ideas are not 'out there' waiting to be discovered, but rather are like tools, created by groups of people to cope with the particular context of their world. Pragmatism was influenced by evolutionary theory, positing that ideas worked in a similar way to natural selection "...truth in our ideas means their power to 'work'" (Biglan & Hayes, 2016, p.38).

FC takes an a-ontological position, reflecting a practical imperative that posits 'truth' is what works. The goal of FC is the prediction-and-influence of behaviour, so whilst FC doesn't deny an absolute truth, since such truth claims do not affect whether something 'works', they are simply put aside (Biglan & Hayes, 2016). FC assumes an individual's social and physical environments continually shape human behaviour, and therefore a study of behaviour must include its social and historical contexts (Boone et al., 2015). As 'truth' is only knowable within a specific context FC adopts a pragmatic epistemology whereby ideas become true through their successful working. Using ACT as an example, Hayes (2004) explains that the therapy modality is designed to meet certain ends and therefore is only 'true' in its ability to do so.

The goal of scientists working from a FC perspective is "...the development of an organised system of empirically based concepts and rules that allow behavioural phenomena to be predicted and

influenced with precision, scope and depth” (Biglan & Hayes, 1996, p. 50). Boone et al. (2015) describe the core components of working from a FC perspective as: focus on the whole event, sensitivity to the role of context in understanding the nature and function of an event, emphasis on a pragmatic truth criterion (i.e., ‘truth is what works’), and specific scientific goals against which to apply that truth criterion (Fox, 2006).

In line with FC’s focus on pragmatism, the value of a particular methodological approach is to be found in its usefulness to the goals of the particular analysis. As truth is defined as what works in FC, it is important to state scientific goals a-priori in order that the methodological approaches are held accountable to those goals (Vilardaga et al., 2009).

Aims and Hypotheses

As FC contends ‘truth is what works’ it is especially important to state research goals and hypotheses prior to conducting research. ‘What works’ is contextually dependent, so it is important to verbally state what is meant by ‘successful working’ in this context so that the results can be evaluated against specific criteria (Hayes, 2015).

Biglan and Hayes (2016) contend that FC’s aim of prediction and influence with precision, scope, and depth, can contribute to beneficial social outcomes. This is through identifying environmental factors that influence and predict behaviour that is beneficial to human wellbeing. The focus on manipulating environmental factors in psychology is necessary as peoples’ internal processes like resilience or PF cannot be directly manipulated. However, we can alter peoples’ contexts in ways that reinforce resilient or psychologically flexible behaviours.

In the context of this study the Te Reo Tuakiri programme represents the environmental factor we are manipulating (i.e., the independent variable). The Te Reo Tuakiri programme aims to, among other things, increase participant resilience. One hypothesised mediator of increases to resilience (alongside other potential mediators such as Te Ao Māori models of wellbeing) are the ACT processes taught throughout the programme.

One aim of this study is to investigate the effect of the Te Reo Tuakiri programme on the variables of resilience and PF (i.e., the dependent variables). This aim is expanded upon via the following hypotheses:

- Hypothesis 1: Psychological inflexibility as measured by scores on the Acceptance and Action Questionnaire 2 (AAQ-2) will decrease across the programme. It is expected that participants' engagement in the ACT processes taught throughout the programme will increase their PF, and in turn, decrease their psychological inflexibility.
- Hypothesis 2: Resilience as measured by scores on the Resilience Scale (RS) will increase across the programme. It is expected that the content of the Te Reo Tuakiri programme, including ACT processes, will increase participant resilience.
- Hypothesis 3: There will be an inverse correlation between scores on the RS and the AAQ2, that is, as psychological inflexibility scores decrease, resilience scores will increase. This trend is hypothesised because it is anticipated that engaging in ACT processes will have a beneficial influence on participants' ability to act resiliently.

Another aim of this study is to investigate participants' experiences, understandings, and practices of ACT processes as taught in the Te Reo Tuakiri programme. This aim will be explored in the qualitative portion of this study via focus groups with the participants and Te Reo Tuakiri facilitators. It is hypothesised that if ACT processes are having an impact on participant resilience, then the students and facilitators should communicate ACT congruent experiences, understandings, and practices when discussing the Te Reo Tuakiri programme.

The final aim of this study is to investigate the cultural appropriateness of the Te Reo Tuakiri programme. This aim will also be explored in the qualitative portion of this study via focus groups with participants and Te Reo Tuakiri facilitators.

Participants

All students attending the two Te Reo Tuakiri programmes that ran in Tamaki Makaurau (Auckland region) in 2022 were invited to participate in the research. These programmes were

conducted in two secondary schools in South and East Auckland. The schools will not be named to protect participant confidentiality and will be referred to as school A and school B.

Prospective participants were selected by the schools and comprised of students in years 11 to 13 (ages 15 to 18). Participant demographics were not collected as part of this study, however, data collected from Ministry of Education's Education Counts website report 57 percent of students at school A identify as Māori, 28 percent identify as Pacific, 7 percent identify as Asian, 6 percent identify as Pākehā, and 2 percent identify as Other, with 49 percent identifying as female and 51 percent identifying as male. At school B 100 percent of students identify as Māori with 56 percent identifying as male and 44 percent identifying as female (New Zealand Government, 2022). Before 2023, schools in Aotearoa were sorted via a decile system. This system was used for funding purposes and measured the extent students came from a low socio-economic community. Approximately 10 percent of schools fit in each decile from one to ten, with decile one schools representing schools with the highest proportion of students from low socio-economic communities and decile ten schools representing the schools with the lowest proportion of students from low socio-economic communities. From 2023 a new funding system called the Equity Index will replace the decile system (Ministry of Education, 2022a). As of July 2022, school A had a decile rating of one and school B had a decile rating of two (Ministry of Education, 2022b).

There were no inclusion/exclusion criteria for participating in the research, however, M3 does inform schools the Te Reo Tuakiri programme is not suitable for those suffering from acute unwellness or a recent traumatic event (Te Patu, 2022).

At school A 30 students participated in the quantitative portion of the study. Of those students eight completed pre and post measures and six completed pre, mid, and post measures. Fifteen students at school A participated in the qualitative portion of the study. This included 13 at the initial focus group and four at a follow up focus group (two of which also attended the initial focus group).

At school B 28 students participated in the quantitative portion of the study. Of those students 11 completed pre and post measures and 10 completed pre, mid, and post measures. Sixteen students at school B participated in the qualitative portion of the study.

The qualitative portion of the study also included a focus group with the three facilitators of the programme.

Procedure

Prior to meeting with the rangatahi I discussed the research with the schools involved and obtained consent from a school representative ([see Appendix A](#)). A week prior to the beginning of the programmes I visited the schools to explain the purpose of the research, obtain informed consent, and administer the initial psychometric measures. When meeting with the rangatahi I introduced myself using my pepeha (Māori introduction) and explained the purpose of the research and what would be involved. Information sheets and consent forms were distributed and signed ([see Appendix B](#)). As some students were under the age of 16, additional information sheets and opt-out forms were provided for students to give to their caregivers ([see Appendix C](#)). At this time no opt-out forms have been returned to the research team. Following this the two psychometric measures were distributed and completed by the participants. I made myself available for questions and it was noted that some students struggled with reading and comprehension and therefore needed assistance to complete the measures. At the mid-way point of the programmes, I again visited both schools to re-administer the two psychometric measures.

A week after the completion of the programme myself and a co-facilitator visited both schools to conduct focus groups and administer the final psychometric measures. At schools A and B all students in attendance were invited to participate in the focus groups. These sessions were opened and closed with karakia (prayer), and a blessing was performed for the kai (food) provided by the research team. Information sheets and consent forms were distributed and signed ([see Appendix D](#)). The focus groups were audio recorded and lasted approximately 50 minutes. The focus group at school A generated more discussion and feedback compared to school B so the decision was made to return to school A for a second focus group to gather further insights that time may not have allowed for

initially. Four students were selected by the class teacher of which two attended the previous focus group and two did not. This focus group followed a similar format, however, as it was a smaller group the decision was made not to include a co-facilitator.

A final focus group was conducted on Zoom with the three facilitators of the Te Reo Tuakiri programmes at schools A and B ([see Appendix E for the facilitator information and consent forms](#)). This focus group was also audio recorded and lasted approximately one hour. The audio from each focus group was listened to and transcribed by myself.

Study Design

In line with the pragmatic approach of FC, this study used a mixed-methods approach to data collection and analysis. Inclusion of both quantitative and qualitative methods allowed for more investigative tools to understand ‘what works.’ Quantitative methods were chosen to provide precision to the analysis, whereas qualitative methods were chosen to add important scope and context.

Quantitative

The quantitative portion of the study used a repeated measures design (within-subjects) with two psychometric measures administered pre, mid, and post, programme. The measures were chosen as most suitable to provide information on the variables of interest (i.e., PF and resilience) whilst considering factors such as reliability, validity, administration, and suitability for our sample. The data was analysed through descriptive statistics, repeated measures ANOVA, effect sizes, and correlation.

Self-Report Measures

The Resilience Scale. The Resilience Scale (RS) was developed in 1993 as a direct measurement of individual resilience. The measure is a self-report questionnaire that asks respondents to state the degree to which they agree or disagree with 25 statements on a seven-point scale from one (disagree) to seven (agree). The statements selected drew on the resilience literature of the time and a 1987 qualitative study of older women who had adapted successfully following a recent loss. The authors report the measure has demonstrated consistent reliability with alpha

coefficients ranging from 0.84 to 0.94 and is positively correlated with measures of related constructs including optimism, self-efficacy, self-esteem, and effective coping (Wagnild, 2009).

The RS appears to have had the widest application of available resilience scales, and has been used with adolescents, younger and older adults (Windle et al., 2011). Furthermore, the scale's reliability and validity has been tested successfully with non-Western populations and has been used to evaluate youth development programmes in Aotearoa with both Māori and Pākehā participants (Arahanga-Doyle et al., 2019; Furness et al., 2017; Oladipo & Idemudia, 2015; Scarf et al., 2016). In a review of six instruments measuring resilience, Ahern et al. (2006) found the RS to be the most appropriate measure of resilience in adolescents. However, Windle et al. (2011) argued against the inclusion of the RS as a measure of resilience in adolescents. The authors argued best practice should involve target populations in item selection and development. Whilst the RS scored higher on a quality assessment than competing measures used in adolescent populations, Windle et al. (2011) recommended using measures developed with adolescents over the RS.

The RS was purchased for use by Mindsets in 2016 and has been used as an outcome measure since then. In 2018, as part of an external review of the Mindsets programme, an additional subjective resilience question was added to the RS: "In general I can cope through challenging times". The subjective resilience question showed general increases from the pre and post measures and correlated with the RS (Crocket et al., 2018). M3 has decided to continue using the RS as an outcome measure for the Te Reo Tukakiri programme (Te Patu, 2022) ([see Appendix F](#)).

The Acceptance and Action Questionnaire-2. The Acceptance and Action Questionnaire 2 (AAQ-2) is a seven-item questionnaire which assesses the construct of PF (Bond et al., 2011). PF is defined as "the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends" (Hayes et al., 2006, p. 7). PF is established through the six core ACT processes of acceptance, present moment awareness, values, cognitive defusion, self-as-context, and committed action (Batink et al., 2016) ([see Appendix G](#)).

The AAQ-2 has sound factor structure, good reliability and validity, and has psychometric properties that are stronger and more stable across different groups than its predecessor (Bond et al.,

2011). The AAQ-2 has showed further promise in independent evaluations and has been adapted for several specific problems, populations, and languages (Fledderus et al., 2012). The AAQ-2 is the most widely used measure of PF. The measure was not designed to diagnose mental disorders but rather to assess PF and evaluate treatment results (Pinto-Gouveia et al., 2012). The measure asks respondents to rate seven statements on a Likert scale from one (never true) to seven (always true). The scale is scored by summing the seven items, with higher scores indicating greater levels of psychological inflexibility. Bond et al. (2011) suggest a score above a range of 24-28 as a preliminary cut off to indicate clinically relevant distress.

A review of relevant literature did not identify a study assessing the suitability of the AAQ-2 for NZ populations, nevertheless, the measure has been used in several studies in Aotearoa and across a range of ethnicities, including Māori and Pacific peoples (Berthelsen, 2019; Boucher et al., 2016; Shields et al., 2016; Walker, 2017). Whilst the measure has been adapted successfully for other ethnicities including Swedish, Turkish, Malay, and Hungarian, consideration should be taken when applying this measure to indigenous populations considering the measure was developed with a largely white sample group (Cederberg et al., 2018; Eisenbeck & Szabó-Bartha, 2018; Shari et al., 2019; Yavuz et al., 2016).

Quantitative Data analysis

Quantitative data was analysed using the statistics software JASP (which stands for Jeffrey's Amazing Statistics Programme in reference to British mathematician Sir Harold Jeffreys) (JASP Team, 2023). Analyses conducted included descriptive statistics, repeated measures analysis of variance (ANOVA), effect sizes, and correlation. Effect sizes were interpreted as small (0.2), medium (0.5), and large (0.8) (Cohen, 1992). The decision was made to only include data from participants who completed the measures at all three time points in the final analyses in order to retain the within-subjects design.

Missing data. Fourteen participants had measures excluded from the final data set. Reasons for data exclusion included the following: Any completed measures with no corresponding consent form were excluded (n13). Any measures of the RS with more than two missing data points were

excluded (n1). For responses on the RS with two or less missing data points, responses were substituted by marking the least favourable response if two items were endorsed adjacent to each other (n1). If the respondent endorsed more than two responses or if the responses endorsed were not adjacent to each other, the missing data points were substituted with the mean of the completed items of the scale (n17) (Siddiqui, 2015; Wagnild, 2009). No missing data points were found on the AAQ-2.

Qualitative

The qualitative portion of the study comprised of four semi-structured focus groups, two at school A, one at school B, and one with the programme facilitators. The focus groups concentrated on investigating participants' knowledge and application of ACT processes, alongside their cultural applicability, and their potential impact ([See appendix H for semi-structured focus group schedules](#)).

Qualitative Data Analysis

The focus group data was analysed using thematic analysis (TA). TA is a method for "...identifying, analysing and interpreting patterns ('themes') within data" (Braun & Clarke, 2006, p. 79). Through a FC perspective knowledge is shaped by context and therefore cannot be separated from the researcher's values, perspectives, and practices. Therefore, reflexive TA was chosen as the most appropriate method for analysing the focus group data. Reflexive TA involves critical reflection of the values, perspectives, and practices the researcher brings to the analysis. Whilst other forms of TA see researcher subjectivity as a problem to be managed (e.g., via inter-coder reliability measures) reflexive TA treats it as a resource (Braun & Clarke, 2022).

This study used Braun and Clarke's (2022) six phase process of reflexive TA as a guide. These phases include: 1) familiarising yourself with the dataset, 2) coding, 3) generating initial themes, 4) developing and reviewing themes, 5) refining, defining, and naming themes, and 6) writing up. Braun et al. (2022) highlight that this approach should not be followed mechanistically, but rather, may inform a reflexive and contextually situated process. How this process unfolded for me is detailed below:

The first phase involved familiarising myself with the dataset. This was achieved by listening to the focus groups in full, transcribing the focus groups, and making initial notes. The initial focus groups at schools A and B were at times difficult to understand clearly. This was due to interference, such as participants speaking over one another and background noises such as eating. To counter this, I utilised the audio software programme Audacity to isolate certain sections of the audio which were difficult to hear, improve the sound quality, and increase the volume (Audacity Team, 2022). Whilst a small portion of the audio was not able to be recovered, this process also necessitated listening intently and repeatedly to these focus groups, which I believe ultimately improved the familiarisation process. Through this process I noticed data that was not picked up on when I initially listened to the focus groups. I also began the process of interpreting what the participants were saying and making broad notes of my reflections, including consideration of how I felt during the focus groups and what perspectives I was bringing to the experience.

Once the focus group audio was transcribed and initial notes were made, I began coding the data. I initially used the qualitative data analysis software package NVivo, however, found coding using this approach difficult to engage with (QSR International Pty Ltd., 2020). Preferring a more tactile approach I decided to print the transcripts and code by hand, writing initial codes in the margin next to the associated section of the transcript. I then recoded using Microsoft Word, adding codes to associated text using the 'comments' function. I was then able to review both code versions and reflect on any differences and give more attention to extracts with fewer codes to ensure I was not overlooking portions of the data. During this phase I also tried to keep my research question firmly in mind to ensure the codes I was generating were relevant.

Following this I began the process of grouping codes that appeared to share meaning into potential themes. Again, wanting a tangible way to manipulate the data, I printed off each code and began organising the pieces of paper into related groups. Having this visual map allowed me to shift codes around more easily and try out different groupings. To further organise this phase (and allow me to use the dining table again) I transferred the grouped codes to an excel document, allocating each potential theme a separate sheet and included the associated codes and data extracts in each. Through

this process I merged some connected themes together and let go of others, that although were interesting, did not relate to my research questions or did not have enough data to stand on their own.

The next phase involved developing and reviewing themes. To help provide structure I grouped all the data extracts from each potential theme into separate word documents and read through them again. This process allowed me to consider how each extract related to the broader theme in mind, which extracts fit and did not fit within the theme, where the boundaries of my theme were, how each theme related to the other themes, and how they related to my research questions. During this phase I also wrote summaries clarifying the central concept of each theme and related these to the dataset as a whole, and the general story I was constructing. This process also assisted in finally naming the themes as it helped me to articulate the gist of each theme and translate this into a suitable definition.

The final phase consisted of writing up the analysis. This phase involved choosing which data extracts to include in the final analysis. At times it was difficult to choose which participant extracts to include as the type of data generated in each focus group differed. For instance, participants at school B were observed to be less talkative than participants at school A, and therefore the data extracts from school B felt more surface level. I attempted to find a balance in the final analysis in selecting extracts that both evidenced my interpretive account and reflected a pattern across the entire dataset.

Perhaps because this was my first experience conducting TA, I noticed some trepidation in interpreting the data, not wanting to veer too far from the participant's own voices. This meant my initial drafts was overly descriptive and lacked the interpretation required to successfully show how I was making sense of the data. Leaning into the concept of researcher subjectivity as a strength helped me to embrace the interpretive process. Because my history, beliefs, and values were inextricably tied into the interpretive process, an 'accurate' reflection of participant perspectives was impossible. Instead, I attempted to reflexively 'own my perspectives' and utilise my unique interpretive point of view to generate a useful story that made sense of the data in the context of my research questions (Braun & Clarke, 2022).

Reflexivity statement

In the ACBS Task Force report on the strategies and tactics of contextual behavioural science research, Hayes et al., (2021) call on researchers to bring awareness and attention to their own biases and worldviews. They state that as no one is without bias, research and its outcomes are “...likely to reflect the bias of those who participated in its creation” (p. 180). Whilst we cannot separate ourselves from our unique context, we can endeavour to be reflexive about our positionality and transparent about its potential impacts on the research process.

I belong to many of the dominant demographic groups in Aotearoa (e.g., Pakeha, male, cisgender, heterosexual). Aotearoa has clear ethnic and cultural disparities across a number of social outcomes including health, socioeconomic status, housing, and education (Marriott & Alinaghi, 2021). Belonging to these dominant groups affords me privileges that are not shared with marginalised communities. As detailed in chapter one, mental health difficulties are worsened for rangatahi who belong to one or more marginalised groups (i.e., Māori, Pacific, rainbow, and disabled young people) (Roy et al., 2021). My demographics placed me in contrast with the participants of this study, who were largely Māori and Pasifika, and lived in low socioeconomic areas.

This study could be considered ‘outsider research’ in that I do not share many of the characteristics of the participants of this study (e.g., ethnicity, culture, age) (Hayfield & Huxley, 2015). However, I have also had experience facilitating similar resilience programmes in high schools, and so the setting and content was familiar to me. In this sense, especially during the facilitator focus group, I perhaps felt more aligned with ‘insider research’. Hellowell (2006) argues that rather than necessarily being two distinct positions, it may be more useful to think of insider/outsider research as existing on a continuum, which can shift and change throughout the research project.

My positionality likely had several impacts on this study. For instance, being a pakeha coming into a Māori setting I was likely perceived as an ‘outsider’ which may have had implications for building trust and rapport with participants. I also have limited knowledge of Te Ao Māori which likely restricted opportunities for shared understanding in the focus groups, and culturally informed

interpretation in the analysis. Another consideration is my professional and personal experience with ACT. I tried to be reflexive throughout the research process and mindful that my personal endorsement of the modality did not affect my ability to think and write critically about the approach.

Te Reo Tuakiri Programme Manual and Session Plans

The following section details the content of the Te Reo Tuakiri programme as detailed in the M3 programme manual (Te Patu, 2022). As it is the focus of this study more detail will be given to the components of the programme that have an ACT foundation. No ACT processes are formally named throughout the programme, but are instead taught through activity-based exercises, discussions, and facilitator modelling. Each session takes approximately one hour.

Session One:

- Karakia
- Facilitator and student introductions
- Intro to M3 – What is the Te Reo Tuakiri programme?
- Mindfulness exercise
- Close session with karakia
- Homework: What is your Whakapapa?

The first session begins with karakia, an opportunity to whakanoa (spiritual clearing) the mahi (to work) of the programme and bless the taonga (treasure) – the pounamu (greenstone) that acts as a ‘talking stick’. All sessions begin and end in a circle so participants can be seen and heard whilst the taonga is passed around as a sign that it is the holders turn to speak.

The facilitators then introduce themselves by saying their name, the meaning of their name, and an emotion they are currently feeling. The participants are then encouraged to introduce themselves in the same way. This process is intended to foster whānaungatanga (connection) and allow participants their first opportunity to stand in their mana (spiritual power) in the programme.

Introductions are followed by a brief rundown of what the programme will look like. The facilitators explain that during the first 10 weeks the rangatahi will learn skills to build resilience, lower stress and anxiety, and move through strong emotions. The participants will also learn pūrākau

in smaller groups which they will go on to teach tamariki from neighbouring preschools for the remaining 10 sessions.

The session ends with the students first introduction to mindfulness with a mindful breathing exercise. The breathing exercise encourages ACT processes of present moment awareness and acceptance by asking students to notice their breathing and offering prompts such as “can you be in your own space?” (Te Patu, 2022, p.22).

The session closes with karakia and for homework participants are encouraged to explore their whakapapa (genealogy) and do some research on where their family is from.

Session Two:

- Karakia and one-word check-in
- Create kawa (protocol) for the programme
- Name ball game
- Whakapapa conversation
- Leaves on a stream exercise
- Introduce journals
- Mindfulness exercise
- Close session with karakia
- Homework: Notice ‘downward thinking’ in your life and how it affects us

All sessions from this point open with karakia and participants are encouraged to share one word that describes how they may be feeling.

The facilitators then lead a discussion about the protocol or guidelines for the group, using the acronym CORE as a starting point. This stands for confidentiality, openness, respect, and encouragement. Space is given for the rangatahi to re-negotiate the CORE guidelines and offer additional suggestions. The Te Reo Tuakiri manual states the only non-negotiable item is confidentiality which they describe as “what is said in the group stays in the group” with exceptions being if any person is at risk of harm or if mandated by the court (Te Patu, 2022, p.23).

The name ball game is a fun energiser activity that asks participants to make eye contact with someone else and throw the ball to them. More balls are gradually introduced increasing the energy, pace, and complexity of the game. Facilitators then encourage discussion about how increasing demands can affect emotions such as anxiety and relate this to the demands that may be occurring in their own lives.

The whakapapa conversation is an opportunity for rangatahi to discuss and explore their sense of belonging and share where they come from. The M3 facilitator manual explains that in order for students to feel comfortable standing in their mana they must know where they come from.

The leaves on a stream activity as taught in the programme is an adaptation of the popular guided mindfulness meditation of the same name. The meditation asks one to imagine themselves sitting by a stream and visualise each thought that arises, whether pleasant, unpleasant, or neutral, as written on a leaf that is flowing down the stream. The meditator is instructed to watch the leaves float by and refrain from trying to manipulate the leaves in anyway (e.g., trying to hurry them down the stream). This meditation encourages four ACT processes including self-as-context (imagining an ‘observing self’ sitting under the tree), cognitive defusion (looking at thoughts as leaves rather than representations of reality), acceptance (refraining from manipulating the leaves), and present moment awareness (bringing attention to thoughts as they arise) (Varra et al., 2009).

The leaves on a stream exercise in the Te Reo Tuakiri programme introduces the concept of ‘upward thinking’ described as thoughts that help me behave like the person I want to be, and ‘downward thinking’ described as thoughts that lead me away from the person I want to be. Facilitators ask rangatahi for an example of a challenging situation in their lives (e.g., an upcoming exam) and together they brainstorm thoughts that may arise which either bring them closer to who they want to be (e.g., “I can try my best”) or away from who they want to be (e.g., “I’m going to fail”). The thoughts are then written on cut out leaves and placed on the ground with ‘upward thoughts’ placed above the challenging situation in the middle and ‘downward thoughts’ placed below. The participants are encouraged to explore different ways of focusing their attention on the leaves (e.g., just on the upward leaves, just on the downward leaves, on all the leaves at once, from up close,

and far away) and to notice any changes to their emotional state whilst doing so. The emphasis is on shifting attention from ‘downward thinking’ thoughts to ‘upward thinking’ thoughts rather than trying to generate positive thoughts. This exercise incorporates ACT processes such as present moment awareness and cognitive defusion by asking participants to notice their thoughts and feelings in the present moment and to bring awareness to the process of thinking and encouraging students to explore different ways of looking at their thoughts.

Following this exercise, the facilitators provide each participant with a journal and explain that there will be opportunities for the students to write down their learnings in their own words during sessions. The journals are collected by the facilitators at the end of each session for safe keeping. The second session ends with another mindful breathing exercise and closes with karakia. For homework participants are asked to notice ‘downward thinking’ in their life and how it affects them.

Session Three:

- Karakia and one-word check-in
- Emotions line activity
- RAIN exercise
- Pūrākau
- Mindfulness exercise
- Close session with karakia
- Homework: Notice how you physically feel your emotions

The emotions line activity is another energiser exercise which aims to build awareness of emotions and how they can vary in intensity. The rangatahi are asked to stand in a circle and choose an emotion (joy, sadness, fear, anger, and disgust are provided as prompts). The first person expresses the emotion in a small way and passes the emotion to the next person who amplifies it slightly, until the last person in the circle exhibits the emotion as big as it can be. This activity incorporates ACT processes of present moment awareness and acceptance of emotions by encouraging students to notice how they are feeling and allow themselves space to feel and express the emotion.

Following this exercise the rangatahi are introduced to the acronym RAIN which stands for recognise (i.e., noticing and naming an emotion), accept or allow (i.e., dropping the struggle with the emotion and allowing it to be there), investigate (i.e., becoming curious about where and how the emotion manifests in their bodies), and nurture (i.e., responding to their emotion in a kind, caring way and looking after themselves) (Brach, 2017). The group then spends time individually completing the RAIN exercise in their journals focusing on an emotion they commonly struggle with. The RAIN exercise also features several ACT processes including present moment awareness (e.g., noticing how one is feeling), acceptance (e.g., allowing the emotion to be there and being willing to bring curious attention to the emotion rather than avoiding it or pushing it away), committed action (e.g., responding consciously to the emotion rather than reacting), and self-as-context (e.g., viewing oneself as separate from one's private experiences).

Students are then divided into three groups where they will work together to create a pūrākau which involves creating movements to accompany a traditional Māori narrative. Each group nominates both a writer and a kaiwhakahaere (organiser) to be the leader of the group. Session three ends with a mindfulness exercise that asks the rangatahi to notice and observe their thoughts in the present moment. The students are encouraged to notice any connections between their thoughts and their emotional and physical state. The session closes with karakia and for homework participants are asked to investigate how their emotions may affect their physical body.

Session Four:

- Karakia and one-word check-in
- Journal RAIN
- Values card sort
- Choice point exercise
- Pūrākau
- Mindfulness exercise
- Close session with karakia

From session four onwards students begin each session by spending time individually completing the RAIN exercise in their journals, focusing on an emotion they are currently feeling.

For the values card sort exercise students are split into groups and given sets of values cards to look through and choose their top five values to write in their journals. Values are described to the group as chosen life directions. The metaphor of values being like stars for Māori ancestors to navigate their wakas across the Pacific Ocean is used to demonstrate how values can provide them with direction in their own lives.

The values card sort flows nicely onto the choice point exercise. The choice point is an ACT model developed by Ciarrochi et al. (2015) which asks participants to think about a challenging situation they are facing and while doing so notice their inner experience, especially any difficult thoughts, feelings or sensations that are showing up. Rather than getting caught up by these difficult inner experiences the rangatahi are encouraged to consider which values, tools, and strengths may be helpful for responding to this challenge and assist them in moving toward the person they want to be. Facilitators first go through an example of the model together as a group and then the rangatahi are encouraged to discuss the model in small groups. Both the values card sort and the choice point exercise highlight the ACT processes of values and committed action.

The participants then get into their pūrākau groups and refine their stories using butcher paper and assign roles for each student to present. This is followed by a mindfulness breathing exercise and students are then given five minutes to write down any reflections from the session in their journals. The session closes with karakia.

Session Five:

- Karakia and one-word check-in
- Journal RAIN
- Dancing
- Te whare tapa whā
- My support network exercise
- Pūrākau
- Mindfulness exercise
- Close session with karakia

Following karakia and RAIN the rangatahi are encouraged to choose an upbeat song to dance to. This is another energiser activity that encourages movement and vulnerability.

The dancing exercise is followed by a discussion of holistic health as outlined by the Māori model of wellbeing te whare tapa whā. Developed by Sir Mason Durie (1985), this model uses the wharenuī (meeting house) as a metaphor for the four dimensions of Māori wellbeing consisting of taha tinana (physical health), taha hinengaro (mental health), taha wairua (spiritual health), and taha whānau (family health). Emphasis is placed on the importance of cultivating wellbeing in each section of te whare tapa whā to foster resilience. Students are prompted to discuss which areas they may be doing well in and which areas they may need to work on. The facilitators introduce the concept of self-compassion/kind self-talk as something the rangatahi can use to strengthen their taha hinengaro.

The ‘my support network’ handout asks the participants to identify the people that provide them with support in different areas of life (e.g., school, home, community). The facilitators lead a discussion on the benefits of being proactive in thinking about who one might approach for support for different challenges and encourage students to notice any gaps in their support network. A handout of social support services is also provided, and students are encouraged to access these resources if needed.

The students then get into their pūrākau groups and create slow and purposeful movements that match the story. The session ends with a mindfulness body scan exercise and the students are given five minutes to journal any reflections. The session closes with karakia.

Session Six:

- Karakia and one-word check-in
- Journal RAIN
- Strengths card exercise
- Circle of trust exercise
- M3 session practice
- Mindfulness exercise
- Close session with karakia

The students complete a strengths card exercise which introduces the idea that everyone has strengths that they can draw on in difficult times. Facilitators lay strengths cards on the floor and the rangatahi are encouraged to choose strengths they identify with and write them in their journals.

The students then separate into smaller groups for the circle of trust exercise where each participant takes a turn standing in the middle of the circle whilst their peers tell them why they trust them (e.g., “I trust you because you are kind and caring”). The Te Reo Tuakiri manual notes that this activity may not be appropriate for groups who have not yet developed a strong level of whānaungatanga and trust and should be swapped out for an alternative energiser activity (Te Patu, 2022).

Students then break into their pūrākau groups to plan for how they will run an M3 session at the preschools. The session planning is followed by a mindfulness breathing exercise which focuses on lying down silently and facilitators ask students to notice any shift in their emotions when they allow themselves to be still. The students are given five minutes to write in their journals and the session is closed with a karakia.

Session Seven:

- Karakia and one-word check-in
- Journal RAIN
- Revisit values cards
- Choice point ‘helpers’ exercise
- Pūrākau
- Mindfulness exercise
- Close session with karakia

The students revisit the values cards from session four, again reflecting on the values that are important to them and how these can help provide direction toward their goals.

The choice point exercise is also revisited, this time with emphasis on which values, tools, and strengths may be helpful to utilise in challenging situations. Students are encouraged to reflect on which values may be important to them in any given situation and what strategies may help them take

action toward the person they want to be (e.g., mindfulness, RAIN, upward thinking). In line with the support network exercise from the previous week, students are also encouraged to consider who they can contact for support in challenging circumstances.

The students go through a practice run of what an M3 session will look like with the tamariki. This is an opportunity for students to ask questions and for facilitators to provide feedback on how to refine the sessions.

The session ends with a mindfulness breathing exercise and students are given time to write down any reflections in their journals. The session closes with karakia.

Session Eight:

- Karakia and one-word check-in
- Journal RAIN
- Group discussion about barriers to working with tamariki
- Group rehearsal and feedback
- Mindfulness exercise
- Close session with karakia

Session eight involves a group discussion about the barriers that might get in the way of the students delivering the M3 programme to the tamariki. The M3 manual provides the following prompt, “Now we have the tools to regulate ourselves as rangatahi, we get to be of service to our young ones, the tamariki. We get to be an example through this M3 mahi. What stops me from being powerful and what tools have I learnt on this programme to help?” (Te Patu, 2022, p.40). This conversation allows opportunities to reflect on a number of ACT processes, such as the values that drive them toward doing the mahi, what values-driven steps will need to be taken, what private experiences may get in the way of these steps (e.g., anxiety, unhelpful thoughts), and which tools could help.

This conversation is followed by another practice run of their M3 session with the smaller groups presenting their pūrākau to the larger group. Facilitators are to provide empowering feedback to āki (encourage) their mana.

The session concludes with another mindfulness breathing exercise and time for the students to journal reflections. The session closes with karakia.

- Session Nine and Ten:**
- Karakia and one-word check-in
 - Journal RAIN
 - Group rehearsal and feedback
 - Mindfulness exercise
 - Close session with karakia

Sessions nine and 10 follow the same format and mainly focus on giving students the opportunity to practice running through the programme and performing their pūrākau in front of others. The focus for facilitators is on supporting and uplifting the students so they feel empowered to work with the tamariki.

- Sessions Eleven to Eighteen:**
- Whānaungatanga
 - Introduction to M3
 - Introduce the team
 - Karakia
 - Mindfulness breathing exercise
 - Pūrākau
 - Theme discussion
 - Mindfulness breathing exercise
 - Checkout and close with karakia

Sessions 11 to 18 are facilitated at the kindergartens or preschools and is when the students deliver the M3 programme they have been learning and practicing for the tamariki. As with the previous sessions, each M3 session opens and closes with karakia. Session 11 allows time for the students to become orientated to the new space and whānaungatanga with the tamariki. This is followed by explaining what M3 is to the tamariki and formally introducing the students and facilitators.

Each M3 session begins with the students guiding the tamariki through a mindfulness breathing exercise, encouraging the tamariki to breath in and out on counts of three, “tahi, rua, toru – hā” (Te Patu, 2022, p.38).

Across the following eight sessions each smaller group takes turns at presenting their pūrākau to the tamariki, recounting the stories to slow and purposeful movement which the tamariki are encouraged to emulate. The tamariki are asked to lie down while the group discusses the themes of each pūrākau and complete another mindfulness breathing exercise. To close, the rangatahi are encouraged to bring the tamariki to a seated position and discuss with them how they feel and what they noticed after practicing the mindfulness exercise.

Session Nineteen:

- Karakia
- M3 session
- Kai
- Close session with karakia

Session 19 is the final day at the kindergarten or preschool. The whole community is invited to attend including teachers, caregivers, and other whānau.

The session opens with karakia by the lead facilitator who then shares with those in attendance the purpose of the programme, the wins and learnings over the past nineteen weeks, and a challenge to the whole school community to continue this mahi beyond the end of the programme.

The groups then present their M3 sessions with the tamariki for the final time. This is followed by an opportunity for the rangatahi to share their experiences of the Te Reo Tuakiri programme with their whānau.

Kai is shared to mark the completion of the programme and the session closes with karakia.

Session Twenty:

- Karakia and one-word check-in
- Poroporoaki
- Close with karakia

Session 20 is the final session of the Te Reo Tuakiri programme and takes place back at the students' school. This session marks the poroporoaki (farewell) and offers an opportunity for the rangatahi to share their learnings and takeaways from the programme. As with the opening of each session, the group sits in a circle and passes around the taonga so everyone has an opportunity to speak. Facilitators may prompt students with questions such as “what is the biggest thing you have learnt about yourself?”, “what tools are you taking forward into your life from our programme?”, “how has M3 helped?”, “how can mindfulness help you in the future?”, “what does standing in your mana feel like?” and “what’s possible for you now?” (Te Patu, 2022, p. 46).

Following this discussion students receive their journals to take with them and are encouraged to continue using them in the future.

Outcome measures are completed, and the session ends with karakia.

Ethical Considerations

The development and application of this research involved a number of ethical considerations including but not limited to obligations to te Tiriti o Waitangi, research involving schools and rangatahi, confidentiality, consent, and cultural safety. This research was conducted in accordance with the Massey University Code of Ethical Conduct for Research, Teaching, and Evaluations Involving Human Participants (Massey University, 2017). The project was reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53.

Although Te Reo Tuakiri is open to students of all ethnicities, we knew from the demographics of the participating schools there would be a high percentage of Māori and Pacific students. As a Pākehā researcher it was particularly important to seek cultural supervision for the research project to ensure the study was appropriate and culturally sensitive for the participants involved. Cultural supervision was sought from Massey University Associate Professor Siautu Alefaio-Tugia (Samoan lineage from the villages of Matautu-Tai, Sāsina, Manunu ma Fagamalo), Massey University Associate Professor, and my co-supervisor, Matthew Shepherd (Ngāti Tama), and previous Mindsets facilitator and cultural consultant to the Auckland District Health Board James Hita

(Ngāti Whātua o Oruawhāro/Te Turi o Hau). I met with Siautu once prior to commencing data collection to discuss cultural considerations when working with Pacific participants. Siautu encouraged me to utilise Massey University's Pacific Research Guidelines and Protocols as a guide for considering Pacific values and principles in my research (Pacific Research and Policy Centre & Pasifika@Massey Directorate, 2017). I met with James twice, also prior to data collection, to discuss cultural considerations when working with Māori participants. For the second meeting James invited me to attend a Rātana service at his local church, Te Whare Piranga, in Glen Innes. There I had the privilege of meeting James' whānau and spiritual community. As Matthew Shepherd was one of my research supervisors, I met with him numerous times across the research process.

Consideration of culture was important at all stages of the research project. In the development of the research questions and design it was important to not only focus on mental health and wellbeing outcomes, but also on the appropriateness of the intervention for participant cultures. Further, throughout the data collection process it was important to consider culture in my interactions with participants and stakeholders. This included acting in accordance with tikanga (protocol) and leaning into opportunities to incorporate Māori culture and language into the research project. In practice this involved simple actions such as: including te reo greetings and signoffs in consent forms, information sheets, and in correspondence with stakeholders; introducing myself to participants with my pepeha; opening and closing focus groups with karakia; and providing and blessing kai during focus groups.

Reflexive practice was also an important part of the research process. This meant being explicitly cognizant of my own culture, beliefs, values, choices, and potential biases throughout the research process. This involved reflecting on my situatedness in the research comprising of not only my personal values, but also the decisions I made around research methods and design, my place within the broader domain of psychology and academia, and my relationship to the research topic, organisations, and people involved. To support this practice a reflexivity journal was kept throughout the research project.

The research aims, procedure, management of data, and participant rights were explained verbally before both the administration of questionnaires and the focus groups. Participants were also supplied with this information in writing which included contact details for myself and my main supervisor so participants could raise questions or concerns following data collection. Participation in this research was voluntary and non-participation in the study did not affect the participants ability to participate in the Te Reo Tuakiri programme. Participants were informed they could decline to answer any questions, withdraw from the study at any time up until one month following completion of the Te Reo Tuakiri programme, ask any questions about the study at any time during participation, provide information on the understanding that their name will not be used unless permission to do so is given to the researcher, ask for the recorder to be turned off at any time during the focus groups, and be given access to a summary of the project findings when it is concluded. Separate consent forms were provided for the questionnaire and focus group portions of the study. Participants were also provided with caregiver information sheets and opt-out forms so that whānau were aware of the study and had the opportunity to contact the research team with any questions or concerns.

Potential conflicts of interest were considered throughout the research project. Although I had previously worked for Ember as a Mindsets facilitator, I have never been employed by M3, and have no ongoing financial interest in the Te Reo Tuakiri programme. As part of the handover of the Mindsets programme from Ember to M3 I attended a one-day 'transition workshop' on 24th June 2021 and was paid for my time by Ember. In preparation for the pilot Te Reo Tuakiri programme Jase Te Patu asked if I could run a training to upskill M3 facilitators in the Mindsets components of the programme. Before agreeing I consulted with two psychologists who had previously worked for Mindsets and my clinical supervisor to discuss potential conflicts of interest and concerns I had about working outside of my scope of practice as an intern psychologist. We agreed I could run the training provided M3 was aware I was not a certified ACT trainer and I had access to supervision should it be required. I completed the training in Wellington on 22nd January 2022. Whilst I was reimbursed by M3 for my travel costs to and from the training I did not receive any other compensation. Funding for this research was supplied by the Massey University Post-Graduate Research Fund.

Chapter Six: Results

This chapter will detail the results of the research project, including both the quantitative and qualitative components of the study. The first section will present the results of the quantitative analysis, starting with descriptive statistics before grouping data by hypotheses: 1) psychological inflexibility as measured by scores on the AAQ-2 will decrease across the programme, 2) resilience as measured by scores on the RS will increase across the programme, and 3) there will be an inverse correlation between scores on the RS and the AAQ-2. The second section will present the results of the qualitative analysis. This will involve a brief introductory section which outlines important contextual information to help inform the circumstances in which the current study was conducted. This will be followed by presenting the four themes which were constructed during the analysis: 1) ACT processes as helpful for managing private experiences, 2) control agenda, 3) putting learning into practice, and 4) programme as culturally applicable.

Quantitative Analysis

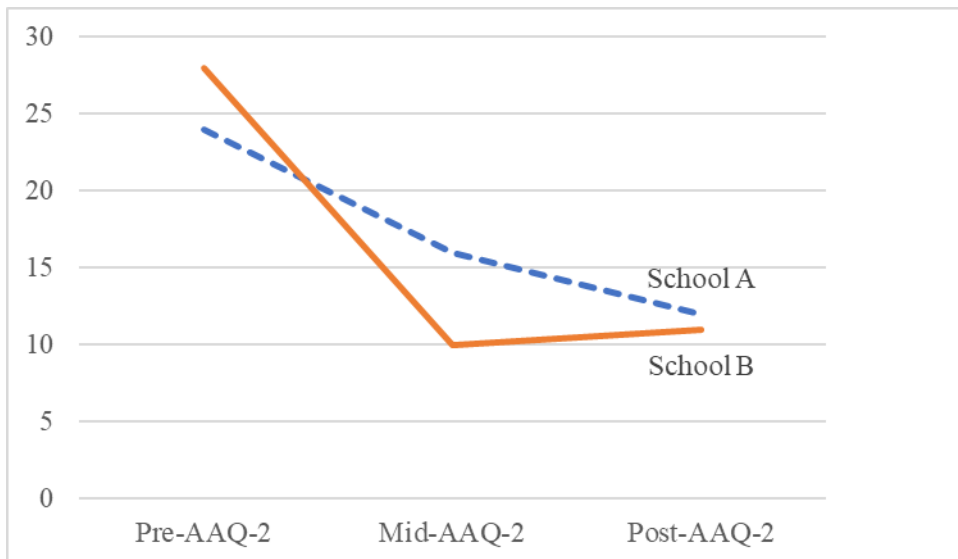
Descriptive Statistics

Descriptive statistics show a decline in participation across the study, with 56 participants completing both measures at pre-programme, 26 participants completing both measures at mid-programme, and 23 participants completing the AAQ-2 at post-programme, and 22 participants completing the RS at post-programme. One participant's post-programme RS results were excluded from analysis due to missing data on the questionnaire.

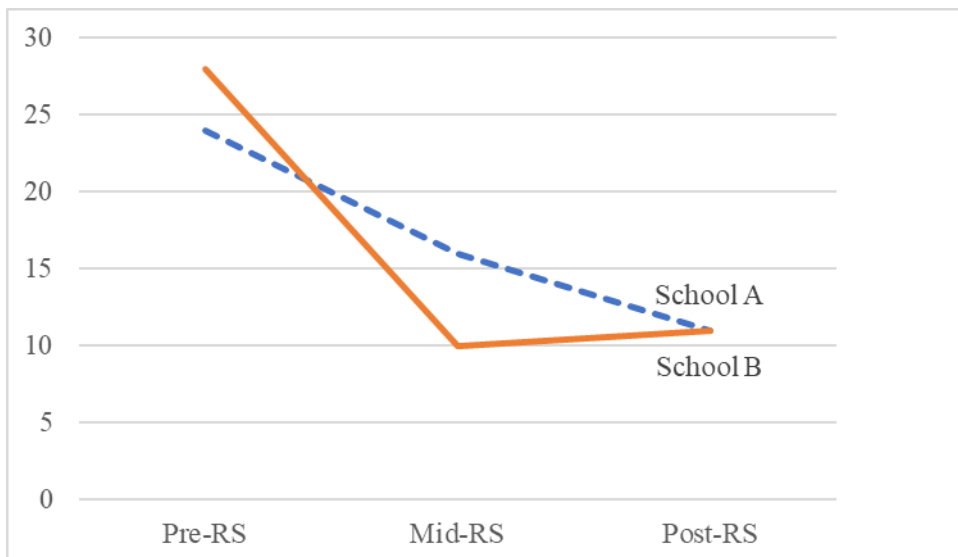
Across the two schools, participation rates followed a similar trend. At school A 24 participants completed both measures at pre-programme, 16 participants completed both measures at mid-programme, and 12 completed the AAQ-2 at post-programme and 11 completed the RS at post-programme. At school B 28 participants completed both measures at pre-programme, 10 participants completed both measures at mid-programme, and 11 participants completed both measures at post-programme.

Figure 5

Completed AAQ-2 Questionnaires at School A and B Across the Programme

**Figure 6**

Completed RS Questionnaires at School A and B Across the Programme



A total of 19 participants completed both pre and post measures of both the AAQ-2 and the RS. This included eight participants from school A and 11 participants from school B. A total of 16 participants completed both the AAQ-2 and the RS at all three time points. This included six participants from school A and 10 participants from school B.

Table 2

Mean, Standard Error, Median, Standard Deviation, Minimum and Maximum for the 19 Participants Who Completed Both Pre and Post Measures of the AAQ-2 and the RS

	Pre AAQ2	Post AAQ-2	Pre RS	Post RS
Mean	21.68	20.26	133.32	145.53
Standard Error	1.85	2.15	5.06	3.62
Median	22.00	18.00	140.00	141.00
Standard Deviation	8.06	9.39	22.04	15.76
Minimum	11.00	7.00	86.00	124.00
Maximum	41.00	40.00	161.00	174.00

Table 3

Mean, Standard Error, Median, Standard Deviation, Minimum and Maximum for the 16 Participants Who Completed the AAQ-2 and the RS at Pre, Mid, and Post

	Pre AAQ-2	Mid AAQ-2	Post AAQ-2	Pre RS	Mid RS	Post RS
Mean	20.81	16.56	19.25	133.75	136.13	145.50
Standard Error	2.03	1.79	2.17	5.46	3.39	3.93
Median	21.00	16.50	18.00	141.50	138.50	143.00
Standard Deviation	8.13	7.16	8.70	21.84	13.55	15.73
Minimum	11.00	7.00	7.00	86.00	110.00	124.00
Maximum	41.00	28.00	32.00	161.00	156.00	174.00

Table 2 shows a small decrease in mean scores on the AAQ-2 from pre-programme ($M = 21.68$, $SD = 8.06$) to post-programme ($M = 20.26$, $SD = 9.39$) and an increase in mean scores on the RS from pre-programme ($M = 133.32$, $SD = 22.04$) to post-programme ($M = 145.53$, $SD = 15.76$) for the 19 participants who completed both pre and post measures. Table 3 shows a similar pattern for the 16 participants who completed the measures at all three time points. Mean scores on the AAQ-2 decreased slightly from pre-programme ($M = 20.81$, $SD = 8.13$) to post-programme ($M = 19.25$, $SD = 8.70$) and mean scores on the RS increased from pre-programme ($M = 133.75$, $SD = 21.84$) to post-programme ($M = 145.50$, $SD = 15.73$). As the general pattern of mean scores across the AAQ-2 and the RS from pre to post did not differ markedly with the exclusion of the three participants who did not complete the mid-programme measures, the following analyses focused on the data from all three time points.

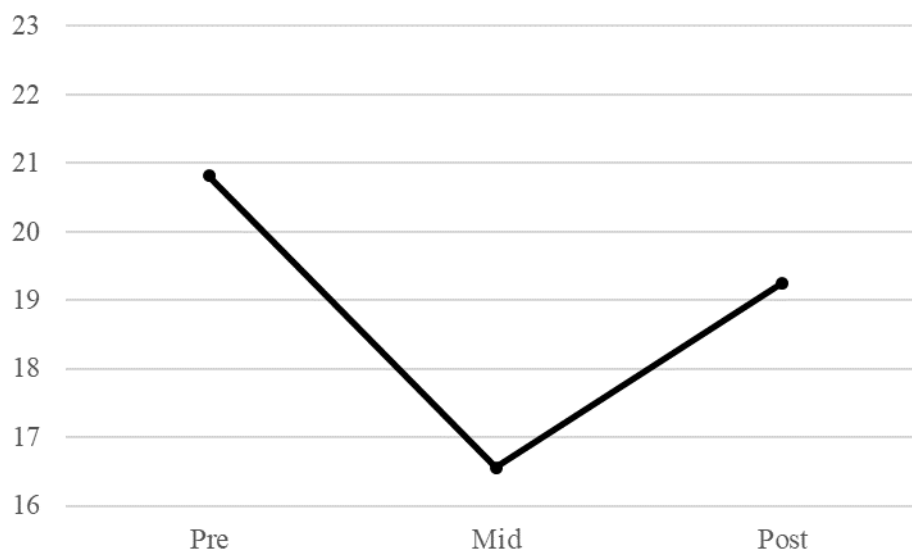
Hypothesis One: Psychological Inflexibility as Measured by Scores on the AAQ-2 Will Decrease Across the Programme

The sample consisted of 16 participants who completed the AAQ-2 at all three time points. The data was analysed using a repeated measures ANOVA with the AAQ-2 as a within-subjects factor.

The results of the repeated measures ANOVA showed there was not a statistically significant difference in AAQ-2 scores across the three time points ($F(2, 30) = 2.22, p = 0.13; \eta^2 = 0.13$). The post hoc Bonferroni test also showed there was not a significant difference between any of the time points. As demonstrated in Figure 7, mean scores decreased more substantially from pre- to mid-programme, however, increased again from mid- to post-programme. Whilst the differences are not statistically significant, Cohen's D showed a medium effect size from pre- to mid-programme ($d = 0.53$), a very small effect size from pre- to post-programme ($d = 0.19$), and a small effect size from mid- to post-programme ($d = -0.34$).

Figure 7

Mean AAQ-2 Scores at Pre-, Mid-, and Post-Programme



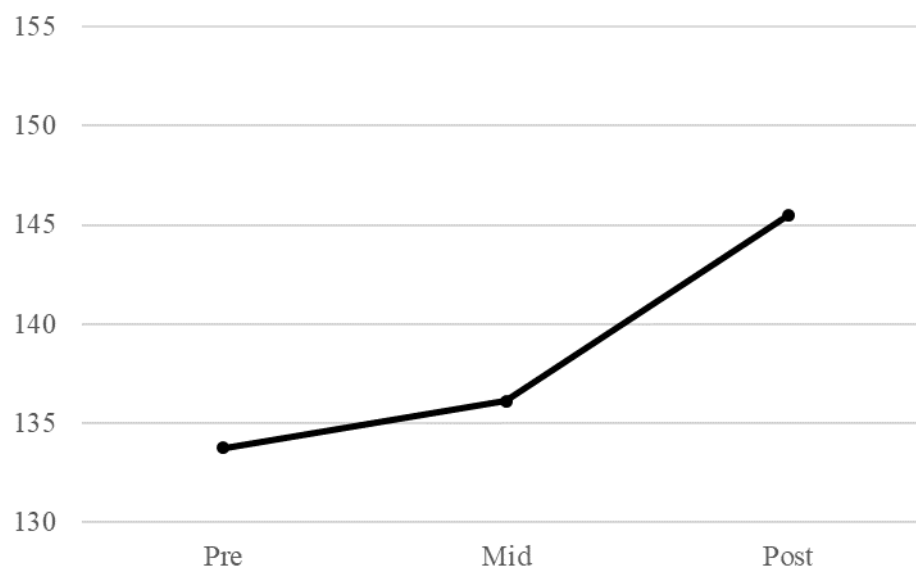
Hypothesis Two: Resilience as Measured by Scores on the RS Will Increase Across the Programme

The sample consisted of 16 participants who completed the RS at all three time points. The data was analysed using a repeated measures ANOVA with the RS as a within-subjects factor.

Mauchly's Test of Sphericity indicated that the assumption of sphericity had been violated ($X^2(2) = 9.024, p = 0.011$), and therefore, a Greenhouse-Geisser correction was used. The results of the repeated measures ANOVA showed there was not a statistically significant difference in RS scores across the three time points ($F(1.36, 20.34) = 3.59, p = 0.061; \eta^2 = 0.19$). Whilst the result did not meet the p value threshold of < 0.05 , it was close at $p = 0.061$. The post hoc Bonferroni test showed no significant difference between pre- to mid-programme ($p = 1.00$) and mid- to post-programme ($p = 0.16$). However, the post hoc Bonferroni test did show a significant difference from pre- to post-programme on RS scores ($p = 0.05$). Cohen's D showed a very small effect size from pre- to mid-programme ($d = -0.14$) and medium effect sizes from pre- to post-programme ($d = -0.68$) and mid- to post-programme ($d = -0.54$).

Figure 8

Mean RS Scores at Pre-, Mid-, and Post-Programme



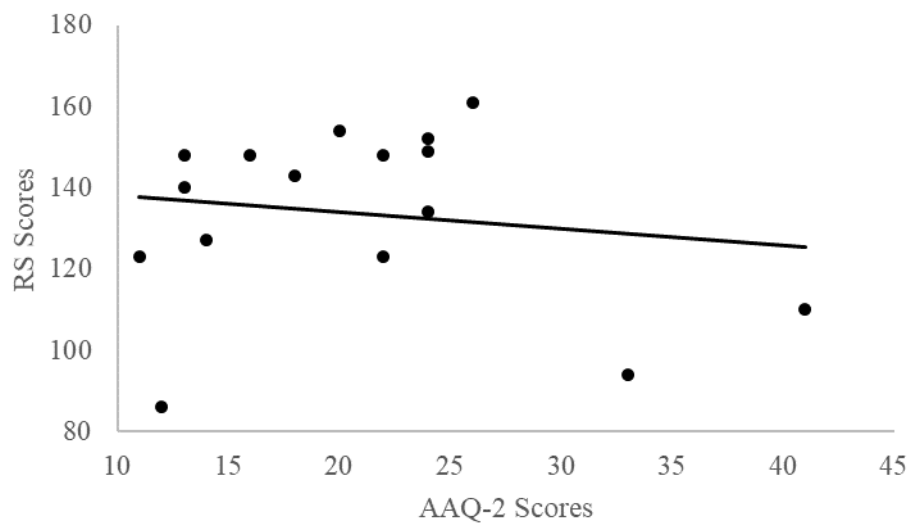
Hypothesis Three: There Will be an Inverse Correlation Between Scores on the RS and the AAQ2

The sample consisted of 16 participants who completed the AAQ-2 at all three time points. A Pearson correlation coefficient was computed to assess the linear relationship between AAQ-2 scores and RS scores at pre-, mid-, and post-programme.

The results of the Pearson correlation coefficient indicated that the relationship between AAQ-2 scores and RS scores was not significant at pre-programme, $r(14) = -.15, p = 0.569$. Figure 9 shows a weak negative relationship between AAQ-2 and RS scores at pre-programme.

Figure 9

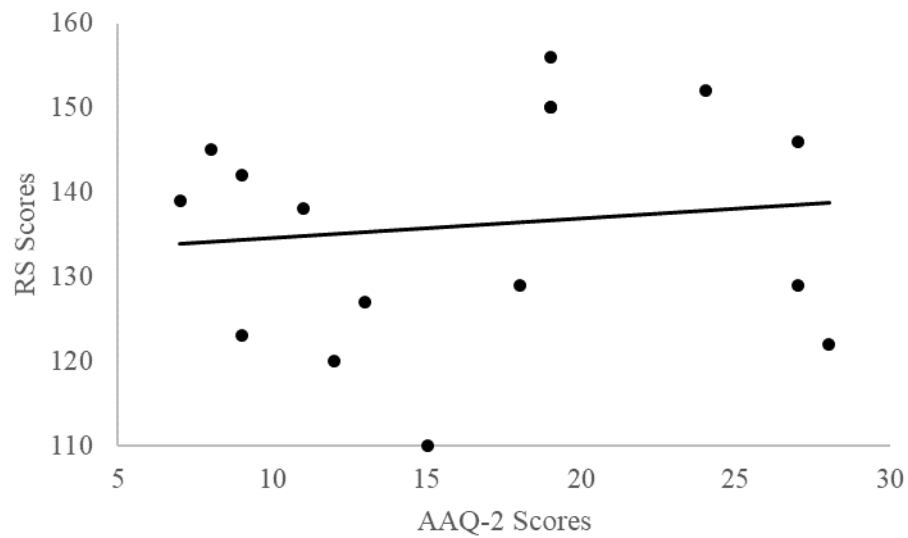
Scatter Plot of AAQ-2 and RS Scores at Pre-Programme



The results of the Pearson correlation coefficient indicated that the relationship between AAQ-2 scores and RS scores was also not significant at mid-programme, $r(14) = .12, p = 0.650$. Figure 10 shows a weak positive relationship between AAQ-2 and RS scores at mid-programme.

Figure 10

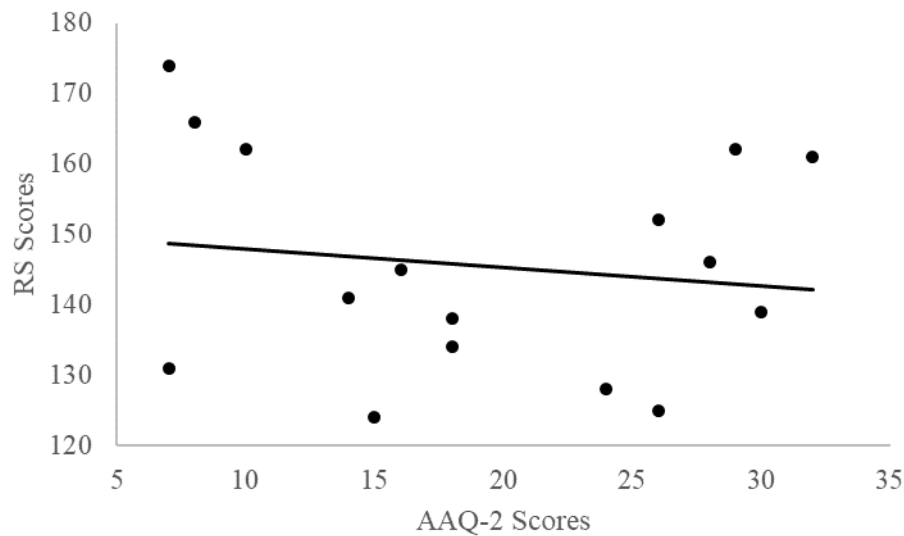
Scatter Plot of AAQ-2 and RS Scores at Mid-Programme



The results of the Pearson correlation coefficient indicated that the relationship between AAQ-2 scores and RS scores was also not significant at post-programme, $r(14) = -.15, p = 0.590$. Figure 11 shows a weak negative relationship between AAQ-2 and RS scores at post-programme.

Figure 11

Scatter Plot of AAQ-2 and RS Scores at Post-Programme



Qualitative Analysis

This section will provide a brief introduction to the analysis, followed by the presentation of four themes constructed through the TA process. These include: 1) ACT processes as helpful for managing private experiences, 2) control agenda, 3) putting learning into practice, and 4) programme as culturally applicable.

All participant names have been anonymised in the following analysis, aside from my own name and my co-facilitator Sophie. Due to the size of the initial focus groups at school A and B it was difficult to accurately identify participant voices from the recordings. Therefore, any extracts from these focus groups will be named 'student' or allocated a number to differentiate two different speakers in the same extract (e.g., 'student 1' and 'student 2'). These allocated numbers are only used to differentiate two different speakers in the same conversation and do not represent particular individuals throughout the analysis. As the follow up focus group at school A and the facilitator focus

group had smaller numbers, identifying participant voices was easier and therefore pseudonyms were allocated to these participants.

Participant extracts are denoted by quotation marks “ ” when within a paragraph or are otherwise indented, with the participant pseudonym in round brackets () following the extract. Onomatopoeia, such as laughter, or pauses between speech is denoted by asterisks * * and square brackets [] were used when modifying participants words to clarify meaning or preserve confidentiality.

Brief descriptions of the Te Reo Tuakiri activities discussed in this analysis are provided in Table 4 located at the end of this chapter.

Introduction to Analysis

In line with the perspective of FC that studies of behaviour should include their social and historical contexts, it is important to address the circumstances in which this study took place (Boone et al., 2015). The following factors were subjectively chosen as relevant to include to best situate the research and give voice to particular contexts which may have impacted the results. Working reflexively, it is important to note that this introduction (and the following analysis) is constructed from my perspective and that alternative perspectives or ways of organising this data could exist. Although not directly relevant to my research question there were patterns identified from the focus group data that nonetheless provide important contextual information about the circumstances in which the Te Reo Tuakiri programmes were conducted. Unique factors that appeared important to address include: the newness of the Te Reo Tuakiri programme, the impact of the COVID-19 pandemic, and student absences across the programmes.

Although both the Mindsets and M3 Mindfulness for Children programmes had been operating in schools previously, this was the first time the combined programme, Te Reo Tuakiri, was offered and completed. Whilst two of the facilitators had previously delivered M3 Mindfulness for Children programmes and one of the facilitators had previously delivered Mindsets programmes, none

of the facilitators had much experience with ACT. Although she had previously delivered Mindsets programmes, Lisa still felt new to ACT.

I don't have like any practice in acceptance and commitment therapy, but I sort of know of [it] and you gave us the sort of model behind it. So yeah, like I only really know what you've told us and like I haven't researched it or anything (Lisa).

Similarly, Kiri's main experience with ACT was the Mindsets training delivered by myself in January 2022.

It's pretty new to me, to be honest, I've heard of it only once before from a friend of mine that's doing her masters in psychotherapy at the moment. But yeah, it's pretty new ground for me, so whatever you've kind of informed me of is most of my knowledge (Kiri).

Mark also acknowledged he had little experience with ACT, however, he noted his experience with mindfulness meant it was easy for him to understand the content.

Yeah, similar to the ladies, I haven't had much experience but through my practice of mindfulness it all totally makes sense to me. It gave, it provided the, I suppose for me, the science behind why I do mindfulness and really the ability that the key take away for me from all of the practices [is] the ability to not get rid of an emotion or a downward thinking thought, but to be with it (Mark).

The inaugural programme did begin in August 2021 at school A, however had to be cancelled early on due to a COVID-19 lockdown. During the initial focus group at school A, a teacher shared how the COVID-19 pandemic had impacted their class.

And then we did two weeks, two sessions and then we went into lockdown, and then we came back from lockdown and we only had a small group of kids in the class, so we did try and start it up again, didn't really happen, so we had to wait until this year, so then, we also lost our staff, so there was a change in staffing, so our initial group of four teachers became me and then six weeks later we got [another teacher] which was awesome but we also took on our

year eleven boys, okay, that hadn't been in the programme, but we had our years 12 and 13's who had done those first initial sessions, so we restarted the whole programme again, and then we all got COVID, in a couple of weeks (teacher from school A).

A consistent pattern identified at both schools and by the programme facilitators was students being absent from lessons. Students at both schools gave being absent as a reason for not recalling certain activities. For example, a student from school B could not remember the choice point activity, "Do you guys remember the choice point? No?" (Regan). "Might have been when I wasn't here" (student from school B). At the follow up focus group at school A the students had difficulty remembering the values cards activity.

What about the values exercise, how did you guys find that? Were you guys there for that? (Regan).

What's that? (Keisha).

The values, I think they had like values cards, and they put them out and you got to choose kind of which values... (Regan).

I don't think I was there on that day (Keisha).

No, one of you would of (Charlotte).

Tane? Don't recall it? (Regan).

Must have happened a long time ago (Tane).

Yeah *laughter* probably (Regan).

Yeah, I probably wasn't at that one (Tane).

At school A one student shared how their peers being absent affected their ability to practice the pūrākau. "So, like the difficulties in our group was having them here, like having some of the members at school...so like, they weren't with us, so that made it really difficult" (student from school A).

A number of reasons were given for student absences across the programme. For instance, Charlotte from the follow up focus group at school A shared she is often absent from school because she is tired from working a night shift. “Oh, well you’re barely at school so” (Max). “Hey, I have a reason behind that, that is a job, night shift, and I don’t get up for school, that’s the only reason” (Charlotte).

The facilitators identified student attendance was variable across the programme. Lisa noted that at school B this was because there was more flexibility around when students turned up for the programme.

...in that particular school there was like a lot of flexibility so the students could sort of come and like numbers would start increasing as the session was going so it was really disruptive. And you know, half the time there was only a few people there because they wouldn't come in until 10, 10.30 in the morning on Friday (Lisa).

Mark and Kiri also highlighted student attendance was variable across both schools with Mark citing COVID-19 as a contributing factor.

Was there an inconsistency in the attendance of the rangatahi over the programmes? (Regan)

Yeah *laughter* (Kiri)

Yeah, Regan that’s indicative...of everywhere. Of the attendance everywhere. Kids are now coming to school, if they got COVID they'll stay at home and won't come back, or they'll come for their favourite class (Mark).

Whilst the above quotations do not directly relate to my research questions, they are nonetheless important to highlight because they offer contextual information about the circumstances in which this evaluation took place. These factors raised certain questions throughout the TA process, and I reflected on the implications they may have had on the resulting data. For instance, I wondered whether the programme having not been completed before and the facilitators inexperience with ACT would impact the interventions potential effectiveness. I also considered the impact the COVID-19

pandemic may have had on a variety of factors such as changes to the learning environment (e.g., students may have gotten used to reduced learning hours or working from home) and the effect on participants' resilience following the significant disruptions the pandemic had on many aspects of their lives. Further, I reflected on the impact student absences across the programme may have had on the students' ability to learn and consolidate the content offered through the Te Reo Tuakiri programme. One of the students sharing she was absent from some programme sessions as she had been working night shifts brought into the focus the stark socio-economic realities for many young people in Tamaki Makaurau. Other experiences which were not captured in the data also gave me reason to reflect on broader influences in the participants' lives. For instance, when I attended the second focus group at school A I noticed there was a police presence at the school and security was stationed outside the participants classroom. Surprisingly, this do not seem to be a particularly unique experience for the rangatahi which stood in stark contrast to my own experience of high school.

Although, it is outside the scope of this research to thoroughly consider all contextual variables, certain factors outlined above which were deemed relevant to the research questions have been expanded upon in the discussion section of this thesis.

Themes

The following analysis presents four themes which were constructed through the TA process. These themes include 1) ACT processes as helpful for managing private experiences, 2) control agenda, 3) putting learning into practice, and 4) programme as culturally applicable. These themes were chosen as they captured information that was relevant to the research question. That is, they explored the participants' experiences, understandings, and practices of ACT processes throughout the programme, as well as the cultural applicability of these experiences.

ACT Processes as Helpful for Managing Private Experiences

A pattern identified throughout the focus groups was participants sharing that certain ACT congruent activities helped them manage their private experiences. In this context, private experiences refer to their thoughts, feelings, and physical sensations.

Some participants shared that they developed an increased awareness of their private experiences. For example, when discussing the leaves on a stream exercise, Tane from school A reported the exercise helped them to be aware of the content of their thoughts.

Like your train of thought, where you think positive or negative, up or down, something like that (Tane).

Did you get anything out of that activity? (Regan).

Yeah, like we tend to think negative first, so what I got out [of] that was trying to think positive first, more positive, yeah, try start from the positives, what you can get out of it, so that's what I got from the leaves thing (Tane).

In this extract it appears Tane speaks to engaging in several ACT processes including present moment awareness (bringing attention to his cognitions in real time) self-as-context (acknowledgement of a space from which thoughts can be observed) and cognitive defusion (increased awareness of the actual process of thinking). He described noticing different thoughts and evaluating them as either “positive” or “negative”. Tane further noticed that his attention tends to move towards negative thoughts more automatically than positive thoughts. With this increased awareness of his cognitions, Tane may be able to choose which thoughts he wants to place his attention on and engage with. It is difficult to know for sure what Tane means by “...trying to think positive first, more positive, yeah, try start from the positives...” and it could be interpreted that he is trying to change the content of his thoughts or try to generate positive thoughts which would be incongruent with an ACT perspective. However, it could also be interpreted that he is trying to shift his attention from pre-existing unhelpful thoughts onto pre-existing thoughts that he perceives as more helpful. Support for the latter interpretation may be found in another extract from Tane's peer Max who highlighted how practicing mindfulness could help them to shift their attention from thinking about the past or future to their present moment experience.

What I think mindfulness helps with is coming to the present, and realise a lot of things, like what's going around right at the moment, at the very moment (Max).

Right, so focusing on like what's going on now (Regan).

Instead of focusing on the past and the future, coming to the present (Max).

Tane and Max again speak to the ACT process of present moment awareness. Max specifically refers to engaging in this process as helpful for shifting attention from thinking about his past or imaging his future to focusing on what is happening in the present moment.

A student from school B also spoke to the process of present moment awareness when they highlighted the interconnectedness of private experiences. The student shared that being aware of what you are thinking can help you to recognise what you are feeling. "Did you kind of go through how you might recognise if you're feeling anxious or upset? *pause* how would you know, how do you know if you're feeling anxious, are there any like clues?" (Regan) "You're not thinking right" (student from school B). Also, when discussing the RAIN activity Max from school A shared that being aware of your physical sensations could help you identify what you are feeling. "...So, for the R, to recognise if you were feeling say happy or sad how would you know the difference?" (Regan). "You would just feel excitement in your body, you would feel more energised [be]cause you're happy" (Max).

Max and the student from school B speak to the ability to shift attention from different aspects of their experience. In doing so they can increase their awareness of how these different private experiences interact and make better sense of their internal state.

Participants also expressed how practicing the RAIN activity increased their willingness to experience certain emotions. This speaks to the ACT process of acceptance (i.e., willingness to experience whatever private experiences are showing up in the present moment). For example, participants from school B explained that the RAIN activity encouraged them to accept their emotions, even if they were unpleasant.

Allow and accept, so what do you mean by that? (Regan).

Just accept that (student 1).

Accept that (student 2).

Oh okay, what if it's like a really negative, like if its sadness or anger, like you... (Regan).

Then you nurture it when you're done that (student 1).

Nurture it when you're done, okay, so you'd still allow that emotion? (Regan).

Mmhmm (student 1).

Through explaining the steps of the RAIN exercise student 1 above notes that increasing your willingness to experience difficult emotions rather than the alternative of experiential avoidance, allows you to then decide how you want to respond to that emotion. When speaking about the decision to nurture the difficult emotion, student 1 is perhaps speaking to the process of committed action, in that they are making a decision to make room for a difficult private experience and are choosing to engage in self-compassion. Whilst the student only discusses mental behaviour here, it is possible that managing their difficult private experiences in this way will help them to move toward their values congruent goals, a pattern of behaviour which is expanded upon in the upcoming theme 'putting learning into practice'.

Keisha from school A explained the rationale for accepting and allowing emotions was because experiencing emotions was outside of their personal control. "So why would you um, I guess I'm wondering what's like good about letting that emotion be and like allowing it to be there?" (Regan) "[Be]cause it can't be helped, I dunno" (Keisha). She also echoed the participants from school B in explaining that although they may not be able help feeling difficult emotions, they could practice self-compassion through the nurture component of the RAIN activity.

Yeah, so what does that mean? So, say you're angry or upset what does accept and allow... (Regan).

Let it be, like let your emotions be, and the last one is nurture so take care of it or whatever you're feeling (Keisha).

...What's that like, allowing that emotion to be there? (Regan).

It kind of takes control (Tane).

That's why you nurture it, nurture, let the feeling be, take care of it *laughter* (Keisha).

If it gets too big then... (Tane).

Nurture *laughter* (Keisha and Tane).

Above, Tane appears to be hesitant about accepting a difficult emotion for fear it will “take control”. Whilst this reticence may typically lead to experiential avoidance, Keisha instead endorses continued willingness to be in contact with the difficult emotion, and instead approach it with self-compassion. This again may speak to the ACT process of committed action in that Keisha has made a decision to “take care of” her emotions which may align more closely with her values.

Mark, one of the facilitators spoke about how the RAIN activity was an opportunity to teach the rangatahi how to be present with difficult private experiences.

...What I really love about this is teaching people to be present with what it is, especially downward thinking, without wanting to get rid of it and learning how to be with it. To really be with it and let whatever's here be here. The RAIN...if there was a takeaway from all of it, RAIN would be it (Mark).

Similarly, another facilitator, Kiri, spoke about how they tried to encourage the students to be willing to experience all kinds of emotions.

And that also then leans into that concept of like, there's no judgment here. There's no judgment if you're experiencing this Atua (Māori Gods/ancestors) or this emotion because it's there to offer you an opportunity to lean into mindfulness essentially and process it and let it work for you (Kiri).

The above extracts, demonstrate Mark and Kiri have a good understanding of the concepts of present moment awareness and acceptance. Based on the above student extracts it seems the facilitators have been able to communicate these concepts through activities such as leaves on a stream and RAIN in a way that some students have understood and adopted.

Kiri also noted above that willingness to experience emotions has the added benefit of being able to process what you are feeling. This would not be possible with an alternative strategy for managing difficult emotions, such as experiential avoidance, as you could not process an emotion you are actively avoiding. Tane from school A seemed to agree and explained that this process of accepting emotions, rather than “holding them in”, helped them to express and process how they may be feeling.

I reckon RAIN helps you express feelings instead of holding them in, so when you express them, you're just calm, so like if you're angry and then you do RAIN, it will just help you express how you're feeling and it will make you less angry, cause you're letting that emotion go (Tane).

In the above extract Tane also highlighted that this process helped when experiencing difficult emotions and noted it had a calming effect. Other participants also spoke about how the ACT activities helped them to regulate their emotions. For example, Max from school A reported he used mindfulness to reduce stress. “Have you guys used it outside of the classroom?” (Regan) “Yep, lifting some stress off my brain” (Max). Charlotte and Keisha from school A also cited mindfulness as a useful strategy to practice when they needed to relax.

I've got an activity, so, we do mindfulness. Not just in M3 but in here too, just to calm ourselves down. It helps but then it's like hard for us, because if we fall asleep, we [have] got to wake up *laughter* and feel energised again (Charlotte).

So, does it make you feel quite sleepy doing the mindfulness? (Regan).

Yeah, but its good (Charlotte).

It's relaxing, we need to relax (Keisha).

It helps us (Charlotte).

Mindfulness as being helpful for regulating emotions was also cited by a student at school B who noted it made them “nice and calm”. Whilst the intent of ACT processes is not to change private

experiences, a shift in affect is often a convenient by-product of processes such as present moment awareness. This could be for a number of reasons, such as allowing you to process or work through an emotion as pointed out by Kiri above or increasing confidence to be with difficult emotions through exposure and therefore decreasing the emotions salience.

One of the facilitators, Lisa, noted that they could see a change in the affect of the rangatahi when they practiced mindfulness meditations in session.

Also getting them to practice the mindfulness stuff, like when [Kiri] does the lying on the ground and takes them through the breathing and checking in with their body. You can notice an instant change and yeah, to see them keep practicing, that would be really cool (Lisa).

Another student from school B used language to describe how mindfulness could help them to make space from difficult private experiences. "Yeah, are there any particular situations where you'd want to be mindful or you'd want to..." (Regan) "If I'm stressing, and just take a step back" (student from school B). This student may be speaking to the process of cognitive defusion in that the process of bringing attention to their private experiences allows them to see their thoughts and emotions for what they are rather than what they represent. This process can help create space from difficult thoughts and feelings allowing the student to "step back" from emotions such as stress rather than getting caught up in it.

Control Agenda

Whilst the above extracts demonstrate instances where the participants articulated ACT congruent understandings and practices, there was also a pattern of participants who articulated ACT incongruent understandings or practices. These perspectives often had an emphasis on trying to control, change, or distract from some aspect of their private experiences. For instance, a student from school B stated that the programme had helped them to control their emotions.

What in your life's changed? (Regan).

A lot (student from school B).

Can you be more specific? (Sophie the co-facilitator).

Um, I think, like emotions (student from school B).

Emotions? (Regan).

Yeah, it helped me control them better (student from school B).

There did not appear to be a demarcation between those students who ‘got’ ACT and those who did not. Rather, there were instances where the same participant voiced both ACT congruent and ACT incongruent perspectives. For example, Keisha from school A who spoke about emotions being uncontrollable above, also reported a desire to “control” their thoughts.

...Like you said think negatively, often those negative thoughts will just kind of pop up. So, is it like, I’m just thinking is it like trying to get rid of those negative thoughts or is it um...

(Regan).

Controlling them (Keisha).

Controlling them, how would you go about controlling them? (Regan).

Um, I just go out, and just control it *laughs* (Keisha).

In the same focus group Max and Charlotte discussed their hesitation about accepting negative thoughts and voiced that they did not understand the rationale. Interestingly, Keisha defended the practice noting that acceptance is useful to practice when thoughts are uncontrollable.

What does accept and allow mean to you? (Max).

To me? Um, yeah, I guess it would be that, like rather than trying to fight with it or try and get rid of it trying to let it be as it is (Regan).

[Be]cause to be honest I don’t get that one (Max).

Accept and allow, accept and allow it, it says it in the words (Keisha).

What if it's a really negative thought, then why would you accept that one, that's what I mean (Max).

[Be]cause it's an uncontrollable thought (Keisha).

What if it's like too strong for you and you can't accept and allow? (Charlotte).

What if you accept and you allow it and then you make it like something normal, like getting sad, crying all the time (Max).

The participants shifting perspectives may be explained by the concept of destructive normality in ACT which assumes normal, healthy psychological processes often have destructive and dysfunctional results (Hayes, Strosahl, et al., 2012). That is, whilst participants such as Keisha may be taking on board some ACT congruent perspectives through the programme's activities, these are struggling against the automatic processes of psychological inflexibility, such as experiential avoidance, which humans have evolved to favour. Alternatively, I may have misinterpreted Keisha's use of the word 'control' in the context of her emotions, and she may have meant her emotions have less control over her.

In the above extract Max appears to be engaging in the process of self-as-content which occurs when people become fused with self-evaluative stories. Max appears to be concerned that willingness to experience emotions such as sadness will make this "normal", in other words, he will become a 'sad person'. Participants from school B also appeared to have difficulty articulating the rationale for allowing themselves to experience emotions.

What does that look like that kind of allowing, what does that sort of mean for you guys, [be]cause I think that can be different for different people yeah? *pause* Um, were there ways that...you guys got taught around allowing and what that kind of means or... (Sophie the co-facilitator).

What would allowing an emotion look like versus not allowing an emotion? (Regan).

silence

It's a tricky one (Regan).

Whilst it is possible the participants' silence represents their hesitancy speaking with facilitators they just met, it may also indicate that the students did not have a clear understanding of what was meant by acceptance in an ACT context and why it may be beneficial to practice.

There were times when students appeared to understand the process of accepting emotions but came back to this notion of doing so in an attempt to change their private experiences. "Accept how you feel then and then get over it and move on, that's how I feel." (Student from school A). This student appears to assume the rationale for "accept[ing] how you feel" is because doing so will lead to a positive shift in their internal experience. Similarly, Max appeared to assume changing how you feel was the purpose of the RAIN activity, rather than being a sometimes-convenient by-product.

How I think RAIN works is, so, when you recognise it, and then you accept and allow it, and then you investigate it and nurture it, but at that, like, once you realize those parts you will learn to be calm about it and get rid of it, be relaxed, nonchalant about it. Oh, so now I get it (Max).

Max successfully takes us through the steps of the RAIN activity but assumes the rationale for doing so is to "get rid of" the emotion. Tane also appeared to keep coming back to this control agenda. After articulating one of the benefits of the RAIN activity is providing space to express emotions, Tane then assumed the rationale for doing so must be to change how they're feeling. "So, there's something in like letting yourself experience that emotion rather than like keeping it bottled up?" (Regan) "And then you can figure out how to control it and not feel that again, is that how it works?" (Tane). Tane asking "is that how it works?" demonstrates he does not have a clear understanding of the rationale for the exercise and assumes one would only be willing to experience a difficult emotion in order to get rid of it. Again, Tane's perspective aligns more with the psychologically inflexible process of experiential avoidance which seeks to control, alter, or get rid of difficult private experiences.

Participants from both schools cited distraction as a strategy for managing difficult private experiences. For instance, when talking about strategies for managing difficult thoughts students from school B reported that they would try different methods of distraction.

You guys have talked about mindfulness [being] helpful for dealing with those difficult emotions, what about thoughts, any strategies for dealing with maybe some more difficult thoughts that show up? (Regan).

Go to sleep *laughter* (student 1)

Go to sleep yeah *laughs* if you're asleep the thoughts aren't there, what was that sorry?
(Regan)

Food (student 2)

Food, yeah (Regan)

Music (student 3).

Whilst I assumed the participant cited sleep as a strategy for distracting from difficult thoughts, my supervisor highlighted that sleep could represent a strategy for processing information. It may be that student 1 above uses sleep to process difficult thoughts and may experience greater clarity when they wake up. This example highlighted the subjectivity of the analytic process for me and the importance of holding my interpretations lightly.

Max from school A also shared that they attempt to distract themselves from difficult emotions.

I have, it's like um, oh, I dunno if it's like RAIN or something but um, when I'm like angry sometimes, it's pretty rare, but like, when I'm angry, I think of what can make me happy. So, I just distract myself. If I'm feeling sad, that's rare too, it's like um it's just distractions (Max).

Distractions from difficult private experiences can be another form of experiential avoidance in that one is attempting to avoid their unwanted thoughts or feelings by placing their attention

elsewhere. Whilst this behaviour is not always ‘unworkable’ it is likely that practicing distraction too often will move the participants away from ‘committed action’ towards ‘unworkable action.’

Putting Learning Into Practice

This theme describes a pattern of participants reporting opportunities to act on the things they learnt throughout the programme. At times these behaviours reflected students perceived changes in themselves as a result of participating in the programme. For example, students from school A reported that the programme helped increase their confidence to speak in front of others, develop communication skills, improve their eye contact, and get more involved “...What stands out to me is how the programme can get someone that like usually doesn’t involve themselves to actually get in there and get involved” (Tane).

The examples above share a common thread in that the participants all reported engaging in new social behaviours. These new behaviours were likely facilitated by the activities in the programme. For example, participants spoke about changes that resulted from the check-in at the beginning of each session where the students shared with each other how they were feeling before exploring this feeling in more detail individually through the RAIN activity. Students at school A shared that the check-in helped them to express their emotions in front of others.

My life changed too; my life is going good, being nice to people now” (student from school A).

Anything about that programme that was kind of helpful in that way or was it just being there? (Sophie the co-facilitator).

Oh, it was actually sharing feelings, yeah, it was actually opening up to them (student from school A).

The student above reflected that they were “being nice to people now” and linked this behaviour to the process of sharing feelings with others in the group. This extract may speak to the ACT process of committed action which refers to behaviour guided by one’s values. It may be that engaging in activities such as sharing their emotions as a group or recognising and accepting how they

were feeling in the present moment made it easier for them to act in ways that aligned with their values.

Other students reflected that sharing their feelings helped build trust within the group and gave them opportunities to relate to what others may be feeling. "...My favourite part was, um, [saying] how...you feel about the day, and we could open up to each other" (student 1 from school B) "Oh sweet" (Regan) "Amen to that brother" (student 2 from school B). This process appears to be cyclical in that sharing feelings increased trust within the group and the increased trust amongst their peers meant they felt more comfortable sharing their feelings with one another. Charlotte, Keisha, Tane, and Max explained that this was a gradual process and that having this practice each week built their confidence to share more deeply with each other.

Getting up and saying your name and um telling people how you're feeling (Max).

And being confident to talk (Charlotte).

So having that practice, was that something you did like every session, you would get up and say... (Regan).

Like fairly comfortable around people you didn't know (Tane).

Yeah, and what did you share? I can imagine like maybe at the start you might have said like 'good' or... (Regan).

Yeah (Keisha).

Just plain answers (Tane).

Did it change as the programme went on, like what you shared or... (Regan).

Yeah, like we expressed more than just 'I'm good', like we told them, um, how our day was (Max).

Providing further evidence for the practical social benefits of the programme, a student from school A noted that the programme helped with class cohesion in that they were now connecting more across year groups.

Um, here's a bit of a random question, has anything changed in your guys lives as a result of doing the programme, are you doing anything differently? (Regan).

Talking to them (year 12 or 13 student from school A).

Yeah, whose them? (Regan).

Oh, the Year elevens (year 12 or 13 student from school A).

Perhaps speaking to increased confidence, a student from school B reported they were more "straight up" as a result of doing the programme.

...Anyone else notice any changes to the way they kind of live their life, or their life as a result of doing the programme? (Regan).

Yep (student from school B).

Yeah, anything in particular, no? (Regan).

Oh, just being straight up (student from school B).

Oh yeah (Regan).

Yeah, like if I don't like something then I'll say it (student from school B).

Interestingly, Max from school A used the same language, and also reported being more "straight up" after the programme. Whilst they ultimately didn't view this as a problem, Max noted that others in their life had not viewed his change in demeanour favourably.

I feel my problem, like what I got out of it is a problem to be honest (Max).

A problem, yeah, what's that? (Regan).

Talking way too much and being straightforward with people...I think it's not a problem, but everyone thinks it's a problem, like, speaking to them like straightforward (Max).

Again, the participant reflections that they were more "straight up" after the programme may reflect the ACT process of committed action, in that the participants may have been acting on their values. In the choice point model taught in the programme this is referred to as 'towards moves' which is "acting effectively, behaving like the sort of person you want to be" as opposed to 'away moves' which is "acting ineffectively, behaving unlike the sort of person you want to be" (Harris, 2017, p. 37). For instance, if Max values open and honest communication, then being "straight up" with others could be viewed as a towards move. Further, Max appears to have stayed true to his values in persisting with this new behaviour even when he received push back from others.

Further speaking to the benefit of values in behaviour change, a student at school B reported that knowing your values "keeps you going in life", when discussing the values card activity. They further explained that knowing your values can motivate you to engage in values congruent activities. "Like, your friends, when you hang out with them, it makes you happy, and it helps you when you're at your lowest" (student at school B) "Yeah" (Regan) "Can motivate you" (student at school B). The student identified that the ACT process of contact with values can be helpful when experiencing difficult emotions, such as feeling low, as they provide direction toward meaningful activities, such as spending time with friends.

The participants mostly appeared to perceive their behavioural changes as positive which may reflect an increase in values congruent behaviour. For instance, a student from school A reported they were "being nice to people in my path" when asked what they had been doing differently since completing the programme. Keisha and Charlotte from school A also reported a similar sentiment.

Has the way you guys see yourself or think about yourself changed at all? (Regan).

I reckon I'm more humble than last year (Keisha).

Yeah, I was like a, I was like you couldn't pin me down, you couldn't keep me still, now like after the course, yeah I like, stay at school *laughter* yeah, humbled myself, like they taught me how to be kind and quiet, and like relax myself in certain times (Charlotte).

Max from school A explained to Charlotte that he thought her behavioural change was a result of her being more aware of her thoughts which provided some space to decide whether she wanted to voice them or not.

I'm real quiet after the programme, I think (Charlotte).

I think that's a good thing, I think it's trying to make you be quiet, like think before you speak, instead of speaking out loudly, and then thinking afterwards... (Max).

So, being able to take a minute before you kind of just react or respond? (Regan).

Yeah, and then you don't have those moments where you react, and then you have time to think, and you think about what you've done and repent on it (Max).

It may be that through an increased awareness of their private experiences the students were better able to choose whether or not they wanted to act on their thoughts. This may speak to the process of cognitive defusion in that bringing awareness to the process of thinking may transform a thought from this automatic process which feels more like an instruction or command to one option among many. Expanding on this point Max cited the RAIN activity as helpful for providing space to make better decisions.

So, RAIN would be good for like, RAIN's really good actually, so you don't like, when you're in a bad situation you don't react [to] it, like um, when someone's calling you names and stuff and they want to fight you...RAIN gives you time to think and gives you time to shut the situation down...(Max).

Whilst ordinarily, students may have automatically reacted to their thoughts and emotions and responded with unworkable action (e.g., feel anger, think 'punch them', throw a punch), Max notes that the RAIN activity provided space for them to consider how they want to respond in certain

situations. In other words, acting on their values rather than their transient emotional and cognitive state.

Participants at both schools noted that working with the tamariki was a highlight of the programme, with eight of the participants at school A, and three of the participants at school B reporting it was their favourite part of the programme. Some students talked about how they enjoyed having the opportunity to connect with the tamariki. “My favourite part was standing over there making those kids laugh” (student from school B). One of the facilitators, Lisa, spoke about her experience seeing the rangatahi connect with the tamariki.

I just love how they had that experience to go into a centre...and connecting with the little ones they know that are growing up in their community. Like it gives them a sense of belonging. So, it's greater than just...teaching them what they've learned. Yeah, was really special. A lot of them didn't want to leave and they were really keen to keep going back so they were trying to organise visits after we'd finished (Lisa).

Other students reported they enjoyed teaching the children mindfulness via the pūrākau. “The part [I] enjoyed the most was telling our stories to the kids and um doing the breathing as well with them” (Student from school A).

The facilitators spoke about how the “tuakana-teina” component of the programme, that is, the rangatahi teaching the tamariki, provided a concrete opportunity for the students to put the things they had been learning throughout the programme into practice. The student quotations above evidence the participants valued this tuakana-teina relationship. In this way the programme provided opportunities not just to learn ACT processes but also provided relevant opportunities to apply them. Kiri explained that having this practical part of the programme seemed to shift the students focus onto not just learning the content for themselves but learning it to pass onto others.

If I'm thinking about like a particular session that we had at [school A] where I feel like everything kind of just landed with the kids and they were like, okay, I kind of understand. All of this work that we've been doing is going to help us prepare for, not only just like a

performance of the pūrākau and sharing it with children but integrating the stuff that they've learned into the programme that they're going to use. ...I feel like...a penny dropped. They were like, oh, so...we're just not attending this with you and you're offering it to us. Like we need to absorb this information so that we can pass it on as well (Kiri).

One of the facilitators, Mark, described the actual process of the rangatahi teaching the tamariki as an opportunity for the students to “stand in their mana”. Mark noted that the ACT strategies the participants had been taught throughout the programme gave them the tools to “lean into” the opportunity to teach the tamariki.

It became real. And it's like, oh wow, actually, I have to prepare. I have to lean into the support of my group here. And then getting that feedback from the bubbas, you know, empowered them even more to stand in your mana, which was, which is beautiful. So, when I think about the kind of arc of what the students go through. They start off in that kind of, well, I think about it from kore, te pō, to ao mārama would you say [Kiri]? So going from a nothingness, you might say, to working through all of the Mindset's stuff. All of the stuff that they need in order to come into the world of light and share that onto the bubbas (Mark).

Further to this point, Mark reflected that the ACT content provided strategies for them to engage with the tamariki without getting caught up in their thoughts.

The program is called Te Reo Tuakiri. You know, that, standing in their real identity. It's giving them license to be who they really are, to be full expressions of who they really are without thinking, oh, what do you think of me? What are my mates going to think of me etcetera, etcetera? You just saw that confidence when it came to the kids. What I saw on the last day was, even the kids who weren't doing the session, was the real sense of responsibility, of being a tuākana aye, of being an older brother or older sister to those kids and that sense of taking care of them. That sense of what you said [Lisa], of belonging. Of taking care of these kids who are from that area, being a role model for them, was way greater than just learn a thing and teach a thing. That really was them, watching them stand in their mana... (Mark).

Mark infers that the confidence he observed the students display when teaching the tamariki was facilitated by strategies they had learnt to manage unhelpful thoughts. Additionally, Mark suggests that these strategies for managing their private experiences allowed them to act more in line with who they want to be, their true selves, without being held back by unhelpful thoughts such as “what are my mates going to think of me?”

Kiri also shared she had noticed the students “making it their own” when teaching the pūrākau to the tamariki.

It was really cool to see, I guess in a tangible way, what they’d absorbed and how they were interpreting it in their own way. And not just at one school, but both schools. Like just seeing the different ways that they would add themselves into the programme and shift it to suit I guess how they’ve interpreted it (Kiri).

This quality of the programme “giving them license to be who they really are” is perhaps reflected well by a student from school B when asked what else they enjoyed about working with the tamariki. “...Anything else about doing that that you guys enjoyed? (Regan) “And just being our, just being us” (student from school B).

Programme as Culturally Applicable

This theme identified a pattern of students endorsing the Te Reo Tuakiri programme as aligned with their cultures. Participants at school B spoke in general terms about how the programme was a good fit for their culture.

Um, do you feel like the programme gelled with your guy’s culture? (Regan).

Yep (Student 1 from school B).

Yep (student 2 from school B).

Yeah? (Regan).

Definitely did (student 1 from school B).

Any parts not so much? (Regan).

Oh um (student 1 from school B).

Not really (student 2 from school B).

That's good to know (Sophie the co-facilitator).

Is that the same for everyone, you felt like it gelled with your culture? (Regan).

Yeah, pretty much (student 3 from school B).

Similarly, Keisha and Tane from school A spoke about why the people involved and the setting of programme worked for their cultures.

Do you feel like the programme was like a good fit for your guy's cultures? (Regan).

Nah *spoken quietly* (Keisha).

Definitely (Tane).

Any like particular parts that you thought were a good fit? (Regan).

I thought every part is (Tane).

Oh, for our culture? (Keisha).

Yeah (Regan).

Yeah, the marae, being in the marae, like made me feel at home, just being at home (Keisha).

Nice (Regan).

Just being around people who can relate to what we've gone through, basically feels like family (Tane).

Of note, Keisha initially replied "nah" when asked if the programme was a good fit culturally, however, after clarifying I was asking about culture, she noted the setting of the programme in the marae made her feel comfortable. It is possible Keisha initially misunderstood the question or

changed her answer after hearing Tane's affirmative response. In the same focus group Charlotte noted that they appreciated how Mark the facilitator used te reo Māori when teaching them. "I reckon what helped was he was always talking in Māori" (Charlotte).

Whilst participants from school B did not expand on how the programme was a good fit for their cultures, Keisha, Tane and Charlotte explained that the programme provided a level of cultural familiarity through factors such as the setting, people involved, and use of te reo. It would have been beneficial for me to ask for more examples from the participants about how the programme was a good fit culturally. When reflecting on the focus groups I remember feeling some hesitancy asking participants about culture. This may be because I felt out of my depth as a Pākehā talking about Māori and Pacific cultures and did not want to get things wrong or bring attention to my status as an 'outsider'. Unfortunately, my tentativeness meant I did not provide ideal opportunities for the participants to share deeply about their cultural experience of the programme.

There was a mixed response from students when asked if they would feel comfortable sharing the activities from the programme with their whānau. For example, at school B students reported they would feel comfortable sharing some of the activities with their whānau and gave the whakapapa and meditation exercises as examples. Students from school A also cited the whakapapa activity when asked which activities they would feel comfortable sharing with their whānau.

Whakapapa (student from school A).

What is it about those ones that make them kind of more comfortable than others? (Sophie the co-facilitator).

That's just the normal for our families (Student from school A).

Students from both schools identified the whakapapa activity as one they would feel comfortable sharing with their whānau. This may indicate students were more comfortable with activities more aligned with Te Ao Māori models of wellbeing compared to ACT activities which have been developed in a Western context. However, participants at school A seemed to view the mindfulness exercises through a Māori cultural lens. "Oh yeah, we were being mindfulness, listening

to these Māori stories and like all these chants” (student from school A). Another student from school A stated “Oh, the Māori mindfulness” when asked which activities they were taught for the hinengaro part of te whare tapa wha.

It is likely no mistake that students felt “at home” in the programme and viewed even activities such as mindfulness through a Māori cultural lens. This is because the facilitators spoke about how they intentionally tried to “package” the programmes ACT content so that it was more relatable for the participants’ cultures, who they knew were mostly from Māori and Pacific communities.

I feel like the inclusion of the pūrākau and those aspects that are culture driven within the programme, even the name Te Reo Tuakiri made it more palatable, made the concepts of ACT therapy, which we never used or said to them, a little bit more user friendly for them because it was wrapped within Te Ao Māori framework (Mark).

...How do I take mindfulness and link it into a pūrākau that would land in my mind really well? With kids that are Māori and non-Māori, but particularly Māori and Pasifika because they're like, okay, I've heard these stories before, I didn't realise that I could link that into this concept which I don't know much about (Kiri).

Further, when speaking to the choice point model, Lisa noted that Kiri was able to help her link the activity to culturally relevant metaphors.

I think...[Kiri's] knowledge is real useful because she's been brought up with the Māori stories...that knowledge like metaphors, like with the stars and the values, like that stuff landed with them...If you can introduce it with a little bit of a cultural flavour then they're more open to this Pākehā choice model on the board you know? (Lisa).

The above extracts evidence that certain ACT content can be adapted to better align with Te Ao Māori. This is important as it makes the processes more accessible and easier to understand, increasing the likelihood of the students adopting the practices and sharing them with their whānau.

Table 4*ACT Activities and Their Descriptions*

Activity	Description
Choice Point Model	The Choice Point is an ACT model developed by Ciarrochi et al. (2015) which asks participants to think about a challenging situation they are facing and while doing so notice their inner experience, especially any difficult thoughts, feelings or sensations that are showing up. Rather than getting caught up by these difficult inner experiences the rangatahi are encouraged to consider which values, tools, and strengths may be helpful for responding to this challenge and assist them in moving toward actions that align with the person they want to be.
Leaves on a Stream	The leaves on a stream exercise introduces the concept of ‘upward thinking’ described as thoughts that help me behave like the person I want to be, and ‘downward thinking’ described as thoughts that lead me away from the person I want to be. Facilitators ask rangatahi for an example of a challenging situation in their lives and together they brainstorm thoughts that may arise which either bring them closer to who they want to be (e.g., “I can try my best”) or away from who they want to be (e.g., “I’m going to fail”). The thoughts are then written on cut out leaves and placed on the ground with ‘upward thoughts’ placed above the challenging situation in the middle and ‘downward thoughts’ placed below. The participants are encouraged to explore different ways of focusing their attention on the leaves (e.g., just on the upward leaves, just on the downward leaves, on all the leaves at once, from up close, and far away) and to notice any changes to their emotional state whilst doing so. The emphasis is on shifting attention from ‘downward thinking’ thoughts to ‘upward thinking’ thoughts rather than trying to generate positive thoughts.
RAIN	RAIN is an acronym which guides rangatahi through several ACT processes including present moment awareness, acceptance, and committed action. RAIN stands for Recognise (noticing and naming an emotion), Accept or Allow (dropping the struggle with the emotion and allowing it to be there), Investigate (becoming curious about where and how the emotion manifests in their bodies), and Nurture (responding to their emotion in a kind, caring way and looking after themselves) (Brach, 2017). Participants are encouraged to write out the RAIN exercise in their journals.
Mindfulness Meditations	Several different mindfulness meditations are practiced throughout the programme. These include mindfulness meditations which focus on bringing awareness to different aspects of the participants present moment experience such as their breath, their body, and their thoughts.

Chapter Seven: Discussion

This chapter will present a discussion of both the quantitative results and qualitative analysis of this study. To provide structure to this section the quantitative hypotheses will be discussed first, followed by discussion of the themes generated in the qualitative analysis. However, the quantitative and qualitative sections of this study will not be interpreted separately. Parallels and discrepancies between the two sets of data will be discussed throughout this section where appropriate. Limitations of the study will also be discussed along with a summary of recommendations for future research.

Discussion of Quantitative Hypotheses:

The quantitative analysis investigated three hypotheses: 1) psychological inflexibility as measured by scores on the AAQ-2 will decrease across the programme, 2) resilience as measured by scores on the RS will increase across the programme, and 3) there will be an inverse correlation between scores on the RS and the AAQ-2.

As outlined in the results chapter, overall, the ANOVA and correlation analyses did not show statistically significant results. This may be due to the low power of the study given the small sample size. As low power increases the risk of making type II errors, it is still worth interpreting the results and fully considering their real-world implications. The results of each of these hypotheses will be discussed below.

Hypothesis One: Psychological Inflexibility as Measured by Scores on the AAQ-2 Will Decrease Across the Programme

The results of the repeated measures ANOVA showed there was not a statistically significant difference in AAQ-2 scores across the three time points. From pre to post programme the results showed a very small effect size, indicating that overall, the participants' PF did not change markedly across the programme.

Whilst not statistically significant there were some interesting changes in AAQ-2 scores across the three time points. AAQ-2 scores from pre to mid programme showed a medium decrease in effect size and then a small increase in effect size from mid to post programme. This indicates that the participants psychological inflexibility decreased moderately during the first half of the programme

but then increased again during the second half of the programme to just below the participants initial scores. This trend may reflect the way the programme is structured in that the first half of the programme focuses on learning the ACT content and the second half of the programme is dedicated to working with the tamariki. It may be that the students saw a decrease in psychological inflexibility only whilst they were actively engaging with ACT activities (e.g., the leaves on a stream and choice point activities) and that this PF waned when they were practicing activities that had less of an ACT focus (e.g., the pūrakau).

ACT processes may be particularly sensitive to practice effects because they are not intuitive. Hayes et al. (2012) explain that from an ACT perspective human suffering results from a misapplication of otherwise normal, healthy, psychological processes. This is what they refer to as the *assumption of destructive normality* in that human cognition has evolved extremely successful strategies for controlling difficulties in our external world that we then naturally apply to our internal worlds. This misapplication of psychological processes results in psychological inflexibility, or more specifically, fusion with thoughts and self-evaluations, attempts to avoid difficult private experiences, lack of contact with the present moment, remoteness from one's values, and behaviour that seeks to control our internal states at the cost of mindful, valued living. ACT processes go against these ingrained responses to our private experiences, therefore, without regular practice of ACT activities the Te Reo Tuakiri participants may have yielded to habitual approaches for managing difficulties in the second half of the programme.

This increase in AAQ-2 scores across the second half of the programme may reflect the theme 'control agenda' where I identified participant attempts to control, change or distract from their private experiences. This control agenda may have become more pronounced when the rangatahi were not actively engaging with ACT activities. Whilst it may seem obvious, studies show that participants who have greater engagement with therapies tend to have better outcomes (Glenn et al., 2013). For example, a study of an acceptance-based behaviour therapy (ABBT) found a strong significant relationship between informal mindfulness practice and measures of worry and quality of life at a nine month follow up (Morgan et al., 2014). Another evaluation of an ABBT found levels of self-reported

engagement with mindfulness and values practices was significantly associated with measures of depression (Sagon et al., 2018).

Future iterations of the Te Reo Tuakiri programme may benefit from including ACT activities throughout the programme to see if this has an impact on retention of any changes to participant PF.

Hypothesis Two: Resilience as Measured by Scores on the RS Will Increase Across the Programme

Like the AAQ-2, results of the repeated measures ANOVA showed there was not a statistically significant difference in RS scores across the three time points. However, the results were close to the p value threshold of <0.05 at $p = 0.061$. When looking at the difference between the pre and post programme scores the post hoc Bonferroni test did show a significant difference at $p = 0.05$. Figure 8 clearly demonstrates the change in RS scores across the programme and shows a small increase in RS scores from pre to mid programme and a larger increase from mid to post programme. In line with these results the effect size was medium for both pre to post programme and mid to post programme, whereas the effect size was very small from pre to mid programme. These results indicate that as predicted, student resilience increased across the programme and the rangatahi saw the largest benefit during the second half of the programme.

In an interesting contrast to the AAQ-2 results which saw a relative decrease in PF during the second half of the programme, student resilience appeared to increase. As discussed above, the second half of the programme had a greater focus on Te Ao Māori models of wellbeing compared to ACT content and largely involved the rangatahi working with the tamariki and teaching them the pūrākau. This may suggest that this content had a greater impact on participant resilience compared to the ACT activities.

This result aligns with previous research which found that for Māori, engagement with Te Ao Māori has a positive impact on resilience. For example, a longitudinal study by Fox et al. (2018) found that cultural embeddedness predicted adaptive coping strategies for Māori youth. Further, a study by Sanders and Munford (2015) found Māori and Pacific youth had better resilience outcomes compared to their Pākeha peers, even though they displayed significantly greater risk factors as

assessed by measures of depression, delinquency, and conduct problems. The authors suggest that Māori and Pacific youth had access to culturally anchored protective factors such as wider networks of support, spiritual meaning systems, and stronger identity, which bolstered resilience even in the context of greater disadvantage. Lee-Penehira et al. (2014) explain that for Māori, resilience is best understood as a feature of the collective rather than the individual and contend that the importance of collectivism in Māori culture has been critical in assisting Māori to survive colonialist oppression. Whereas many of the ACT activities in the programme could be practiced individually (e.g., journaling RAIN, the choice point) several of the Te Ao Māori interventions offered in Te Reo Tuakiri were relational and encouraged connection with others. For example, performing the pūrākau necessitated the rangatahi connecting with both their peers and the tamariki.

In the Te Reo Tuakiri programme, participant resilience may have been enhanced by participation in culturally aligned activities such as learning pūrākau or engagement in the tuakana-teina relationship with the tamariki. In their thesis on the impact of traditional Māori practices on Māori youth with suicidal behaviours, Gemmell (2020) explains that the practice of pūrākau fosters a positive cultural identity. They elucidate that the practice of pūrākau strengthens identity, provides a sense of belonging, and strengthens community connection. Furthermore, Hakopa (2019) explains that the inter-generational messages contained in pūrākau speak to cultural knowledge that contain values related to resilience of identity, connection, and belonging.

Therefore, it may be that the Te Ao Māori practices in the programme, such as the pūrākau, foster resilience by creating opportunities for community connection with their peers, the facilitators, and the local tamariki. Further, the messages within the chosen pūrākau may reinforce culturally relevant narratives about resilience. The theme 'programme as culturally applicable' provides some support that the participants found the programme to be culturally relevant and cited factors such as the setting of the programme in the marae, use of te reo, and being able to relate to the people involved. The facilitators identified that they purposefully adapted activities to align with a Te Ao Māori perspective which may have been helpful in providing participants with the ingredients necessary to strengthen their resilience. Having access to adults who are culturally aware and

responsive to their needs has been identified as an important factor for Māori rangatahi in secondary schools for developing resilience (Berryman et al., 2017).

The Te Ao Māori models of wellbeing taught in the Te Reo Tuakiri programme were not a focus of this study but deserve further attention in future evaluations of the programme.

Hypothesis Three: There Will be an Inverse Correlation Between Scores on the RS and the AAQ-2

The results showed that there was not a significant correlation between the RS and AAQ-2 at any of the three time points. This result goes against the hypothesis that as psychological inflexibility decreased resilience would increase. Interestingly, the trend observed was almost the opposite of what was predicted. During the first half of the programme psychological inflexibility showed a medium decrease in effect size indicating a noticeable practical decrease in psychological inflexibility for the rangatahi during this period. However, during this same period resilience scores only showed a very small increase in effect size, indicating that changes in student resilience during the first half of the programme were barely perceptible. As delineated above, during the second half of the programme psychological inflexibility actually increased, and student resilience showed a medium increase in effect size. If PF was a factor in increasing student resilience, we would expect to see the AAQ-2 scores decrease as the RS scores increased, however, we did not. This seems to indicate that the students' level of PF did not impact their level of resilience, and by extension the ACT components of the Te Reo Tuakiri programme did not have a marked impact on participant resilience.

Whilst researchers have hypothesised that PF may act as a factor in increasing resilience, they are still distinct concepts (Salande & Hawkins, 2017). PF and resilience both reference behaviour change. In PF behaviour change is conceptualised as taking mindful and values congruent action, whereas resilience refers to the ability to 'bounce back' or respond well to adversity. Whilst it is possible mindful and values congruent behaviour would be helpful for responding well in difficult circumstances, there are also other strategies that could be beneficial, such as the Te Ao Māori models of wellbeing delineated above. For example, this could include relying on whānau support systems or reflecting on ancestral knowledge.

It is also worth remembering that PF is made up of six core processes: present moment awareness, acceptance, cognitive defusion, self-as-context, contact with values, and committed action. It is possible that strategies enacted by the participants for increasing resilience had overlap with some of these processes but not others. For example, reaching out to whānau for support would likely correspond to the ACT processes of contact with values and committed action, however, they may do so while fused with difficult thoughts and an unwillingness to accept their present moment experience. The AAQ-2 treats PF as a single dimension and does not compartmentalise the six core ACT processes (Rolffs et al., 2018). Future evaluations may benefit from employing alternative measures of PF that can assess discrete ACT processes to better understand which of these are being successfully targeted by the programme and which may need more attention. Potential alternatives include the Multidimensional Psychological Flexibility Inventory (MPFI) which assesses all 12 processes of PF and psychological inflexibility (Rolffs et al., 2018), and the Comprehensive Assessment of Acceptance and Commitment Therapy Processes (compACT) which includes three subscales which measure openness to experience, behavioural awareness, and valued action (Francis et al., 2016).

Discussion of Themes

The qualitative analysis investigated participants' experiences, understandings, practices, and the cultural appropriateness of the ACT content taught in the Te Reo Tuakiri programme. Through this analysis four themes were generated including 1) ACT processes as helpful for managing private experiences, 2) control agenda, 3) putting learning into practice, and 4) programme as culturally applicable.

ACT Processes as Helpful for Managing Private Experiences

In this theme I identified a pattern of participants sharing that the ACT activities were helpful for managing private experiences including thoughts, feelings, and sensations. Participants referenced specific ACT activities in the programme including leaves on a stream, RAIN, and mindfulness meditations. The participants not only described these activities as helpful but also articulated them in ACT congruent ways. For instance, in the RAIN activity participants spoke about accepting difficult

emotions as opposed to trying to avoid or change how they were feeling. These descriptions aligned with the ACT process of acceptance which refers to the process of opening up and making room for difficult private experiences instead of trying to avoid or change them (i.e., experiential avoidance) (Harris, 2009)

One of the participants, Keisha, explained the rationale for accepting emotions is because they are outside of their personal control. This speaks to a central tenet of ACT “focus on what you can control and change (your behaviour) and accept what you can’t” (Hayes, Strosahl, Luoma, et al., 2004, p. 38). Viewing emotions as uncontrollable aligns well with an ACT perspective and demonstrates that Keisha is viewing her emotions from more of an ACT lens than compared to a CBT lens which may have more of a focus on attempts to change or modify private experiences.

In speaking to what they can control both Keisha and other participants spoke about the ‘nurture’ element of the RAIN acronym. Nurture in this context can be analogous to self-compassion, that is, treating ourselves with the same kindness and care we might show a good friend who is experiencing something difficult (Neff, 2015). Although the participants may not be able to control which difficult emotions show up, they do have control over how they treat themselves in that context. The developer of the RAIN acronym, Tara Brach (2017), suggests acts of nurture can be as simple as offering yourself words of kindness or placing a comforting hand over one’s heart. Engaging in the nurture component of the RAIN exercise could be interpreted as a form of committed action. Participants from both schools reported they would still accept an emotion even if was typically considered negative, such as sadness or anger. Rather than responding automatically to feelings of anger and the thoughts and sensations that accompany them, the participants may choose to act in ways more aligned with their values (e.g., practicing self-compassion). In this way, practicing acceptance may have also facilitated some of the patterns identified in the theme ‘putting learning into practice’ in that they were able to make room for difficult private experiences in the pursuit of a valued goal.

The students’ perspectives on acceptance also aligned with how the facilitators spoke about the RAIN activity. Both Mark and Kiri spoke about the importance of teaching the students to be

present with difficult thoughts and emotions and being willing to experience them. Kiri tried to make this idea more culturally relatable by comparing emotions to Atua and noting that each Atua holds its own value. Explaining acceptance in this way may have reframed the common dichotomous perspective of emotions as either positive or negative and increased the willingness of the rangatahi to try accepting difficult emotions rather than trying to control or get rid of them. It also aligns with the ACT perspective of emotions as “messengers bearing gifts” in that they are seen as valuable resources that help us to learn from our experience (Harris, 2019, p. 2).

Participants also spoke about how mindfulness practices in the programme helped them to increase their awareness of their private experiences and shift their attention to different aspects of their experience. For example, participants noted that bringing their attention to different aspects of their present moment experience helped them to make sense of what was going on for them in a particular context. Increased attention to private experiences can be a helpful tool for deciding how to act in a given context. This speaks to the value of present moment awareness over experiential avoidance as Ciarrochi and Blackledge (2013) put it “if we do not know what the message is, we will find it difficult to act effectively” (p. 214). For example, one student reported they were able to attribute feelings of anxiety to certain thoughts. This awareness is important as the student is able to distinguish that it is their thoughts that are impacting their mood and not necessarily an aspect of their environment (e.g., it is thoughts about performing in front of others that is contributing to feelings of anxiety and not just the act of performing in front of others). Having this awareness may set the students up to act more effectively (e.g., practice cognitive defusion to distance themselves from thoughts of what could go wrong rather than avoiding performing) and better regulate their emotions.

When discussing the leaves on a stream exercise Tane noted that he became aware he tends to “think negative first”. Tane may be alluding to the phenomenon of negative attentional bias which is the tendency for humans to attend to negative aspects of our experience and ignore more positive aspects of our experience (Mennen et al., 2019). In this way Tane is focusing not just on the content of his thoughts (whether they are ‘negative’ or ‘positive’) but also on the process of thinking (the tendency to attend to negative thoughts at the expense of positive thoughts). This activity likely

fosters the process of cognitive defusion as Tane is bringing attention to the process of thinking. In doing so Tane may more easily be able to break the illusion that his thoughts reflect reality and instead see these thoughts as one feature of his private experience alongside others. As discussed in the results section it is difficult to interpret whether Tane is referring to changing his thoughts when he says, “think more positive” or shifting his attention from ‘negative’ thoughts to ‘positive’ thoughts. Tane’s focus on ‘positive’ and ‘negative’ thoughts may be influenced by the leaves on a stream activity which sorts thoughts into ‘upward thinking’ and ‘downward thinking’. This dichotomising of thoughts into ‘up’ and ‘down’ may foster preconceived notions of private experiences as ‘good’ and therefore okay to experience and ‘bad’ and therefore should be controlled or eliminated. To avoid confusion and reinforce the rationale of the exercise, it may be beneficial to speak about thoughts more broadly or distinguish them as ‘helpful to pay attention to’ or ‘not helpful to pay attention to’.

Participants also reported a benefit of practising mindfulness is that in bringing awareness to the present moment you are shifting attention away from memories of the past and imaginings of the future. Harris (2009) explains that a common difficulty clients experience is becoming fused with past or future. He explains this may manifest in such ways as ruminating on past mistakes or worrying about a future problem. The issue with fusion to past and future is that it can create unnecessary suffering by eliciting difficult thoughts and emotions associated with the past hurt or future worry. Furthermore, it takes time, attention, and effort away from our ability to engage in committed action in the present moment. The mindfulness activities as taught in the programme, such as bringing attention to the breath or noticing sensations in the body, provide the rangatahi with a powerful skill to redirect their attention to the present moment when they notice they have become fused with unhelpful thoughts, emotions, or sensations.

Another benefit of the mindfulness exercises identified by the participants is its calming effects. Participants identified that the mindfulness activities helped them to reduce stress, increase relaxation, and feel calmer. This seemed to be supported by the facilitators as Lisa identified that she noticed an “instant change” in the rangatahi when guiding them through mindfulness meditations. ACT has a different interpretation of emotion regulation compared to other therapy modalities which

have symptom reduction as a primary goal. Harris (2019) explains that from an ACT perspective the aim of emotion regulation “...is to understand, accept, and utilise our emotions to help us live by our values and act effectively” (p. 2). The purpose of mindfulness meditation is to increase present moment awareness, not to change or alter that present moment experience. Although not its primary aim, research has found that symptom reduction is a convenient by-product of ACT (Dindo et al., 2017). Whilst most of the participants only spoke about changes to their affect as something they liked about the mindfulness exercises, one student, Charlotte, reported they practiced mindfulness “to calm ourselves down”. It is important the participants have a good understanding that symptom reduction is not the intent of these practices, otherwise students may use mindfulness meditation as another experiential avoidance strategy (e.g., practicing mindfulness in an attempt to change or get rid of a difficult emotion). Further, if the rangatahi believe the intent of mindfulness is to feel calm, they may discontinue the practice when doing so does not have the desired result.

The ACT congruent perspectives highlighted above demonstrate that some participants were responding in a psychologically flexible way to their private experiences. This appears to be partly supported in the quantitative data which showed a medium effect size for PF from pre to mid programme. However, the focus groups from which the qualitative data was obtained took place after the programme was completed, and across the entire programme PF scores showed little improvement from baseline. It may be that whilst some participants could articulate ACT congruent understandings, they were not routinely engaging with the ACT processes. In other words, the participants may have understood the process or rationale for certain ACT activities but were not readily using them and therefore they were not having an impact on their PF. This would be understandable as adopting new coping strategies is difficult and there is evidence that humans tend to resort back to habitual processes at the expense of goal directed behaviour in stressful situations (Schwabe & Wolf, 2009).

Control Agenda

In contrast to the above theme, I also identified a pattern of participants articulating ACT incongruent understandings or practices. These perspectives often felt analogous to the concept of experiential avoidance in that participants were trying to control, change, or avoid an aspect of their

private experience. This theme appears to offer some support for the quantitative analysis which found participants' levels of psychological inflexibility increased to just below their baseline levels by the end of the programme. As the focus groups took place at the end of the programme it may be that the perspectives about controlling private experiences represented this increase in psychological inflexibility from mid to post programme. As discussed above, this may be because Te Reo Tuakiri had less of a focus on ACT activities during the second half of the programme.

Interestingly, there were participants who appeared to endorse both ACT congruent and ACT incongruent perspectives in the same focus group. For example, Keisha advocated for both accepting "negative thoughts" because they are "uncontrollable" and trying to control her negative thoughts. As discussed in the qualitative analysis these shifting perspectives may be explained by the concept of destructive normality in ACT which assumes normal, healthy psychological processes often have destructive and dysfunctional results (Hayes, Strosahl, et al., 2012). For Keisha, this may manifest in attempts to control or get rid of difficult thoughts. Hayes et al. (2012) explains that using psychological processes in this way is reinforced by a "culturally shaped change agenda" which assumes undesirable private experiences are signs something is wrong with a person and that they need to change (p.164). This is to say, that it is expected that some participants may struggle to consistently demonstrate ACT congruent perspectives as these are being countered by dominant biological and social forces.

Of note, even though Keisha reported a desire to control having negative thoughts, she could not readily describe a strategy for achieving this. This may be because the programme does not offer strategies for "controlling" or modifying thoughts, such as cognitive restructuring in traditional CBT, and instead advocates for acceptance and cognitive defusion processes. Whilst ACT may avoid terming present moment awareness as a form of cognitive control, other mindfulness traditions do not have this issue. Shakya (2023) explains that "control of the monkey mind" is a core notion of many contemplative traditions and refers to the ability to bring into awareness the automaticity of private experiences. In this way it is possible that Keisha may have used the word 'control' to describe ACT

congruent practices. These focus groups may have benefitted from spending time unpacking certain key terms to ensure shared understanding of their meaning in this context.

There are differing opinions in the literature about whether PF and psychological inflexibility are two ends of one spectrum or distinct but related constructs (Fang & Ding, 2022). For instance, the authors of the AAQ-2 used in this study claim the psychometric is both a measure of PF and psychological inflexibility, and explain that higher total scores represent less PF and lower total scores represent more PF (Bond et al., 2011). However, more recent studies have found only moderate correlations between dimensions of PF and psychological inflexibility, indicating that people may act in both flexible and inflexible ways depending on the context. This way of conceptualising PF and psychological inflexibility may help to explain why participants expressed both ACT congruent and incongruent perspectives across the focus groups.

There were times when participants appeared to have difficulty explaining the rationale or process of certain ACT activities. For instance, even though participants at school B endorsed acceptance strategies for managing difficult private experiences, they could not articulate what this process looked like or how it differed from not accepting private experiences. Moreover, Max from school A admitted he did not understand the rationale for acceptance and expressed concern that doing so would exacerbate difficult emotions. Again, these perspectives may be explained through the assumption of destructive normality. Hayes et al. (2012) explains that clients often approach therapy with a predetermined objective "...identify the problem ("bad" thoughts, feelings etc.), eliminate the problem (eliminate "bad" thoughts, feelings etc.), and then life will improve" (p. 167). It is for this common reason why ACT therapists often incorporate 'creative hopelessness' into therapy. Creative hopelessness refers to the process of encouraging clients to interrogate their current coping strategies, which often have an emphasis on controlling private experiences, and illuminate their unworkability. The objective is to foster hopelessness toward their current unhelpful coping strategies so that they will be more receptive to the often confronting ACT processes which involve increased contact with difficult private experiences (Harris, 2018). The Te Reo Tuakiri programme may benefit from

incorporating some creative hopelessness exercises into their sessions to help address participant concerns and reinforce the rationale for particular exercises.

Another factor that may have impacted the ACT incongruent perspectives is the high number of student absences across the programme. Whilst session attendance rates were not recorded, the rangatahi, their teachers, and the facilitators all commented that students were frequently absent across the programme. As discussed in the introduction to the qualitative analysis, reasons for student absences included, illness related to COVID-19, one school having more flexibility on when students could turn up to class, and students having other commitments, such as Charlotte who shared she often does not get up for school because she works a night shift. This may reflect the harsh socioeconomic realities for many rangatahi living in Tamaki Makaurau, with research finding Aotearoa has one of the highest rates of child poverty among developed countries, with young Māori and Pacific peoples more likely to live in households with low income and material hardship (Prakash, 2022). This highlights the need for a holistic approach when discussing youth mental health in Aotearoa, as students who are preoccupied with obtaining their basic needs will have less time and energy to devote to early interventions like Te Reo Tuakiri (Gibson et al., 2017).

Students who were absent during the programme may have had less opportunity to practice activities that targeted psychological inflexibility or missed out on facilitators explaining the rationale for certain activities. Future evaluations of the Te Reo Tuakiri programme may benefit from recording attendance rates to see whether these have an impact on PF scores. Another contextual factor highlighted in the introduction to the qualitative analysis was that the three facilitators did not have much experience with ACT. Whilst their viewpoints in the focus group appeared to align well with an ACT perspective, it is possible they may have struggled to articulate these to participants in a way which was easily understood. Going forward Te Reo Tuakiri facilitators may benefit from engaging in more formal ACT training and by implementing ACT processes into their own lives.

Putting Learning Into Practice

In this theme I identified a pattern of participants reporting instances where they acted on things they learnt throughout the programme. Some of this behaviour could be interpreted as instances of the rangatahi engaging in committed action, that is, acting in ways that are aligned with their values. For instance, several participants spoke positively about engaging in new social behaviours such as “putting themselves out there”, “talking in like big crowds and stuff”, and “helps you get to know people instead of hiding”. It is likely that underlying these new behaviours were certain values that the rangatahi felt were important to act on (e.g., courage, communication, or connection). Whilst these participants did not report the motivations for these behaviours, one participant noted that being aware of their values helped motivate them to spend more time with their friends.

Some participants reported that they felt more comfortable expressing their feelings with one another across the programme and cited the check-in at the beginning of the sessions as an activity that helped facilitate this. Participants Charlotte, Tane, Max, and Keisha noted that this practice increased their confidence to share their feelings with others and explained that this confidence grew the more they did it. This process could be compared to exposure therapy in CBT, in that the rangatahi were being repeatedly exposed to a situation that likely invoked difficult thoughts, feelings and sensations. However, unlike exposure therapy in CBT, which has symptom reduction as its goal, this activity appears to align more with an ACT approach which encourages exposure to difficult private experiences in pursuit of values congruent goals. Rather than encouraging the rangatahi to engage in these activities to reduce unwanted private experiences, the facilitators encouraged the rangatahi to accept their feelings and as the facilitator Mark put it “...be present with what it is...without wanting to get rid of it and learning how to be with it” (Gloster et al., 2012). Further, when discussing the benefits of activities such as the check-in, the participants did not tend to speak about what they were experiencing less of (e.g., feeling less anxious), rather they spoke about practical gains, such as engaging more with other year groups in the class, being nicer to people, or speaking up if they disagreed with something.

As highlighted earlier, the strategies the participants spoke to in the theme ‘ACT processes as helpful for managing private experiences’ may have helped them to engage in new behaviours. In speaking about the rangatahi going on to work with the tamariki, one of the facilitators, Mark, noted that the students needed to work through the ACT activities in order to “come into the world of light” and share these tools with the tamariki. Mark appears to be speaking about more than just the rangatahi learning ACT activities to then teach to the tamariki. Rather, Mark hopes that the ACT strategies will help the rangatahi to engage with the tamariki without getting caught up by unhelpful thoughts such as “what are my mates going to think of me”. Mark appears to be suggesting that by engaging in activities that foster ACT processes such as cognitive defusion or acceptance, the participants may have been able to better manage these thoughts without letting them guide their behaviour.

One of the participants from school A, Max, provides a good example of this when discussing the benefits of the RAIN activity. Max reported that the RAIN activity can be helpful for making better decisions when in a difficult situation. Providing an example, Max states the RAIN activity could be helpful if people are calling him names and want to fight him, in that, it provides “time to think and time to shut the situation down”. Max may be referring to an ACT skill that Harris (2008) calls ‘urge surfing’. This is the process of noticing when an urge arises (e.g., the urge to retaliate), checking in with your values and asking yourself whether acting on this urge will bring you closer or further away from the person you want to be, and then taking action that is aligned with your values (e.g., shutting the situation down). Urge surfing may involve a number of ACT processes, namely, present moment awareness (noticing an urge as it arises), contact with values (awareness of whether a particular action aligns with one’s values) and committed action (acting in a way that aligns with one’s values).

One of the facilitators, Mark, spoke about watching the rangatahi “stand in their mana” when engaging with the tamariki. Mana is a fundamental and multi-layered concept in Māori culture. Mead (2016) describes mana as having to do with one’s social standing in the collective and notes that people can possess varying levels of mana. There are different aspects of mana: mana that is imbued

from the gods (mana atua), mana that is inherited from ancestors (mana tūpuna), mana which is derived from an attachment to a certain geographical location (mana whēnua), and mana which is acquired through one's effort, skills, and achievement (mana tangata) (Hokowhitu, 2021). Unlike committed action, mana is a spiritual concept and Reidy (2014) explains that there is agreement in the literature that spiritual power is the ultimate source of mana. Still, there may be some correlates between the two concepts that are worth exploring. Committed action involves behaviour that moves people toward their values consistent goals (Fletcher & Hayes, 2005). There may be some overlap with the term mana tangata, as Mead (2016) explains, mana tangata is increased through proven contributions to the group over time. Whereas committed action has more of a focus on acting on personal values, mana tangata appears to be more concerned with collective values. An example of this may be the tuakana-teina relationships fostered through the rangatahi teaching the tamariki the pūrakau. Simpson et al. (2020) explain that the tuakana-teina relationship can be a mana enhancing process when it involves Māori values such as manaakitanga (generosity), utu, (reciprocity), and aroha (love). It is possible that some of the ACT skills learnt throughout the programme (e.g., acceptance of difficult thoughts or emotions) helped the rangatahi better manage these difficult private experiences, therefore making it easier for them to engage in these mana-enhancing activities.

Programme as Culturally Applicable

This theme identified a pattern of students endorsing the Te Reo Tuakiri programme as aligned with their cultures. Whilst ethnicity data was not collected as part of this study, we know from the schools' demographic statistics a majority of the participants likely identified with Māori or Pacific ethnicity.

Participants from both schools reported they would feel comfortable sharing some activities from the programme with their whānau. A large body of evidence contends that whānaungatanga (whānau connectedness) is fundamental to rangatahi wellbeing (Hamley et al., 2023) and has been found to build resilience (Waiti & Kingi, 2014) and reduce risks such as suicide (Clark et al., 2011). Furthermore, qualitative evidence suggests rangatahi view connection to their whānau as an important part of their wellbeing (Carlson et al., 2022; Hamley et al., 2023; Koopu, 2023). Feeling comfortable

bringing an activity from the programme into their home is likely a marker of the activity's cultural suitability. This is beneficial in that it provides rangatahi opportunities to engage whānau in discussions about their mental health and further disseminates the activities, potentially extending their impact.

Participants named both traditional Māori activities (e.g., the whakapapa exercise) and non-traditional Māori activities (e.g., mindfulness meditation) when asked which activities they would feel comfortable sharing with their whānau. Mindfulness meditation originated from Buddhism and has more recently been secularised in Western mental health interventions including mindfulness based stress reduction (MBSR) and ACT (Fung, 2015). However, some participants in the Te Reo Tuakiri programme did not seem to conceptualise the mindfulness exercises as an Eastern or Western practice, but rather spoke about them as aligned with Māori culture. This is likely because a number of the ACT activities in the Te Reo Tuakiri programme have been adapted to better fit within the context of Te Ao Māori. For example, in a mindfulness exercise repeated across the programme, facilitators utilised te reo to encourage the rangatahi to bring their attention to the present moment experience of breathing. The facilitators instruct the participants to breathe in and out by saying “tahi, rua, toru, hā”. ‘Tahi’, ‘rua’, and ‘toru’ translate to ‘one’, ‘two’, and ‘three’ in English and directs the participants to breathe in for three seconds. “Hā” which conveniently rhymes with the word for four (whā) in te reo, means ‘to breathe’ in English and directs the rangatahi to breathe out.

The facilitators spoke about consciously embedding the ACT activities within a Te Ao Māori framework. Another example of this is the inclusion of relevant Māori metaphors when introducing the choice point model. Other adolescent mental health programmes have compared the use of values in the choice point model to a compass in that they help provide direction toward the things that are important to the participants (Petersen et al., 2022). However, in the Te Reo Tuakiri programme the facilitators used a similar, but more culturally compatible metaphor and compared their values to the stars their tūpuna (ancestors) used to help them navigate during long ocean voyages. It may be that cultural adaptations such as these helped the rangatahi to relate to the ACT content and contributed to them endorsing the programme as culturally appropriate. Having cultural ‘buy-in’ may have

facilitated engagement with the ACT content which, as reasoned above, helped them to better manage their private experiences and act in ways that aligned with their values.

This conclusion aligns with preliminary research that suggest ACT is effective across diverse ethnic groups despite originating in a Western cultural context (Fuchs et al., 2013; Woidneck et al., 2014). Masuda et al. (2022) argue that ACT's foundation in functional contextualism means that skilled practitioners should be continually adapting their practice to respond to the unique cultural contexts which shape client behaviour. The authors explain that the concept of workability may be a useful criterion when considering using ACT in different cultural contexts. That is, if a certain ACT activity or metaphor is not working to increase a client's PF, then adjustments should be made to make it more 'workable'. The facilitators in the Te Reo Tuakiri programme appear to have done just that in adapting ACT content to be better understood from a Te Ao Māori worldview.

This study adds to a small pool of research that indicates ACT may be an appropriate intervention for Māori. For example, a case study evaluating an ACT intervention for an older Māori male experiencing health anxiety as a result of nuclear testing exposure, demonstrated clinically significant reductions in health anxiety, experiential avoidance, and overall distress (Jourdain & Dulin, 2009). Another study evaluated an ACT informed wellbeing course for New Zealand Defence Force (NZDF) staff. Although the results were not analysed by ethnicity, Māori represented the largest ethnic group of participants at 39 percent. The results of the intervention showed significant reductions in measures of alcohol-use, aggression, perceived stress, anxiety, and improvements in emotion management (Harvey et al., 2018). Again, whilst ethnicity was not a focus of the research, a study investigating the wellbeing of university students using an ACT-based smartphone app, found the only Māori participant among the sample of nine was one of the most frequent users of the app (Li, 2018). More research is needed to evaluate the effectiveness of ACT for Māori. This research would benefit from larger sample sizes and comparison between different ethnic groups.

Despite the limited outcome research there are some therapists and researchers in Aotearoa who endorse ACT as an appropriate therapy option for Māori. For instance, a study investigating the perspectives of CBT trainees and their supervisors on ACT, found a clear majority thought ACT

would be appropriate to use with Māori. Participants reasoned that ACT could be successfully utilised if therapists had knowledge of Māori culture. However, a limitation of this study is that only five percent of respondents identified as Māori. In their thesis Mitchell, (2014) who does identify as Māori, chose an ACT intervention to investigate the experiences of thirty Māori women who engaged in whakapapa sharing in therapy. Mitchell (2014) reported they chose the modality because they felt the ACT processes could be easily integrated into the te whare tapa whā model of health. Further, Karl et al. (2022) cites the M3 Mindfulness for Children programme as an example of the compatibility between traditional Māori practices and contemporary mindfulness processes.

This study provides further evidence that ACT may be an appropriate therapeutic modality for use with Māori populations, and specifically Māori rangatahi. Future research would benefit from a specific focus on the adaptation of ACT for Māori populations. I frequently identified limitations in my knowledge of Te Ao Māori throughout this research process and although I strived to learn and understand, my cultural worldview is inextricably coloured by my own upbringing and experiences in a Pākehā cultural context. Future research investigating the adaptation of ACT for Māori populations would likely benefit from a Kaupapa Māori research approach which privileges mātauranga Māori (Māori knowledge) over Western ways of knowing. I believe Māori research communities are best placed to investigate whether or not ACT is a suitable intervention for tangata whenua.

Limitations of the Research

Several limitations have been identified throughout this research project and should be considered when interpreting the results. Firstly, this study has a small sample size and therefore caution should be taken when generalising these findings outside of the particular context of this research project. Unfortunately, including more participants from other Te Reo Tuakiri programmes outside of Tamaki Makaurau, or during different periods of the year, was outside the scope and time restrictions of the present study, which had already been significantly delayed due to COVID-19 lockdowns and changes to the programme. Future evaluations of the Te Reo Tuakiri programme would benefit from including a larger sample of participants. This could be achieved by integrating

quantitative measures and qualitative feedback procedures into all offerings of the Te Reo Tuakiri programme across Aotearoa.

Future evaluations would also benefit from including demographics statistics such as gender, age, ethnicity, and other variables such as attendance rates. This research project was initially going to evaluate the Mindsets programme before it was gifted to M3 and adapted to incorporate aspects of the M3 Mindfulness for Children programme. Mindsets routinely collected demographics and attendance data as part of their standard practice, however, the Te Reo Tuakiri programme did not. Due to time constraints in submitting a new ethics application to the Massey Ethics Committee (who allowed me to submit a new application outside of their usual submission period in order to begin data collection in time for the beginning of the Te Reo Tuakiri programme) I decided not to include the collection of these variables and instead focus my time on adapting the existing application.

Another limitation identified throughout the research project is the suitability of the psychometric measures the AAQ-2 and the RS. Although both measures have been used successfully with adolescent populations (Furness et al., 2017; Javadi et al., 2022) I noted that some participants in this study had difficulty with literacy and comprehension, and needed assistance when completing the measures. For instance, several participants asked me to define the word 'seldom' which appears on the Likert scale of the AAQ-2. Whilst the psychometrics were chosen because they were among the most widely used and well validated measures of PF and resilience, some of the language used in the measures may be unsuitable for this population. It is possible that some participants completed the measures without completely comprehending what the measure was asking, and therefore the results should be interpreted with caution. Future evaluations may benefit from using psychometrics which have been developed for use with adolescent populations, and ideally have been validated in a NZ context. Alternative psychometrics which may be more suitable include the Avoidance and Fusion Questionnaire for Youth (AFQ-Y) which is a measure of psychological inflexibility which has been designed for use with young people (Greco et al., 2008), and the Child and Youth Resilience Measure (CYRM) which is a measure of resilience also designed for use with young people (Jefferies et al.,

2019). Furthermore, the CYRM was developed across 11 different countries and cultures so has a more culturally sensitive conceptualisation of resilience that may be a better fit for tangata whenua.

Reflecting on my first formal experience with qualitative research I would do a number of things differently. For example, I found the large size of the focus groups presented unexpected difficulties. Although opening the focus groups to all participants gave everybody the opportunity to share their insights, having a large number of participants made it difficult to identify individual voices in the analysis and potentially hindered the elicitation of richer information in the time allotted. A second smaller focus group was conducted at school A, as I felt the participants still had more to share, whereas the rangatahi at school B were quieter and I felt that a second focus group there may not elicit new information. I noted that having fewer participants during the second focus group allowed more time and space to unpack certain questions or ideas. This may mean a second focus group at school B would have been warranted but unfortunately could not be completed as the school had allocated a new kaupapa during the time slot previously filled by Te Reo Tuakiri.

I was cognisant of the richness of the data from the second focus group at school A when it came to writing my analysis as I noticed I was drawn towards these participant excerpts over others. Although I tried to include a breadth of participant examples to represent the themes generated, my analysis does feel skewed toward the participants from this focus group at times. Future evaluations may benefit from weighing up the costs and benefits of including all participant voices and obtaining richer data in the limited timeframe the schools can allocate to focus groups. Further, for large focus groups video recording may be preferable over audio recording to assist in identifying participant voices during transcription.

As a Pākeha researcher I was operating from an ‘outsider’ perspective in that I did not share the culture of many of the participants. Conducting cross-cultural research means encountering many ethical challenges (Liamputtong, 2008). This is especially true in the context of this research project, in that I am a member of the dominant culture of Aotearoa that has historically marginalised Māori and their knowledge systems through this very medium. Whilst I viewed my subjectivity as a resource in many areas of this research (e.g., my personal and professional experience with ACT) it is

important to acknowledge the limits of cross-cultural understandings and that it is impossible for pākeha to fully know the experience of being Māori (Stewart, 2018). Although I endeavoured to be reflexive and culturally sensitive throughout all stages of the research project, it is likely that Māori or Pacific researchers may have different understandings or interpretations of the data. These alternative perspectives are welcomed and should be prioritised.

Summary of Recommendations

This study presents several recommendations for the content and delivery of Te Reo Tuakiri, future evaluations of the programme, and areas for future research. These recommendations are presented below:

Recommendations for the Te Reo Tuakiri Programme

- To maintain increases to participant PF, Te Reo Tuakiri may benefit from spreading the ACT activities throughout the programme, rather than including the majority of the ACT activities in just the first ten weeks. Additionally, participants will likely benefit from continued encouragement to practice ACT activities during the second half of the programme.
- Te Reo Tuakiri may also benefit from including creative hopelessness activities into the programme to highlight the costs of psychological inflexibility processes. Doing so may help cement the rationale and increase buy-in for the ACT activities being taught.
- Attention should be given to the use of language in the programme to ensure it is congruent with an ACT perspective. For instance, the use of ‘upward’ and ‘downward’ thinking in the leaves on a stream activity may elicit unhelpful comparisons to ‘positive’ and ‘negative’ thinking, thereby implicitly encouraging participants to try and generate positive thoughts as opposed to the intended action of shifting attention onto thoughts that align with the participant’s values.
- I would also recommend the Te Reo Tuakiri programme continues adapting ACT activities to ensure they are culturally relevant for participants. This could include finding more opportunities to incorporate ACT processes into the Te Ao Māori wellbeing activities offered in the programme. An example of this could be facilitators encouraging the students to reflect

on which ACT activities may be beneficial for the different aspects of their hauora (health) as taught in te whare tapa whā.

- Lastly, M3 would likely benefit from providing more formal ACT training for their facilitators or recruiting facilitators who have professional and/or personal experience with ACT.

Recommendations for Future Evaluations of the Te Reo Tuakiri Programme

- Future evaluations of the programme would benefit from including larger sample sizes. This may be more readily achievable as the programme is enrolled in more schools. Having larger sample sizes will increase the power of subsequent analyses and provide more accurate data on the significance of change in the variables of interest.
- Future evaluations will likely benefit from using alternative psychometrics to measure the variables of interest. Factors that will be important to consider when selecting these measures include their validity and reliability, alongside their suitability for the participants age, literacy, and culture.
- Alongside completing psychometric measures, future evaluations would benefit from gathering additional data to help inform analyses. This could include demographic variables such as participants' age, gender, and ethnicity. Additionally, future analyses would benefit from collecting participants' attendance to assess whether participants who attend more sessions are seeing greater impact.
- In terms of qualitative data, future analyses may benefit from conducting smaller focus groups or single participant interviews to allow adequate space and time to gather rich information about the students' experiences of the programme. This consideration should be balanced against the rights of all participants to provide feedback on the programme. Alongside psychometric measures, M3 could also ask participants to complete a feedback form with space for the rangatahi to express their thoughts in their own words.

Recommendations for Areas of Future Research

- This study adds to a small pool of research on ACT for rangatahi, Māori, and Pacific populations in a NZ context. There is need for further research on ACT for these populations, and others in Aotearoa, to assess its suitability and effectiveness.
- Future research on ACT for Māori may benefit from a Kaupapa Māori research approach. This could include investigation of areas of convergence and divergence between ACT processes and aspects of Te Ao Māori (e.g., mana tangata and committed action). Additionally, further research into the adaptation of ACT activities for Māori would be beneficial. This may help improve the therapy's potential efficacy for Māori, not only in interventions such as Te Reo Tuakiri, but also in other therapeutic spaces across Aotearoa.
- ACT holds promise as an effective intervention to help address the mental health needs of rangatahi in Aotearoa. However, there are still many unanswered questions about how to best deliver ACT in a way that is ethical, effective, efficient, accessible, and culturally sensitive in a NZ context, and more research is needed.
- Further research into the relationship between PF and resilience is also needed to better understand whether PF could be a potential mediator for increasing participant resilience. Studies with larger sample sizes and greater power could make use of more sophisticated analytic methods to achieve these aims.
- Finally, future evaluations of mental health interventions for rangatahi in Aotearoa should prioritise not just outcomes, but also investigate the processes that potentially effect change. This will help us better understand why certain interventions work and allow us to better prioritise our limited resources to support the mental health of our young people.

Conclusion

This study provides preliminary support that the Te Reo Tuakiri programme is an effective and culturally sensitive intervention for increasing participant resilience. The evidence for the contribution ACT had on increases to participant resilience is mixed. The quantitative results did not show sustained increase in participants' PF across the programme seemingly indicating that PF was

not a mediating factor in increasing participant resilience. However, the qualitative analysis provided evidence of several ACT congruent perspectives that were beneficial in helping rangatahi better manage their private experiences and act on these newly developed skills. The qualitative analysis also provided support for the programmes cultural applicability and demonstrated the successful adaptation of ACT processes for a Māori cultural context.

The findings of this study contribute to the small body of research supporting ACT as a potentially effective and culturally sensitive intervention for Māori in Aotearoa. The study also finds support for the use of ACT with rangatahi in a secondary school setting and may represent a promising strategy for supporting the high rates of psychological distress currently seen in our young people. Whilst not the focus of this evaluation, the Te Ao Māori models of wellbeing taught in the programme appear to hold promise as potentially effective interventions for increasing the resilience of rangatahi. Further research into these models in the context of Te Reo Tuakiri is needed.

References

- Ahern, N. R., Kiehl, E. M., Sole, M. L., & Byers, J. (2006). A review of instruments measuring resilience. *Issues in Comprehensive Pediatric Nursing, 29*(2), 103–125.
<https://doi.org/10.1080/01460860600677643>
- American Psychological Association. (2011, July). *The road to resilience*. American Psychological Association. <https://www.apa.org/helpcenter/road-resilience>
- Arahanga-Doyle, H., Moradi, S., Brown, K., Neha, T., Hunter, J. A., & Scarf, D. (2019). Positive youth development in Māori and New Zealand European adolescents through an adventure education programme. *Kōtuitui: New Zealand Journal of Social Sciences Online, 14*(1), 38–51. <https://doi.org/10.1080/1177083X.2018.1508479>
- Armstrong, A., Morrison, K., & Twohig, M. (2013). A preliminary investigation of acceptance and commitment therapy for adolescent obsessive-compulsive disorder. *Journal of Cognitive Psychotherapy, 27*, 175–190. <https://doi.org/10.1891/0889-8391.27.2.175>
- A-Tjak, J. G. L., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A. J., & Emmelkamp, P. M. G. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics, 84*(1), 30–36. <https://doi.org/10.1159/000365764>
- Atkins, P. W. B., Ciarrochi, J., Gaudio, B. A., Bricker, J. B., Donald, J., Rovner, G., Smout, M., Livheim, F., Lundgren, T., & Hayes, S. C. (2017). Departing from the essential features of a high quality systematic review of psychotherapy: A response to Öst (2014) and recommendations for improvement. *Behaviour Research and Therapy, 97*, 259–272.
<https://doi.org/10.1016/j.brat.2017.05.016>
- Atkinson, P. A., Martin, C. R., & Rankin, J. (2009). Resilience revisited. *Journal of Psychiatric and Mental Health Nursing, 16*(2), 137–145. <https://doi.org/10.1111/j.1365-2850.2008.01341.x>
- Audacity Team. (2022). *Audacity* [Computer software]. <https://www.audacityteam.org/copyright/>
- Avdagic, E., Morrissey, S. A., & Boschen, M. J. (2014). A randomised controlled trial of acceptance and commitment therapy and cognitive-behaviour therapy for generalised anxiety disorder. *Behaviour Change, 31*(2), 110–130. <https://doi.org/10.1017/bec.2014.5>

- Bai, Z., Luo, S., Zhang, L., Wu, S., & Chi, I. (2020). Acceptance and commitment therapy (ACT) to reduce depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, *260*, 728–737. <https://doi.org/10.1016/j.jad.2019.09.040>
- Barnes-Holmes, Y., Barnes-Holmes, D., Mchugh, L., & Hayes, S. (2004). Relational frame theory: Some implications for understanding and treating human psychopathology. *International Journal of Psychology and Psychological Therapy*, *4*(2), 355–376.
<https://www.ijpsy.com/volumen4/num2/89/relational-frame-theory-some-implications-EN.pdf>
- Barnes-Holmes, Y., & McEnteggart, C. (2015). Behavior Analysis and the Treatment of Human Psychological Suffering. In H. S. Roane, J. L. Ringdahl, & T. S. Falcomata (Eds.), *Clinical and Organizational Applications of Applied Behavior Analysis* (pp. 451–475). Academic Press. <https://doi.org/10.1016/B978-0-12-420249-8.00018-6>
- Batink, T., Bakker, J., Vaessen, T., Kasanova, Z., Collip, D., van Os, J., Wichers, M., Germeys, I., & Peeters, F. (2016). Acceptance and commitment therapy in daily life training: A feasibility study of an mHealth intervention. *JMIR mHealth and uHealth*, *4*(3), Article e103.
<https://doi.org/10.2196/mhealth.5437>
- Be Intent. (n.d.). *Āta Hihiko*. Beintent.Com. Retrieved 28 January 2023, from <https://www.beintent.com/atahikiko>
- Beck, J. S., & Fleming, S. (2021). A brief history of Aaron T. Beck, MD, and cognitive behavior therapy. *Clinical Psychology in Europe*, *3*(2), Article e6701.
<https://doi.org/10.32872/cpe.6701>
- Bennett, R., & Oliver, J. E. (2019). *Acceptance and commitment therapy: 100 key points and techniques*. Routledge.
- Berryman, M., Eley, E., & Copeland, D. A. (2017). Listening and learning from rangatahi Māori: The voices of Māori youth. *Critical Questions in Education*, *8*, 476–494.
<https://hdl.handle.net/10289/11517>
- Berthelsen, T. (2019). *The effectiveness of a CBT app vs. An ACT app in changing negative self-thought* [Masters, The University of Waikato]. <https://hdl.handle.net/10289/12596>

- Biglan, A., & Hayes, S. C. (1996). Should the behavioral sciences become more pragmatic? The case for functional contextualism in research on human behavior. *Applied and Preventive Psychology, 5*(1), 47–57. [https://doi.org/10.1016/s0962-1849\(96\)80026-6](https://doi.org/10.1016/s0962-1849(96)80026-6)
- Biglan, A., & Hayes, S. C. (2016). Functional contextualism and contextual behavioral science. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, & A. Biglan (Eds.), *The Wiley handbook of contextual behavioral science* (1st ed., pp. 37–61). John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781118489857>
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary psychometric properties of the acceptance and action questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy, 42*(4), 676–688. <https://doi.org/10.1016/j.beth.2011.03.007>
- Boone, M. S., Mundy, B., Stahl, K. M., & Genrich, B. E. (2015). Acceptance and commitment therapy, functional contextualism, and clinical social work. *Journal of Human Behavior in the Social Environment, 25*(6), 643–656. <https://doi.org/10.1080/10911359.2015.1011255>
- Boucher, S., Edwards, O., Gray, A., Nada-Raja, S., Lillis, J., Tylka, T. L., & Horwath, C. C. (2016). Teaching intuitive eating and acceptance and commitment therapy skills via a web-based Intervention: A pilot single-arm intervention study. *JMIR Research Protocols, 5*(4), Article e180. <https://doi.org/10.2196/resprot.5861>
- Boulton, A., & Gifford, H. (2014). Conceptualising the link between resilience and whānau ora: Results from a case study. *Mai Journal, 3*(2), 111–125.
- Brach, T. (2017). The RAIN of self-compassion: A simple practice for clients and clinicians. In J. Loizzo, E. Wolf, & M. Neale (Eds.), *Advances in Contemplative Psychotherapy* (pp. 146–154). Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Braun, V., Clarke, V., & Hayfield, N. (2022). ‘A starting point for your journey, not a map’: Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis.

Qualitative Research in Psychology, 19(2), 424–445.

<https://doi.org/10.1080/14780887.2019.1670765>

- Brazier, C. (2017). *Building the future: Children and the sustainable development goals in rich countries*. UNICEF Office of Research - Innocenti. <https://www.unicef-irc.org/publications/890-building-the-future-children-and-the-sustainable-development-goals-in-rich-countries.html>
- Brown, M., Glendenning, A., Hoon, A. E., & John, A. (2016). Effectiveness of web-delivered acceptance and commitment therapy in relation to mental health and well-being: A systematic review and meta-analysis. *Journal of Medical Internet Research*, 18(8), Article e221. <https://doi.org/10.2196/jmir.6200>
- Bryan, C. J., Ray-Sannerud, B., & Heron, E. A. (2015). Psychological flexibility as a dimension of resilience for posttraumatic stress, depression, and risk for suicidal ideation among Air Force personnel. *Journal of Contextual Behavioral Science*, 4(4), 263–268. <https://doi.org/10.1016/j.jcbs.2015.10.002>
- Burckhardt, R., Manicavasagar, V., Batterham, P. J., & Hadzi-Pavlovic, D. (2016). A randomized controlled trial of strong minds: A school-based mental health program combining acceptance and commitment therapy and positive psychology. *Journal of School Psychology*, 57, 41–52. <https://doi.org/10.1016/j.jsp.2016.05.008>
- Burckhardt, R., Manicavasagar, V., Batterham, P. J., Hadzi-Pavlovic, D., & Shand, F. (2017). Acceptance and commitment therapy universal prevention program for adolescents: A feasibility study. *Child and Adolescent Psychiatry and Mental Health*, 11(1), Article 27. <https://doi.org/10.1186/s13034-017-0164-5>
- Carlson, T., Calder-Dawe, O., & Jensen-Lesatele, V. (2022). ‘You can’t really define it can you?’ Rangatahi perspectives on hauora and wellbeing. *Journal of the Royal Society of New Zealand*, 52(4), 409–425. <https://doi-org.ezproxy.massey.ac.nz/10.1080/03036758.2022.2074060>

- Cederberg, J. T., Weineland, S., Dahl, J., & Ljungman, G. (2018). Validation of the Swedish Acceptance and Action Questionnaire (SAAQ) for parents of children with cancer. *Journal of Contextual Behavioral Science, 10*, 50–54. <https://doi.org/10.1016/j.jcbs.2018.08.008>
- Chen, S.-Y., Jordan, C., & Thompson, S. (2006). The Effect of Cognitive Behavioral Therapy (CBT) on Depression: The Role of Problem-Solving Appraisal. *Research on Social Work Practice, 16*(5), 500–510. <https://doi.org/10.1177/1049731506287302>
- Ciarrochi, J., & Blackledge, J. T. (2013). Mindfulness-based emotional intelligence training: A new approach to reducing human suffering and promoting effectiveness. In J. Ciarrochi, J. Forgas, & J. Mayer (Eds.), *Emotional Intelligence in everyday life* (pp. 206–228). Psychology Press.
- Ciarrochi, J., Brockman, R., Duguid, J., Parker, P., Sahdra, B., & Kashdan, T. (2016). Measures that make a difference: Optimizing psychological measurement to promote well-being and reduce suffering. In R. D. Zettle, S. Hayes, T. Biglan, & D. Barnes-Holmes (Eds.), *Handbook of contextual behavioral science* (pp. 320–347). John Wiley & Sons.
- Ciarrochi, J., Harris, R., & Bailey, A. (2015). *The weight escape: Stop fad dieting, start losing weight and reshape your life using cutting-edge psychology*. Shambhala.
- Clark, T. C., Robinson, E., Crengle, S., Fleming, T., Ameratunga, S., Denny, S. J., Bearinger, L. H., Sieving, R. E., & Saewyc, E. (2011). Risk and Protective Factors for Suicide Attempt Among Indigenous Māori Youth in New Zealand: The Role of Family Connection. *International Journal of Indigenous Health, 7*(1), 16–31. <https://doi.org/10.18357/ijih71201112350>
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155–159. <https://doi.org/10.1037/0033-2909.112.1.155>
- Cowpertwait, L. (2017). *Review of schools-based resilience programmes: A literature review report to inform future developments*. Connect Supporting Recovery.
- Cram, F. (2015). Lessons on decolonizing evaluation from kaupapa Māori evaluation. *Canadian Journal of Program Evaluation, 30*(3), 296–312. <https://doi.org/10.3138/cjpe.30.3.04>
- Crocket, A., Egli, V., & Field, A. (2019). *Mindsets sense making workshop*. Dovetail.
- Crocket, A., Field, A., Hanham, G., & Butler, R. (2018). *Mindsets programme evaluation: Draft report*. Dovetail.

- Dattilio, F. M., Edwards, D. J. A., & Fishman, D. B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy research. *Psychotherapy (Chicago, Ill.)*, *47*(4), 427–441.
<https://doi.org/10.1037/a0021181>
- De Houwer, J., Barnes-Holmes, Y., & Barnes-Holmes, D. (2016). Riding the waves: A functional-cognitive perspective on the relations among behaviour therapy, cognitive behaviour therapy and acceptance and commitment therapy. *International Journal of Psychology*, *51*(1), 40–44.
<https://doi.org/10.1002/ijop.12176>
- Dickinson, P., & Asiasiga, L. (2017). *Review of Travellers resources*. SHORE and Whariki Research Centre.
- Dickinson, P., Coggan, C., & Bennett, S. (2003). Travellers: A school-based early intervention programme helping young people manage and process change, loss and transition. Pilot phase findings. *Australian & New Zealand Journal of Psychiatry*, *37*(3), 299–306.
<https://doi.org/10.1046/j.1440-1614.2003.01181.x>
- Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics*, *14*(3), 546–553. <https://doi.org/10.1007/s13311-017-0521-3>
- Dougher, M. J., Augustson, E., Markham, M. R., Greenway, D. E., & Wulfert, E. (1994). The transfer of respondent eliciting and extinction functions through stimulus equivalence classes. *Journal of the Experimental Analysis of Behavior*, *62*(3), 331–351.
<https://doi.org/10.1901/jeab.1994.62-331>
- Durie, M. H. (1985). A Māori perspective of health. *Social Science & Medicine*, *20*(earvo), 483–486.
[https://doi.org/10.1016/0277-9536\(85\)90363-6](https://doi.org/10.1016/0277-9536(85)90363-6)
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum*, *42*(2), 73–82.
<https://doi.org/10.1111/j.1744-6198.2007.00070.x>
- Eisenbeck, N., & Szabó-Bartha, A. (2018). Validation of the Hungarian version of the acceptance and action questionnaire-II (AAQ-II). *Journal of Contextual Behavioral Science*, *9*, 80–87.
<https://doi.org/10.1016/j.jcbs.2018.07.007>

- Ember Innovations. (2022, November 24). *Innovation: The journey to creating M3*.
<https://www.emberinnovations.nz/blog/innovation-the-journey-to-creating-m3>
- Ember Innovations. (2023). *Ember Innovations: Approach*. Ember Innovations.
<https://www.emberinnovations.nz/approach>
- Every-Palmer, S., Grant, M. L., & Thabrew, H. (2022). Young people don't tend to ask for help more than once: Child and adolescent psychiatrists' views on ailing mental health services for young New Zealanders. *Australasian Psychiatry*, 30(6), 684–688.
<https://doi.org/10.1177/10398562221115624>
- Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLOS ONE*, 15(11), Article e0241658. <https://doi.org/10.1371/journal.pone.0241658>
- Fang, S., & Ding, D. (2020). A meta-analysis of the efficacy of acceptance and commitment therapy for children. *Journal of Contextual Behavioral Science*, 15, 225–234.
<https://doi.org/10.1016/j.jcbs.2020.01.007>
- Fang, S., & Ding, D. (2022). Which outcome variables are associated with psychological inflexibility/flexibility for chronic pain patients? A three level meta-analysis. *Frontiers in Psychology*, 13, 1–20. <https://doi.org/10.3389/fpsyg.2022.1069748>
- Fanselow, M., & Ballett, D. (2018). *Evaluation of restorative practice: A positive behaviour for learning programme*. Ministry of Education.
- Fenaughty, J., Clark, T., Choo, W. L., Lucassen, M., Greaves, L., Sutcliffe, K., Ball, J., Ker, A., & Fleming, T. (2021). *Youth 19 rangatahi smart survey initial findings: Te āniwaniwa takatāpui whānui: Te aronga taera mō ngā rangatahi: Sexual attraction and young people's wellbeing in Youth19*. Youth19 Research Group.
- Fergusson, D., McNaughton, S., Hayne, H., & Cunningham, C. (2011). *From evidence to policy, programmes and interventions*. <https://www.otago.ac.nz/christchurch/otago018745.pdf>

- Fisher, D. M., Ragsdale, J. M., & Fisher, E. C. S. (2019). The importance of definitional and temporal issues in the study of resilience. *Applied Psychology, 68*(4), 583–620.
<https://doi.org/10.1111/apps.12162>
- Fledderus, M., Oude Voshaar, M. A. H., ten Klooster, P. M., & Bohlmeijer, E. T. (2012). Further evaluation of the psychometric properties of the acceptance and action questionnaire–II. *Psychological Assessment, 24*(4), 925–936. <https://doi.org/10.1037/a0028200>
- Fleming, T., Ball, J., Kang, K., Sutcliffe, K., Lambert, M., Peiris-John, R., & Clark, T. (2020). *Youth19: Youth voice brief*. The Youth19 Research Group.
<https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/5f3394a2654885030c051243/1597215912482/Youth19+Youth+Voice+Brief.pdf>
- Fletcher, L., & Hayes, S. C. (2005). Relational frame theory, acceptance and commitment therapy, and a functional analytic definition of mindfulness. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 23*(4), 315–336. <https://doi.org/10.1007/s10942-005-0017-7>
- Fox, E. J. (2006). Constructing a pragmatic science of learning and instruction with functional contextualism. *Educational Technology Research and Development, 54*(1), 5–36.
<https://doi.org/10.1007/s11423-006-6491-5>
- Fox, R., Neha, T., & Jose, P. (2018). Tū Māori mai: Māori cultural embeddedness improves adaptive coping and wellbeing for Māori adolescents. *New Zealand Journal of Psychology, 47*, 13–23.
- Francis, A. W., Dawson, D. L., & Golijani-Moghaddam, N. (2016). The development and validation of the comprehensive assessment of acceptance and commitment therapy processes (CompACT). *Journal of Contextual Behavioral Science, 5*(3), 134–145.
<https://doi.org/10.1016/j.jcbs.2016.05.003>
- French, K., Golijani-Moghaddam, N., & Schröder, T. (2017). What is the evidence for the efficacy of self-help acceptance and commitment therapy? A systematic review and meta-analysis. *Journal of Contextual Behavioral Science, 6*(4), 360–374.
<https://doi.org/10.1016/j.jcbs.2017.08.002>
- Friends Resilience. (2019). *Friends resilience hub: About us*. Friendsresilience.Org/About.
<https://friendsresilience.org/about>

- Fuchs, C., Lee, J. K., Roemer, L., & Orsillo, S. M. (2013). Using mindfulness and acceptance-based treatments with clients from nondominant cultural and/or marginalized backgrounds: Clinical considerations, meta-analysis findings, and introduction to the special series. *Cognitive and Behavioral Practice, 20*(1), 1–12. <https://doi.org/10.1016/j.cbpra.2011.12.004>
- Fung, K. (2015). Acceptance and commitment therapy: Western adoption of Buddhist tenets? *Transcultural Psychiatry, 52*(4), 561–576. <https://doi.org/10.1177/1363461514537544>
- Furness, K., Williams, M. N., Veale, J. F., & Gardner, D. H. (2017). Maximising potential: The psychological effects of the youth development programme Project K. *New Zealand Journal of Psychology, 46*(1). <https://www.psychology.org.nz/journal-archive/The-Psychological-Effects-of-the-Youth-Development-Programme-Project-K.pdf>
- Gasteiger, N., Vedhara, K., Massey, A., Jia, R., Ayling, K., Chalder, T., Coupland, C., & Broadbent, E. (2021). Depression, anxiety and stress during the COVID-19 pandemic: Results from a New Zealand cohort study on mental well-being. *BMJ Open, 11*(5), Article e045325. <https://doi.org/10.1136/bmjopen-2020-045325>
- Gemmell, J. (2020). *Kaupapa Māori practitioner's whakaaro (thoughts) of traditional practices (rongoā, rāranga, mirimiri and pūrākau) assisting rangatahi Māori (Māori youth) with suicidal behaviours* [Masters Thesis, Massey University]. <https://mro-ns.massey.ac.nz/handle/10179/16002>
- Gibson, K., Abraham, Q., Asher, I., Black, R., Turner, N., Waitoki, W., & McMillan, N. (2017). *Child poverty and mental health: A literature review*. Child Poverty Action Group. <https://researchcommons.waikato.ac.nz/handle/10289/11484>
- Glenn, D., Golinelli, D., Rose, R. D., Roy-Byrne, P., Stein, M. B., Sullivan, G., Bystritsky, A., Sherbourne, C., & Craske, M. G. (2013). Who gets the most out of cognitive behavioral therapy for anxiety disorders? The role of treatment dose and patient engagement. *Journal of Consulting and Clinical Psychology, 81*(4), 639–649. <https://doi.org/10.1037/a0033403>
- Gloster, A. T., Hummel, K. V., Lyudmirskaya, I., Hauke, C., & Sonntag, R. F. (2012). Aspects of exposure therapy in acceptance and commitment therapy. In P. Neudeck & H.-U. Wittchen

- (Eds.), *Exposure Therapy: Rethinking the Model—Refining the Method* (pp. 127–152). Springer New York. https://doi.org/10.1007/978-1-4614-3342-2_8
- Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science, 18*, 181–192. <https://doi.org/10.1016/j.jcbs.2020.09.009>
- Gluckman, P. D. (2011). *Improving the transition: Reducing social and psychological morbidity during adolescence*. Office of the Prime Minister’s Science Advisory Committee. <http://www.pmcsa.org.nz/wp-content/uploads/2011/06/Improving-the-Transition-report.pdf>
- Goubert, L., & Trompeter, H. (2017). Towards a science and practice of resilience in the face of pain. *European Journal of Pain, 21*(8), 1301–1315. <https://doi.org/10.1002/ejp.1062>
- Greco, L. A., Lambert, W., & Baer, R. A. (2008). Psychological inflexibility in childhood and adolescence: Development and evaluation of the avoidance and fusion questionnaire for youth. *Psychological Assessment, 20*(2), 93–102. <https://doi.org/10.1037/1040-3590.20.2.93>
- Gromada, A., Rees, G., & Chzhen, Y. (2020). *Worlds of influence: Understanding what shapes child well-being in rich countries* (16). UNICEF. <https://www.unicef-irc.org/publications/1140-worlds-of-influence-understanding-what-shapes-child-well-being-in-rich-countries.html>
- Guerrini Usubini, A., Cattivelli, R., Radaelli, A., Bottacchi, M., Landi, G., Tossani, E., Grandi, S., Castelnuovo, G., & Sartorio, A. (2022). Preliminary results from the ACTyourCHANGE in teens protocol: A randomized controlled trial evaluating acceptance and commitment therapy for adolescents with obesity. *International Journal of Environmental Research and Public Health, 19*(9). <https://doi.org/10.3390/ijerph19095635>
- Hakopa, H. (2019). *Pūrākau: The sacred geographies of belonging* [Unpublished PhD thesis, Te Whare Wānanga o Awanuiārangi]. https://www.academia.edu/39828487/P%C5%AAR%C4%80KAU_THE_SACRED_GEOGRAPHIES_OF_BELONGING.
- Hamley, L., Le Grice, J., Greaves, L., Groot, S., Lindsay Latimer, C., Renfrew, L., Parkinson, H., Gillon, A., & Clark, T. C. (2023). Te Tapatoru: A model of whanaungatanga to support rangatahi wellbeing. *Kōtuitui: New Zealand Journal of Social Sciences Online, 18*(2), 171–194. <https://doi-org.ezproxy.massey.ac.nz/10.1080/1177083X.2022.2109492>

- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia, 12*(4), 2–8.
https://www.actmindfully.com.au/upimages/Dr_Russ_Harris_-_A_Non-technical_Overview_of_ACT.pdf
- Harris, R. (2008). *The happiness trap: Based on ACT - a revolutionary mindfulness-based programme for overcoming stress, anxiety and depression*. Robinson.
- Harris, R. (2009). *ACT made simple*. New Harbinger Publications.
- Harris, R. (2017). *Choice point 2.0: A brief overview*. actmindfully.com.au.
https://www.actmindfully.com.au/wp-content/uploads/2018/06/Choice_Point_2.0_A_Brief_Overview_-_Russ_Harris_April_2017.pdf
- Harris, R. (2018). *Nuts and bolts of creative hopelessness: Practical tips for ACT therapists*. imlearningact.com. <https://contextualconsulting.co.uk/wp-content/uploads/2020/02/Creative-Hopelessness-Russ-Harris.pdf>
- Harris, R. (2019). *Emotion regulation strategies in ACT: A practical guide for ACT therapists*. imlearningact.com. <https://contextualconsulting.co.uk/wp-content/uploads/2020/02/Emotional-Regulation-in-ACT-Russ-Harris.pdf>
- Harvey, S., Bimler, D., Dickson, D., Pack, J., Sievwright, O., Baken, D., & Henricksen, A. (2018). Acceptance and commitment therapy group treatment with the military: A preliminary study. *Journal of Military and Veterans Health, 26*(4), 6–15. https://doi-ds.org/doi/10.2021-69432619/JMVH_Vol_26_No_4
- Hayes, A. M., Castonguay, L. G., & Goldfried, M. R. (1996). The study of change in psychotherapy: A reexamination of the process–outcome correlation paradigm. Comment on Stiles and Shapiro (1994). *Journal of Consulting and Clinical Psychology, 64*(5), 909–914.
<https://doi.org/10.1037/0022-006X.64.5.909>
- Hayes, L., Boyd, C. P., & Sewell, J. (2011). Acceptance and commitment therapy for the treatment of adolescent depression: A pilot study in a psychiatric outpatient setting. *Mindfulness, 2*(2), 86–94. <https://doi.org/10.1007/s12671-011-0046-5>

- Hayes, S. (2023). *State of the ACT evidence*. Contextualscience.Org.
https://contextualscience.org/state_of_the_act_evidence
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, *35*(4), 639–665.
[https://doi.org/10.1016/S0005-7894\(04\)80013-3](https://doi.org/10.1016/S0005-7894(04)80013-3)
- Hayes, S. C. (2015). Analytic goals and the varieties of scientific contextualism. In S. C. Hayes (Ed.), *The act in Context: The canonical papers of Steven C. Hayes*. Routledge.
<https://doi.org/10.4324/9781315745138>
- Hayes, S. C. (2019). Acceptance and commitment therapy: Towards a unified model of behavior change. *World Psychiatry*, *18*(2), 226–227. <https://doi.org/10.1002/wps.20626>
- Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual behavioral science: Creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science*, *1*(1), 1–16. <https://doi.org/10.1016/j.jcbs.2012.09.004>
- Hayes, S. C., & Hofmann, S. G. (2017). The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*, *16*(3), 245–246. <https://doi.org/10.1002/wps.20442>
- Hayes, S. C., & King, G. A. (2024). Acceptance and commitment therapy: What the history of ACT and the first 1,000 randomized controlled trials reveal. *Journal of Contextual Behavioral Science*, *33*, 100809. <https://doi.org/10.1016/j.jcbs.2024.100809>
- Hayes, S. C., Levin, M. E., Plumb-Villardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior Therapy*, *44*(2), 180–198.
<https://doi.org/10.1016/j.beth.2009.08.002>
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, *44*(1), 1–25.
<https://doi.org/10.1016/j.brat.2005.06.006>
- Hayes, S. C., Merwin, R. M., McHugh, L., Sandoz, E. K., A-Tjak, J. G. L., Ruiz, F. J., Barnes-Holmes, D., Bricker, J. B., Ciarrochi, J., Dixon, M. R., Fung, K. P.-L., Gloster, A. T., Gobin, R. L., Gould, E. R., Hofmann, S. G., Kasujja, R., Karekla, M., Luciano, C., & McCracken, L.

- M. (2021). Report of the ACBS task force on the strategies and tactics of contextual behavioral science research. *Journal of Contextual Behavioral Science*, 20, 172–183. <https://doi.org/10.1016/j.jcbs.2021.03.007>
- Hayes, S. C., Strosahl, K. D., Bunting, K., Twohig, M., & Wilson, K. G. (2004). What is acceptance and commitment therapy? In S. C. Hayes & K. D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 3–29). Springer US. https://doi.org/10.1007/978-0-387-23369-7_1
- Hayes, S. C., Strosahl, K. D., Luoma, J., Smith, A. A., & Wilson, K. G. (2004). *A practical guide to acceptance and commitment therapy* (S. C. Hayes & K. D. Strosahl, Eds.). Springer US. https://doi.org/10.1007/978-0-387-23369-7_3
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2. ed). Guilford Press.
- Hayes, S., & Pierson, H. (2005). Acceptance and commitment therapy. In A. Freeman (Ed.), *Encyclopedia of cognitive behavior therapy*. Springer.
- Hayfield, N., & Huxley, C. (2015). Insider and Outsider Perspectives: Reflections on Researcher Identities in Research with Lesbian and Bisexual Women. *Qualitative Research in Psychology*, 12(2), 91–106. <https://doi.org/10.1080/14780887.2014.918224>
- Hayhurst, J., Hunter, J. A., Kafka, S., & Boyes, M. (2015). Enhancing resilience in youth through a 10-day developmental voyage. *Journal of Adventure Education and Outdoor Learning*, 15(1), 40–52. <https://doi.org/10.1080/14729679.2013.843143>
- Heffner, M., Sperry, J., Eifert, G. H., & Detweiler, M. (2002). Acceptance and commitment therapy in the treatment of an adolescent female with anorexia nervosa: A case example. *Cognitive and Behavioral Practice*, 9(3), 232–236. [https://doi.org/10.1016/S1077-7229\(02\)80053-0](https://doi.org/10.1016/S1077-7229(02)80053-0)
- Hellawell, D. (2006). Inside–out: Analysis of the insider–outsider concept as a heuristic device to develop reflexivity in students doing qualitative research. *Teaching in Higher Education*, 11(4), 483–494. <https://doi.org/10.1080/13562510600874292>
- Hokowhitu, B. (Ed.). (2021). *Routledge handbook of critical indigenous studies*. Routledge.

- Holmberg, J., Kemani, M. K., Holmström, L., Öst, L.-G., & Wicksell, R. K. (2020). Psychological flexibility and its relationship to distress and work engagement among intensive care medical staff. *Frontiers in Psychology, 11*, Article 603986. <https://doi.org/10.3389/fpsyg.2020.603986>
- Holt-Quick, C., Warren, J., Stasiak, K., Williams, R., Christie, G., Hetrick, S., Hopkins, S., Cargo, T., & Merry, S. (2020). *A chatbot architecture for promoting youth resilience*. Australian Health Informatics Conference. <https://doi.org/10.48550/ARXIV.2005.07355>
- Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences, 76*, 18–27. <https://doi.org/10.1016/j.paid.2014.11.039>
- Hughes, S., & Barnes-Holmes, D. (2015). Relational frame theory: The basic account. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, & A. Biglan (Eds.), *The Wiley handbook of contextual behavioral science* (1st ed., pp. 129–178). Wiley. <https://doi.org/10.1002/9781118489857.ch9>
- Hulbert-Williams, N. J., Storey, L., & Wilson, K. G. (2015). Psychological interventions for patients with cancer: Psychological flexibility and the potential utility of acceptance and commitment therapy: Acceptance and commitment therapy in cancer. *European Journal of Cancer Care, 24*(1), 15–27. <https://doi.org/10.1111/ecc.12223>
- I Have a Dream Charitable Trust. (2021). *2021 A year in reflection: Annual report te ripoata o te tau* (pp. 1–22). I Have a Dream Charitable Trust. https://ihaveadream.org.nz/wp-content/uploads/2022/06/IHAD-Annual-Report-2021_Web-spreads.pdf
- JASP Team. (2023). *JASP (Version 0.17)[Computer software]* [Computer software]. <https://jasp-stats.org/>
- Jasperse, M., Stevens, M., & van der Meer, L. (2014). *Evaluating the content of skylight's travellers programme final report*. Faculty of Education Victoria University of Wellington. https://www.skylight.org.nz/system/resources/W1siZiIsIjIwMTgvMDcvMDMvMjIvNTYvNDcvZTE5OWM1NDUtNGIwNC00YWQ3LTg1NDctZTYzZTgwYTZkOGZhLzIwMTRfdHJhdmVsbGVyc19ldmFsdWF0aW9uX3ZpY3RvcmlhIHVuaXZlcnNpdHlfZXh1Y3V0aXZlX3N1bW1hcnkucGRmI1d/2014_travellers_evaluation_victoria%20university_executive_summary.pdf?sha=32bdb776d3701f2b

- Javadi, V., Ahmadi, F., Ebrahimi, L. S., & Mousavi, S. E. (2022). *Effect of internet-based UP-A intervention on stress, anxiety, depression, and psychological flexibility during the COVID-19 pandemic: A clinical trial* (PPR479431). <https://doi.org/10.21203/rs.3.rs-1525711/v1>
- Jefferies, P., McGarrigle, L., & Ungar, M. (2019). The CYRM-R: A Rasch-validated revision of the child and youth resilience measure. *Journal of Evidence-Based Social Work, 16*(1), 70–92. <https://doi.org/10.1080/23761407.2018.1548403>
- Jiménez-Fernández, R., Corral-Liria, I., Trevisión-Redondo, B., Lopez-Lopez, D., Losa-Iglesias, M., & Becerro-de-Bengoa-Vallejo, R. (2022). Burnout, resilience and psychological flexibility in frontline nurses during the acute phase of the COVID-19 pandemic (2020) in Madrid, Spain. *Journal of Nursing Management, 30*(7), 2549–2556. <https://doi.org/10.1111/jonm.13778>
- Jourdain, R. L., & Dulin, P. L. (2009). “Giving it space”: A case study examining acceptance and commitment therapy for health anxiety in an older male previously exposed to nuclear testing. *Clinical Case Studies, 8*(3), 210–225. <https://doi.org/10.1177/1534650109334631>
- Kahl, K., Winter, L., & Schweiger, U. (2012). The third wave of cognitive behavioural therapies: What is new and what is effective? *Current Opinion in Psychiatry, 25*, 522–528. <https://doi.org/10.1097/YCO.0b013e328358e531>
- Kalisch, R., Cramer, A. O. J., Binder, H., Fritz, J., Leertouwer, Ij., Lunansky, G., Meyer, B., Timmer, J., Veer, I. M., & van Harmelen, A.-L. (2019). Deconstructing and reconstructing resilience: A dynamic network approach. *Perspectives on Psychological Science, 14*(5), 765–777. <https://doi.org/10.1177/1745691619855637>
- Karl, J. A., Johnson, F. N., Bucci, L., & Fischer, R. (2022). In search of mindfulness: A review and reconsideration of cultural dynamics from a cognitive perspective. *Journal of the Royal Society of New Zealand, 52*(2), 168–191. <https://doi.org/10.1080/03036758.2021.1915804>
- Kashdan, T. B., Disabato, D. J., Goodman, F. R., Doorley, J. D., & McKnight, P. E. (2020). Understanding psychological flexibility: A multimethod exploration of pursuing valued goals despite the presence of distress. *Psychological Assessment, 32*(9), 829–850. <https://doi.org/10.1037/pas0000834>

- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*(1), 1–27.
<https://doi.org/10.1146/annurev.clinpsy.3.022806.091432>
- Kemani, M. K., Olsson, G. L., Holmström, L., & Wicksell, R. K. (2016). Exploring changes in valued action in the presence of chronic debilitating pain in acceptance and commitment therapy for youth: A single-subject design study. *Frontiers in Psychology, 7*, Article 1984.
<https://doi.org/10.3389/fpsyg.2016.01984>
- Knight, L., & Samuel, V. (2022). Acceptance and commitment therapy interventions in secondary schools and their impact on students' mental health and well-being: A systematic review. *Journal of Contextual Behavioral Science, 25*, 90–105.
<https://doi.org/10.1016/j.jcbs.2022.06.006>
- Koopu, K. M. (2023). *Honouring our past, fostering our future: A kaupapa Māori exploration of identity, whanaungatanga and how this supports rangatahi Māori hauora and well-being* [Masters Thesis, The University of Auckland]. <https://hdl.handle.net/2292/64460>
- Kuldas, S., & Foody, M. (2022). Neither resiliency-trait nor resilience-state: Transactional resiliency/e. *Youth & Society, 54*(8), 1352–1376.
<https://doi.org/10.1177/0044118X211029309>
- Kvalsvig, A. (2018). *Wellbeing and mental distress in Aotearoa New Zealand: Snapshot 2016*. Health Promotion Agency. <https://www.hpa.org.nz/research-library/research-publications/wellbeing-and-mental-distress-in-aotearoa-new-zealand-snapshot-2016>
- Laurence, F. (2016). *Implementing the MY FRIENDS Youth programme in a New Zealand secondary school: The experiences of staff and year 9 students* [Masters Thesis, Victoria University].
https://openaccess.wgtn.ac.nz/articles/thesis/Implementing_the_MY_FRIENDS_Youth_programme_in_a_New_Zealand_secondary_school_The_experiences_of_staff_and_Year_9_students/17018822/1
- Lawson-Te Aho, K., & Liu, J. H. (2010). Indigenous suicide and colonization: The legacy of violence and the necessity of self-determination. *International Journal of Conflict and Violence, 4*(1), 124–133. <https://doi.org/10.4119/UNIBI%2FIJCV.65>

- Lee-Penehira, M. M., Green, A., Smith, L. T., & Aspin, C. (2014). Māori and Indigenous views on R&R: Resistance and resilience. *Mai Journal*, 3(2), 97–110.
<https://researchspace.auckland.ac.nz/handle/2292/27955>
- Li, F. (2018). *Improving mental wellbeing among university students via a smartphone application based on Acceptance and Commitment Therapy* [Masters Thesis, The University of Waikato].
<https://hdl.handle.net/10289/11925>
- Liamputtong, P. (2008). Doing research in a cross-cultural context: Methodological and ethical challenges. In P. Liamputtong (Ed.), *Doing cross-cultural research: Ethical and methodological perspectives* (pp. 3–20). Springer Netherlands. https://doi.org/10.1007/978-1-4020-8567-3_1
- Liebenberg, L., Theron, L., Sanders, J., Munford, R., van Rensburg, A., Rothmann, S., & Ungar, M. (2016). Bolstering resilience through teacher-student interaction: Lessons for school psychologists. *School Psychology International*, 37(2), 140–154.
<https://doi.org/10.1177/0143034315614689>
- Lindsay, G. (2013). The benefits of combined (mixed) methods research. *Social Work and Social Sciences Review*, 16(2), Article 2. <https://doi.org/10.1921/swssr.v16i2.532>
- Livheim, F., Hayes, L., Ghaderi, A., Magnusdottir, T., Högfeltd, A., Rowse, J., Turner, S., Hayes, S. C., & Tengström, A. (2015). The effectiveness of acceptance and commitment therapy for adolescent mental health: Swedish and Australian pilot outcomes. *Journal of Child and Family Studies*, 24(4), 1016–1030. <https://doi.org/10.1007/s10826-014-9912-9>
- Llewelyn, S., Macdonald, J., & Aafjes-van Doorn, K. (2016). Process–outcome studies. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & B. O. Olatunji (Eds.), *APA handbook of clinical psychology: Theory and research (Vol. 2)*. (pp. 451–463). American Psychological Association. <https://doi.org/10.1037/14773-020>
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance & commitment therapy skills-training manual for therapists*. New Harbinger Publications.
- Luoma, J., & Hayes, S. (2009). Cognitive defusion. In W. T. O’Donohue (Ed.), *General principles and empirically supported techniques of cognitive behavior therapy*. Wiley.

- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. <https://doi-org.ezproxy.massey.ac.nz/10.1111/1467-8624.00164>
- M3 Mindfulness Ltd. (2021). *What we do in secondary schools: Te reo tuakiri*.
M3mindfulness.Com/Schools. <https://m3mindfulness.com/school>
- MacDonald, J., Bourke, R., Berg, M., & Burgon, J. (2015). “It’s, like, trying to make us better people” My FRIENDS Youth final evaluation report. New Zealand Council for Educational Research: NZCER. <https://www.nzcer.org.nz/system/files/My-FRIENDS-Youth-final-evaluation-report.pdf>
- Malatest International. (2016a). *Evaluation of SPARX*. Ministry of Health.
<https://www.health.govt.nz/system/files/documents/publications/evaluation-sparx-dec16.pdf>
- Malatest International. (2016b). *Evaluation report: The youth primary mental health service*. Ministry of Health. <https://www.health.govt.nz/system/files/documents/publications/evaluation-report-youth-primary-mental-health-service-dec16.pdf>
- Marriott, L., & Alinaghi, N. (2021). Closing the Gaps: An Update on Indicators of Inequality for Māori and Pacific People. *The Journal of New Zealand Studies, NS32*.
<https://doi.org/10.26686/jnzs.iNS32.6863>
- Massey University. (2017). *Code of ethical conduct for research, teaching and evaluations involving human participants*. <https://www.massey.ac.nz/research/ethics/human-ethics/>
- Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology, 17*(1), 521–549. <https://doi.org/10.1146/annurev-clinpsy-081219-120307>
- Masuda, A., Morgan, L., Spencer, S. D., Qina‘au, J., & Jo, D. (2022). Cultural adaptations of acceptance and commitment therapy. In M. P. Twohig, M. E. Levin, & J. M. Petersen (Eds.), *The Oxford handbook of acceptance and commitment therapy* (1st ed., pp. 662–679). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197550076.013.30>
- McCracken, L. M., Badinlou, F., Buhrman, M., & Brocki, K. C. (2021). The role of psychological flexibility in the context of COVID-19: Associations with depression, anxiety, and insomnia.

- Journal of Contextual Behavioral Science*, 19, 28–35.
<https://doi.org/10.1016/j.jcbs.2020.11.003>
- McCubbin, L. (2001). *Challenges to the definition of resilience*. American Psychological Association Conference, San Francisco, CA. <https://files-eric-ed.gov.ezproxy.massey.ac.nz/fulltext/ED458498.pdf>
- Mead, H. (2016). *Tikanga Māori: Living by Māori values*. Huia Publishers.
- Mennen, A. C., Norman, K. A., & Turk-Browne, N. B. (2019). Attentional bias in depression: Understanding mechanisms to improve training and treatment. *Current Opinion in Psychology*, 29, 266–273. <https://doi.org/10.1016/j.copsyc.2019.07.036>
- Menzies, R., Gluckan, S. P., & Poulton, R. (2020). *Youth mental health in Aotearoa New Zealand: Greater urgency required* (pp. 1–6). Koi Tū: The Centre for Informed Futures. <https://informedfutures.org/youth-mental-health-in-aotearoa-nz/>
- Mindsets. (2018). *Mindsets Facilitator Manual*.
- Ministry of Education. (2017, November). *Te pakiaka tangata: Strengthening student wellbeing for success*. <https://assets.education.govt.nz/public/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>
- Ministry of Education. (2022a). *Ministry funding deciles*. Ministry Funding Deciles. <https://parents.education.govt.nz/primary-school/schooling-in-nz/>
- Ministry of Education. (2022b). *Student rolls by school 2010-2022* [Dataset]. <https://www.educationcounts.govt.nz/statistics/school-rolls>
- Ministry of Health. (2022a). *Annual data explorer 2021/22: New Zealand health survey* [Dataset]. <https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/>
- Ministry of Health. (2022b). *Mana ake: Questions and answers* (pp. 1–2). <https://www.beehive.govt.nz/sites/default/files/2022-05/Mana%20Ake.PDF>
- Mitchell, A. (2014). *E kore au e ngaro, he kakano ahau: Whakapapa sharing in the context of therapy* [Doctoral Thesis, Massey University]. <https://mro.massey.ac.nz/handle/10179/6535>

- Moeke-Maxwell, T., Nikora, L., & Te Awekotuku, N. (2014). *End-of-life care and Māori whānau resilience*. 3(2), 140–152. <http://www.journal.mai.ac.nz/content/end-life-care-and-m%C4%81ori-wh%C4%81nau-resilience>
- Moewaka Barnes, H., & McCreanor, T. (2019). Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand*, 49(1), 19–33. <https://doi.org/10.1080/03036758.2019.1668439>
- Morgan, L. P. K., Graham, J. R., Hayes-Skelton, S. A., Orsillo, S. M., & Roemer, L. (2014). Relationships between amount of post-intervention mindfulness practice and follow-up outcome variables in an acceptance-based behavior therapy for generalized anxiety disorder: The importance of informal practice. *Journal of Contextual Behavioral Science*, 3(3), 173–178. <https://doi.org/10.1016/j.jcbs.2014.05.001>
- Murphy, J. M., Abel, M. R., Hoover, S., Jellinek, M., & Fazel, M. (2017). Scope, scale, and dose of the world's largest school-based mental health programs. *Harvard Review of Psychiatry*, 25(5), 218–228. <https://doi.org/10.1097/HRP.0000000000000149>
- Murrell, A. R., Steinberg, D. S., Connally, M. L., Hulse, T., & Hogan, E. (2015). Acting out to ACTing on: A preliminary investigation in youth with ADHD and co-morbid disorders. *Journal of Child and Family Studies*, 24(7), 2174–2181. <https://doi.org/10.1007/s10826-014-0020-7>
- Neff, K. (2015). *Self-compassion: The proven power of being kind to yourself*. William Morrow, an imprint of Harper Collins Publishers.
- New Zealand Government. (2018a). *He ara oranga: Report of the government inquiry into mental health and addiction*. New Zealand Government. <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>
- New Zealand Government. (2018b). *Submissions summary report: Government inquiry into mental health and addiction* (pp. 1–359). New Zealand Government. <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/Submissions-Summary-Report.pdf>

- New Zealand Government. (2022). *Student population: Year level* [Dataset].
<https://www.educationcounts.govt.nz/home>
- Oladipo, S., & Idemudia, E. (2015). Reliability and validity testing of Wagnild and Young's resilience scale in a sample of Nigerian youth. *Journal of Psychology, 6*, 57–65.
<https://doi.org/10.1080/09764224.2015.11885524>
- Ong, C. W., Lee, E. B., & Twohig, M. P. (2018). A meta-analysis of dropout rates in acceptance and commitment therapy. *Behaviour Research and Therapy, 104*, 14–33.
<https://doi.org/10.1016/j.brat.2018.02.004>
- Onwuegbuzie, A., & Leech, N. (2004). Enhancing the interpretation of significant findings: The role of mixed methods research. *The Qualitative Report, 9*(4), 770–792.
<https://doi.org/10.46743/2160-3715/2004.1913>
- Öst, L.-G. (2008). Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behaviour Research and Therapy, 46*(3), 296–321.
<https://doi.org/10.1016/j.brat.2007.12.005>
- Öst, L.-G. (2014). The efficacy of acceptance and commitment therapy: An updated systematic review and meta-analysis. *Behaviour Research and Therapy, 61*, 105–121.
<https://doi.org/10.1016/j.brat.2014.07.018>
- Pacific Research and Policy Centre, & Pasifika@Massey Directorate. (2017). *Pacific research guidelines and protocols*. Massey University.
https://www.massey.ac.nz/documents/1055/PRPC_Pacific_Research_Guidelines_2017.pdf
- Pahnke, J., Lundgren, T., Hursti, T., & Hirvikoski, T. (2014). Outcomes of an acceptance and commitment therapy-based skills training group for students with high-functioning autism spectrum disorder: A quasi-experimental pilot study. *Autism, 18*(8), 953–964.
<https://doi.org/10.1177/1362361313501091>
- Pakenham, K. I., Landi, G., Grandi, S., & Tossani, E. (2023). The mediating role of psychological flexibility in the relationship between resilience and distress and quality of life in people with multiple sclerosis. *Journal of Health Psychology, 13591053231182364*.
<https://doi.org/10.1177/13591053231182364>

- Pakenham, K. I., Mawdsley, M., Brown, F. L., & Burton, N. W. (2018). Pilot evaluation of a resilience training program for people with multiple sclerosis. *Rehabilitation Psychology*, 63(1), 29–42. <https://doi.org/10.1037/rep0000167>
- Petersen, J. M., Zurita Ona, P., & Twohig, M. P. (2022). A review of acceptance and commitment therapy for adolescents: Developmental and contextual considerations. *Cognitive and Behavioral Practice*, Article S107772292200133X. <https://doi-org.ezproxy.massey.ac.nz/10.1016/j.cbpra.2022.08.002>
- Petts, R. A., Duenas, J. A., & Gaynor, S. T. (2017). Acceptance and commitment therapy for adolescent depression: Application with a diverse and predominantly socioeconomically disadvantaged sample. *Journal of Contextual Behavioral Science*, 6(2), 134–144. <https://doi.org/10.1016/j.jcbs.2017.02.006>
- Pierson, H., & Hayes, S. (2009). Using acceptance and commitment therapy to empower the therapeutic relationship. In P. Gilbert & R. L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies*. Routledge. <http://www.dawsonera.com/depp/reader/protected/external/AbstractView/S9780203099995>
- Pinto-Gouveia, J., Gregório, S., Dinis, A., & Xavier, A. (2012). Experiential avoidance in clinical and non-clinical samples: AAQ-II Portuguese version. *International Journal of Psychology and Psychological Therapy*, 12, 139–156. <https://www.ijpsy.com/volumen12/num2/323/experiential-avoidance-in-clinical-and-non-EN.pdf>
- Pooley, J., & Cohen, L. (2010). Resilience: A definition in context. *Australian Community Psychologist*, 22, 30–37. <https://groups.psychology.org.au/Assets/Files/Pooley.pdf>
- Powers, M. B., Zum Vörde Sive Vörding, M. B., & Emmelkamp, P. M. G. (2009). Acceptance and commitment therapy: A meta-analytic review. *Psychotherapy and Psychosomatics*, 78(2), 73–80. <https://doi.org/10.1159/000190790>
- Prakash, A. (2022). *A profile of children and young people in Auckland: 2022 update*. Auckland Council Te Kaunihera o Tāmaki Makaurau.

<https://www.knowledgeauckland.org.nz/media/2381/tr2022-07-profile-of-children-and-young-people-in-auckland-2022-update.pdf>

QSR International Pty Ltd. (2020). *NVivo* [Computer software].

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home?_ga=2.123158539.1620377013.1688376751-1125529555.1688376751

Rachman, S. (2015). The evolution of behaviour therapy and cognitive behaviour therapy. *Behaviour Research and Therapy*, *64*, 1–8. <https://doi.org/10.1016/j.brat.2014.10.006>

Reidy, J. (2014). *What are the meanings of the mātauranga Māori concept of mana and what might this concept contribute to the understanding and practice of psychodynamic psychotherapy?* [Masters Thesis, Auckland University of Technology].

<https://openrepository.aut.ac.nz/server/api/core/bitstreams/d23083f5-a6e5-4a53-b0a6-e30db74941c9/content>

Ren, Z., Zhao, C., Bian, C., Zhu, W., Jiang, G., & Zhu, Z. (2019). Mechanisms of the acceptance and commitment therapy: A meta-analytic structural equation model. *Acta Psychologica Sinica*, *51*(6), 662–676. <https://doi.org/10.3724/SP.J.1041.2019.00662>

Robertson, G. (2019). *Summary of initiatives in budget 2019*. New Zealand Government.

https://www.treasury.govt.nz/sites/default/files/2019-06/b19-sum-initiatives_1.pdf

Robertson, S., Boyd, S., Dingle, R., & Taupo, K. (2012). *Evaluation of Skylight's Travellers programme*. New Zealand Council for Educational Research: NZCER.

<http://www.nzcer.org.nz/system/files/Travellers%20Final%20Report.pdf>

Rolffs, J. L., Rogge, R. D., & Wilson, K. G. (2018). Disentangling components of flexibility via the hexaflex model: Development and validation of the multidimensional psychological flexibility inventory (MPFI). *Assessment*, *25*(4), 458–482.

<https://doi.org/10.1177/1073191116645905>

Rosen, G. M., & Davison, G. C. (2003). Psychology should list empirically supported principles of change (ESPs) and not credential trademarked therapies or other treatment packages.

Behavior Modification, *27*(3), 300–312. <https://doi.org/10.1177/0145445503027003003>

- Roy, R., Greaves, L., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, Tiatia-Seath, J., & Fleming, T. (2021). *Youth2000 survey series negotiating multiple identities: Intersecting identities among Māori, Pacific, rainbow and disabled young people* [The Youth19 Research Group]. The University of Auckland and Victoria University of Wellington.
- https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/60dd227e2226ae499706dd69/1625105031254/Youth19+Intersectionality+Report_FINAL_2021_print.pdf
- Ruiz, F. (2012). Acceptance and commitment therapy versus traditional cognitive behavioral therapy: A systematic review and meta-analysis of current empirical evidence. *International Journal of Psychology and Psychological Therapy*, 12(2), 333–357.
- <https://www.ijpsy.com/volumen12/num3/334/acceptance-andcommitment-therapy-versus-EN.pdf>
- Sagon, A. L., Danitz, S. B., Suvak, M. K., & Orsillo, S. M. (2018). The mindful way through the semester: Evaluating the feasibility of delivering an acceptance-based behavioral program online. *Journal of Contextual Behavioral Science*, 9, 36–44.
- <https://doi.org/10.1016/j.jcbs.2018.06.004>
- Salande, J. D., & Hawkins, R. C. (2017). Psychological flexibility, attachment style, and personality organization: Correlations between constructs of differing approaches. *Journal of Psychotherapy Integration*, 27(3), 365–380. <https://doi.org/10.1037/int0000037>
- Sanders, J., & Munford, R. (2015). The interaction between culture, resilience, risks and outcomes: A New Zealand study. In L. C. Theron, L. Liebenberg, & M. Ungar (Eds.), *Youth resilience and culture: Commonalities and complexities* (pp. 81–92). Springer Netherlands.
- https://doi.org/10.1007/978-94-017-9415-2_6
- Scarf, D., Moradi, S., McGaw, K., Hewitt, J., Hayhurst, J. G., Boyes, M., Ruffman, T., & Hunter, J. A. (2016). Somewhere I belong: Long-term increases in adolescents' resilience are predicted by perceived belonging to the in-group. *British Journal of Social Psychology*, 55(3), 588–599.
- <https://doi.org/10.1111/bjso.12151>

- Schwabe, L., & Wolf, O. T. (2009). Stress prompts habit behavior in humans. *The Journal of Neuroscience*, 29(22), 7191–7198. <https://doi.org/10.1523/JNEUROSCI.0979-09.2009>
- Sepuloni, C. (2018). *Towards investing for social wellbeing*. Cabinet Social Wellbeing Committee. <https://swa.govt.nz/assets/Document-Library/dd302bc921/Cabinet-Paper-Towards-investing-for-social-wellbeing-April-2018.pdf>
- Shakya, D. (2023). Meditation and health: Becoming healthy and reversing age by controlling our monkey mind. *Civil Medical Journal*, 1(1), 5–6. <https://cmj.org.np/cmj/index.php/cmj/article/view/13/16>
- Shari, N. I., Zainal, N. Z., Guan, N. C., Ahmad Sabki, Z., & Yahaya, N. A. (2019). Psychometric properties of the acceptance and action questionnaire (AAQ II) Malay version in cancer patients. *PloS One*, 14(2), Article e0212788. <https://doi.org/10.1371/journal.pone.0212788>
- Shields, C., Mani, R., & Baxter, G. D. (2016). Psychosocial correlates of physical activity levels in individuals at risk of developing diabetes mellitus: A feasibility study. *New Zealand Journal of Physiotherapy*, 44. <https://doi.org/10.15619/NZJP/44.3.05>
- Siddiqui, O. I. (2015). Methods for computing missing item response in psychometric scale construction. *American Journal of Biostatistics*, 5(1), 1–6. <https://doi.org/10.3844/amjbsp.2015.1.6>
- Simpson, M. L., Greensill, H.-M., Nock, S., Meha, P., Harding, T., Shelford, P., Hokowhitu, B., Oetzel, J., & Reddy, R. (2020). Kaumātua mana motuhake in action: Developing a culture-centred peer support programme for managing transitions in later life. *Ageing and Society*, 40(8), 1822–1845. <https://doi.org/10.1017/S0144686X19000370>
- Social Investment Agency. (2018). *What you told us: Findings of the ‘your voice, your data, your say’ engagement on social wellbeing and the protection and use of data*. Social Investment Agency. <https://swa.govt.nz/assets/Document-Library/2643c48d73/what-you-told-us.pdf>
- Social Policy and Evaluation Unit. (2015). *Evaluation standards for Aotearoa New Zealand* (pp. 1–29). Aotearoa New Zealand Evaluation Society. <https://anzea.org.nz/assets/Key-ANZEA-Files/ANZEA-Superu-Evaluation-standards-final-020415.pdf>

- Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C., & Bush, S. (2005). An evaluation of the FRIENDS programme: A cognitive behaviour therapy intervention to promote emotional resilience. *Archives of Disease in Childhood, 90*(10), 1016–1019.
<https://doi.org/10.1136/adc.2004.068163>
- Stenhoff, A., Steadman, L., Nevitt, S., Benson, L., & White, R. G. (2020). Acceptance and commitment therapy and subjective wellbeing: A systematic review and meta-analyses of randomised controlled trials in adults. *Journal of Contextual Behavioral Science, 18*, 256–272. <https://doi.org/10.1016/j.jcbs.2020.08.008>
- Stewart, G. (2018). From both sides of the indigenous-settler hyphen in Aotearoa New Zealand. *Educational Philosophy and Theory, 50*(8), 767–775.
<https://doi.org/10.1080/00131857.2016.1204904>
- Stewart, I. (2018). Derived relational responding and relational frame theory: A fruitful behavior analytic paradigm for the investigation of human language. *Behavior Analysis: Research and Practice, 18*(4), 398–415. <https://doi.org/10.1037/bar0000129>
- Stockton, D., Kellett, S., Berrios, R., Sirois, F., Wilkinson, N., & Miles, G. (2019). Identifying the underlying mechanisms of change during acceptance and commitment therapy (ACT): A systematic review of contemporary mediation studies. *Behavioural and Cognitive Psychotherapy, 47*(3), 332–362. <https://doi.org/10.1017/S1352465818000553>
- Sutcliffe, K., Ball, J., Clark, T. C., Archer, D., Peiris-John, R., Crengle, S., & Fleming, T. (Theresa). (2022). Rapid and unequal decline in adolescent mental health and well-being 2012–2019: Findings from New Zealand cross-sectional surveys. *Australian & New Zealand Journal of Psychiatry, 264*–282. <https://doi.org/10.1177/00048674221138503>
- Szabo, T. G., & Dixon, M. R. (2015). Contextual behavioral science and education. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, & A. Biglan (Eds.), *The Wiley handbook of contextual behavioral science* (1st ed., pp. 422–458). Wiley.
<https://doi.org/10.1002/9781118489857.ch21>
- Te Ora Hou Aotearoa. (2022). *Rangatahi Tū Rangatira*. <https://www.toho.org.nz/clubs/rangatahi-tu-rangatira/>

- Te Patu, J. (2020). *M3 mindfulness for children Ltd: Early childhood videos*. PledgeMe.
<https://www.pledgeme.co.nz/projects/6479-m3-mindfulness-for-children-ltd-early-childhood-videos>
- Te Patu, J. (2022). *M3 secondary school manual: Te reo tuakiri – the language of one's true being*. M3Mindfulness Limited.
- Te Whatu Ora Health New Zealand. (2022). *Rate of suicide deaths among Māori and non-Māori of all ages, 2009–2019* [Dataset]. <https://www.tewhatauora.govt.nz/our-health-system/data-and-statistics/>
- TEDx Talks (Director). (2019, October 10). *Mindfulness for children | Jase Te Patu | TEDxWellington* [Video recording]. <https://www.youtube.com/watch?v=c3CUTuqAT4c>
- The Resilience Project Pty. Ltd. (2020). *Welcome to the resilience project*. [Theresilienceproject.Org.Nz. https://theresilienceproject.org.nz/](https://theresilienceproject.org.nz/)
- Theodore, R., Bowden, N., Kokaua, J., Ruhe, T., Hobbs, M., Hetrick, S., Marek, L., Wiki, J., Milne, B., Thabrew, H., & Boden, J. (2022). Mental health inequities for Māori youth: A population-level study of mental health service data. *The New Zealand Medical Journal*, 135(1567), 79–90. https://assets-global.website-files.com/5e332a62c703f653182faf47/6397e23d9aed1b218d0a67a5_5933.pdf
- Thompson, E. M., Destree, L., Albertella, L., & Fontenelle, L. F. (2021). Internet-based acceptance and commitment therapy: A transdiagnostic systematic review and meta-analysis for mental health outcomes. *Behavior Therapy*, 52(2), 492–507.
<https://doi.org/10.1016/j.beth.2020.07.002>
- Travellers. (2017). *Skylight Travellers brochure*. <https://www.skylight.org.nz/build-resilience/travellers>
- Turner, M., & Schroder, R. (2017). *24-7 youthworker in schools programme. Phase 3 evaluation: Student follow up*. The Collaborative Trust for Research and Training in Youth Health and Development.
<https://static1.squarespace.com/static/6306cb5846f43b66d2e3771f/t/638ffba2af345574208a4c9a/1670380459709/Final-ct-report-phase-3-.pdf>

- Varra, A. A., Drossel, C., & Hayes, S. C. (2009). The use of metaphor to establish acceptance and mindfulness. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 111–123). Springer.
https://link.springer.com/chapter/10.1007/978-0-387-09593-6_8
- Vilardaga, R., Hayes, S. C., Levin, M. E., & Muto, T. (2009). Creating a strategy for progress: A contextual behavioral science approach. *The Behavior Analyst*, 32(1), 105–133.
<https://doi.org/10.1007%2F0306214X09000178>
- Vilardaga, R., Hayes, S., & Schelin, L. (2007). Philosophical, theoretical and empirical foundations of Acceptance and Commitment Therapy. *Anuario de Psicología / The UB Journal of Psychology*, 38(1), 117–128. <http://cbsopenlab.com/wp-content/uploads/2012/12/2007-Vilardaga-et-al-Philosophical-theoretical-and-empirical-found-of-ACT.pdf>
- Wagnild, G. (2009). *The resilience scale user's guide for the US english version of the resilience scale and the 14-Item resilience scale (RS-14)*. The Resilience Center.
<https://www.resiliencecenter.com/products/publications-including-the-true-resilience-book/resilience-scale-users-guide/>
- Wagnild, G., & Young, H. (1993). Development and Psychometric Evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178.
- Waiti, J., & Kingi, T. (2014). Whakaoranga whānau: Whānau resilience. *MAI Journal*, 3(2), 126–139.
- Walker, C. A. (2017). *Acceptance and Commitment Therapy for Stress and Burnout: Evaluating the effect of the online training, PsyFlex6 for Behavioural Therapists* [Masters, University of Waikato]. <https://hdl.handle.net/10289/11247>
- Wang, J., & Fang, S. (2023). Effects of internet-based acceptance and commitment therapy (IACT) on adolescents: A systematic review and meta-analysis. *International Journal of Mental Health Promotion*, 25(4), 433–448. <https://doi.org/10.32604/ijmhp.2023.025304>
- White, R. G., Gregg, J., Batten, S., Hayes, L. L., & Kasujja, R. (2017). Contextual behavioral science and global mental health: Synergies and opportunities. *Journal of Contextual Behavioral Science*, 6(3), 245–251. <https://doi.org/10.1016/j.jcbs.2017.07.001>
- Wilkes, M. (2019, December 5). *Res-Kids* [Personal communication].

- Wilson, D. (2008). The significance of a culturally appropriate health service for indigenous Māori women. *Contemporary Nurse*, 28(1–2), 173–188. <https://doi.org/10.5172/conu.673.28.1-2.173>
- Wilson, K. G. (with DuFrene, T.). (2009). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. New Harbinger Publications.
- Wilson, K. G., & Sandoz, E. K. (2008). Mindfulness, values, and the therapeutic relationship in acceptance and commitment therapy. In S. Hick & T. Bein (Eds.), *Mindfulness and the therapeutic relationship* (pp. 89–106). Guilford Press.
- Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes*, 9(1), Article 8. <https://doi.org/10.1186/1477-7525-9-8>
- Woidneck, M. R., Morrison, K. L., & Twohig, M. P. (2014). Acceptance and commitment therapy for the treatment of posttraumatic stress among adolescents. *Behavior Modification*, 38(4), 451–476. <https://doi.org/10.1177/0145445513510527>
- Wright, M. O., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. In *Handbook of resilience in children* (2nd Edition, pp. 15–37). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-3661-4_2
- Wylie, C., & Felgate, R. (2016). *I enjoy school now: Outcomes from the check and connect trials in New Zealand*. New Zealand Council for Educational Research: NZCER. https://www.educationcounts.govt.nz/_data/assets/pdf_file/0006/176316/1088-Check-Connect-LF-050716-131216.pdf
- Wylie, S., Turner, M., & Schroder, R. (2016). *Evaluation of travellers programme*. The Collaborative Trust for Research and Training in Youth Health and Development. <https://www.skylight.org.nz/build-resilience/travellers/research-15a3e999-6973-46d0-93df-1579ff474da7>
- Yavuz, F., Ulusoy, S., Iskin, M., Esen, F. B., Burhan, H. S., Karadere, M. E., & Yavuz, N. (2016). Turkish version of acceptance and action questionnaire-II (AAQ-II): A reliability and validity

analysis in clinical and non-clinical samples. *Klinik Psikofarmakoloji Bülteni / Bulletin of Clinical Psychopharmacology*, 26(4), 397–408. <https://doi.org/10.5455/bcp.20160223124107>

Zack, S., Saekow, J., Kelly, M., & Radke, A. (2014). Mindfulness based interventions for youth.

Journal of Rational-Emotive & Cognitive-Behavior Therapy, 32(1), 44–56.

<https://doi.org/10.1007/s10942-014-0179-2>

Zettle, R. D. (2011). The evolution of a contextual approach to therapy: From comprehensive

distancing to ACT. *International Journal of Behavioral Consultation and Therapy*, 7(1), 76–

82. <https://doi.org/10.1037/h0100929>

Appendix A: School Agreement Form

Evaluating a schools-based resilience programme

School agreement form

Kia Ora, my name is Regan Burt and I am conducting this research as part of my Doctorate of Clinical Psychology qualification at Massey University. The project is being supervised by Dr. Heather Kempton and Dr. Matt Shepherd.

About the study

I am evaluating the M3 resilience programme. I am looking at how students have understood the content of the programme and whether they have applied the skills taught in their everyday life. Additionally, I am interested in whether students think the content of the programme matches their cultural worldview. As students at your school will be participating in a M3 programme I would like to invite your school to participate in this research.

Project procedures

As part of the normal M3 programme students will fill out two questionnaires, one called *The Resilience Scale* which measures a concept called resilience and one called *The Acceptance and Action Questionnaire 2* which measures a concept called psychological flexibility. We will be asking participants to allow our research team to look at the data from these questionnaires. As all participants of a M3 programme will fill out these questionnaires, we will be inviting all M3 participants if they would like to be involved in this stage of the research project.

Participants will also be invited to attend a focus group (or interview if they would prefer to speak with the researcher alone). The focus group/interview will involve questions about different parts of the programme, what students liked or didn't like about the programme, what students found useful, and how students used the skills taught in their everyday life. I will also be asking students about how well the programme aligns with their cultural worldview. The focus group/interview will be conducted at your school, will be audio recorded and transcribed by myself and will last approximately fifty minutes. Participants are welcome to bring a support person to the interview.

Data management

The completed questionnaires will be collected and stored by M3. These questionnaires will be seen by M3 administration, myself and my supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify participants, such as their name, will be changed or removed from any publication of results.

What participants say during the focus group/interview will be audio recorded and later transcribed. The written transcript will be analysed by myself and will be read by the supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify participants will be changed or removed from any publication of results. The audio and transcript will be stored securely for ten years before being destroyed. The participant's school will be sent a summary of the project's findings to pass on to students. If participants or their caregivers wish to receive this summary directly, they can contact the lead researcher using the contact details below.

Participant's Rights

Your students are under no obligation to accept this invitation. If your students decide to participate, they have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time up until one month following the completion of the programme;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that their name will not be used unless they give permission to the researcher;
- Ask for the recorder to be turned off at any time during the focus group/interview;
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

If you would like more information or have any problems with this research, please let me know. You can contact me by:

Email: [REDACTED]

Mobile: [REDACTED]

If you would like to speak to someone else, you can contact my lead supervisor Dr. Heather Kempton by: **Email:** H.Kempton@massey.ac.nz

What do I do next?

If you are happy for your school to be involved in my research, please complete one copy of the attached school agreement form and return it to the M3 coordinator. Please keep this information sheet and the 2nd copy of the school agreement form for your information.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53. If you have any concerns about the conduct of this research, please contact A/Prof Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Evaluating a schools-based resilience programme

School agreement form

I have read and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time up until one month following the completion of the programme.

Declaration by School representative:

I _____ hereby consent for this school to take part in this study.

School name: _____

Signature: _____ **Date:** _____

Appendix B: Questionnaire Information Sheet and Consent Form

Evaluating a schools-based resilience programme

Questionnaire information sheet

Kia Ora, my name is Regan Burt and I am conducting this research project as part of my Doctorate of Clinical Psychology qualification at Massey University. The project is being supervised by Dr. Heather Kempton and Dr. Matt Shepherd.

About the study

I am evaluating the M3 resilience programme. I am looking at how students have understood the content of the programme and whether they have applied the skills taught in their everyday life. Additionally, I am interested in whether students think the content of the programme matches their cultural worldview. As a participant of the M3 programme I would like to invite you to participate in this research!

Project procedures

As part of the normal M3 programme you will fill out two questionnaires, one called *The Resilience Scale* which measures a concept called resilience and one called *The Acceptance and Action Questionnaire 2* which measures a concept called psychological flexibility. You will fill out these questionnaires three times, before the programme, halfway through the programme, and after completing the programme. We will be asking you to allow our research team to look at the data from these questionnaires. We will make a copy of the results of your questionnaires and analyse any changes across the different times you completed them. When we make a copy of the results of the questionnaires, we will replace your name with a unique number so that your results will not be identifiable.

Data management

The completed questionnaires will be collected and stored securely by M3. These questionnaires will be seen by M3 administration, myself and my supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify participants, such as their name, will be changed or removed from any publication of results. The questionnaires will be stored securely by M3 and destroyed after ten years. Your school will be sent a summary of the project's findings to pass on to you. If you wish to receive this summary directly, you can contact me using the contact details in this information sheet.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time up until one month following the completion of the programme;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

If you would like more information or have any problems with this research, please let me know. You can contact me by:

Email: [REDACTED]

Mobile: [REDACTED]

If you would like to speak to someone else, you can contact my lead supervisor Dr. Heather Kempton by:

Email: H.Kempton@massey.ac.nz

What do I do next?

If you are happy to be involved in my research, please complete the attached consent form and return it to one of your M3 facilitators.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53. If you have any concerns about the conduct of this research, please contact A/Prof Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Evaluating a schools-based resilience programme

Participant consent form

I have read and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time up until one month following the completion of the programme.

- I agree to participate in this study under the conditions set out in the Information Sheet.
- I agree to allow the research team to copy and analyse the results of the questionnaires I complete as part of the resilience programme.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ **Date:** _____

Appendix C: Caregiver Information Sheet and Opt-Out Form

Evaluating a schools-based resilience programme

Information sheet

Kia Ora, my name is Regan Burt and I am conducting this research as part of my Doctorate of Clinical Psychology qualification at Massey University. The project is being supervised by Dr. Heather Kempton and Dr. Matt Shepherd.

About the study

I am evaluating the M3 resilience programme. I am looking at how students have understood the content of the programme and whether they have applied the skills taught in their everyday life. Additionally, I am interested in whether students think the content of the programme matches their cultural worldview. As a participant of the M3 programme I am inviting your child to participate in this research.

Project procedures

As part of the normal M3 programme students will fill out two questionnaires, one called *The Resilience Scale* which measures a concept called resilience and one called *The Acceptance and Action Questionnaire 2* which measures a concept called psychological flexibility. We will be asking participants to allow our research team to look at the data from these questionnaires. As all participants of an M3 programme will fill out these questionnaires, we will be inviting all M3 participants if they would like to be involved in this stage of the research project.

Participants will also be invited to attend a focus group (or interview if they would prefer to speak with the researcher alone). The focus group/interview will involve questions about different parts of the programme, what students liked or didn't like about the programme, what students found useful, and how students used the skills taught in their everyday life. I will also be asking students about how well the programme aligns with their cultural worldview. The focus group/interview will be conducted at the student's school and be audio recorded and transcribed by myself and will last approximately fifty minutes. Participants are welcome to bring a support person to the interview.

Data management

The completed questionnaires will be collected and stored by M3 facilitators. These questionnaires will be seen by M3 administration, myself and my supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify participants, such as their name, will be changed or removed from any publication of results. The questionnaires will be stored securely by M3 and destroyed after ten years.

What participants say during the focus group/interview will be audio recorded and later transcribed. The written transcript will be analysed by myself and will be read by the supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify participants will be changed or removed from any publication of results. The audio and transcript will be stored securely for ten years before being destroyed. The participant's school will be sent a summary of the project's findings to pass on to students. If you or your child wish to receive this summary directly, you can contact me using the contact details below.

Participant's Rights

Your child is under no obligation to accept this invitation. If your child decides to participate, they have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time up until one month following the completion of the programme;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Ask for the recorder to be turned off at any time during the focus group/interview;
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

If you would like more information or have any problems with this research, please let me know. You can contact me by:

Email: [REDACTED]

Mobile: [REDACTED]

If you would like to speak to someone else, you can contact my lead supervisor Dr. Heather Kempton by **Email:** H.Kempton@massey.ac.nz

What do I do next?

If you are happy for your child to be involved in my research, you don't need to do anything further. If you do not want your child to participate in this research, please complete an opt-out form attached and ask your child to return it to a facilitator.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53. If you have any concerns about the conduct of this research, please contact A/Prof Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Evaluating a schools-based resilience programme

Caregiver Opt-out form

I have read and understand the Information Sheet attached. I understand that I may ask further questions at any time. I understand that my child is under no obligation to participate in this study and may withdraw from the study at any time up until one month following the completion of the programme.

Declaration by Caregiver:

I _____ do not want my child to participate in this study.

Child's name: _____

Signature: _____ **Date:** _____

Appendix D: Focus Group Information Sheet and Consent Form

Evaluating a schools-based resilience programme

Information sheet for focus groups/interviews

Kia Ora, my name is Regan Burt and I am conducting this research as part of my Doctorate of Clinical Psychology qualification at Massey University. The project is being supervised by Dr. Heather Kempton and Dr. Matt Shepherd.

About the study

I am evaluating the M3 resilience programme. I am looking at how students have understood the content of the programme and whether they have applied the skills taught in their everyday life. Additionally, I am interested in whether students think the content of the programme matches their cultural worldview. As a participant of the M3 programme I would like to invite you to participate in this research!

Project procedures

You will be invited to attend a focus group (or interview if you would prefer to speak with the researchers alone). The focus group/interview will involve questions about different parts of the programme, what you liked or didn't like about the programme, what you found useful, and how you used the skills taught in your everyday life. I will also be asking you about how well the programme fits with your cultural worldview. This focus group/interview will be conducted at your school, will be audio recorded and transcribed (written down) by myself and will last approximately fifty minutes. Participants are welcome to bring a support person to the interview.

Data management

What you say during the focus group/interview will be audio recorded and later transcribed (written down). The written transcript will be analysed by myself and will be read by my supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify you will be changed or removed from any publication of results. The audio and transcript will be stored securely for ten years before being destroyed. Your school will be sent a summary of the project's findings to pass on to you. If you wish to receive this summary directly, you can contact me using the contact details in this information sheet.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time up until one month following the completion of the programme;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Ask for the recorder to be turned off at any time during the focus group/interview;
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

If you would like more information or have any problems with this research, please let me know. You can contact me by:

Email: [REDACTED]

Mobile: [REDACTED]

If you would like to speak to someone else, you can contact my lead supervisor Dr. Heather Kempton by:

Email: H.Kempton@massey.ac.nz

What do I do next?

If you are happy to be involved in my research, please complete one copy of the attached consent forms and return it to one of your M3 facilitators. Please keep this information sheet and the 2nd copy of the Consent Form for your information.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53. If you have any concerns about the conduct of this research, please contact A/Prof Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Evaluating a schools-based resilience programme

Participant consent form

I have read and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time up until one month following the completion of the programme.

1. I understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.
2. I understand that all the information I provide will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher.

Note: There are limits on confidentiality as there are no formal sanctions on other group participants from disclosing your involvement, identity or what you say to others in the focus group. There are risks in taking part in focus group research and taking part assumes that you are willing to assume those risks.

3. I agree to the focus group/interview being sound recorded.
4. I agree to participate in the focus group/interview under the conditions set out in the Information Sheet attached.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ **Date:** _____

Appendix E: Facilitator Information Sheet and Consent Form

Evaluating a schools-based resilience programme

Information sheet for facilitator interviews

Kia Ora, my name is Regan Burt and I am conducting this research as part of my Doctorate of Clinical Psychology qualification at Massey University. The project is being supervised by Dr. Heather Kempton and Dr. Matt Shepherd.

About the study

I will be evaluating the M3 pilot resilience programme. I am looking at how students have understood the content of the programme and whether they have applied the skills taught in their everyday life. Additionally, I am interested in whether students think the content of the programme matches their cultural worldview. The aim of this study is to better understand what components of the M3 programme are having a positive impact on student's resilience levels.

As a Facilitator of the M3 programme, I would like to invite you to participate in this study. I am interested in your experience with Acceptance and Commitment Therapy and how you think students have responded to the programme's content. Your insights will help us to understand how effective the programme content has been and identify areas for improvement.

This research project is independent from the M3 programme. Only the research findings will be shared with M3. There is no expectation from M3 that you either participate/do not participate in this study.

Project procedures

You will be invited to attend an interview which will involve questions about different parts of the M3 programme. The interview will be held at a time and place that is convenient for you. I will ask questions about your experience with Acceptance and Commitment Therapy, how you think students responded to the programme's content, what worked well, what didn't work well, and areas for improvement.

This interview will be audio recorded and transcribed by myself and will last approximately fifty minutes. Participants are welcome to bring a support person to the interview.

Data management

What you say during the interview will be audio recorded and later transcribed. Before analysis begins, I will email you a copy of the transcript for you to review and request changes. The written transcript will be analysed by myself and will be read by my supervisors, Dr. Heather Kempton and Dr. Matt Shepherd, and cultural consultants. Any information that could identify you will be changed or removed from any publication of results. The audio and transcript will be stored securely for ten years before being destroyed. You will be sent a summary of the project's findings. De-identified data may be kept and uploaded to a research database for future research purposes.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the study at any time up until one month following the completion of the interview;
- Ask any questions about the study at any time during participation;
- Provide information on the understanding that your name will not be used unless you give permission to the researcher;
- Ask for the recorder to be turned off at any time during the interview;
- Be given access to a summary of the project findings when it is concluded.

Project Contacts

If you would like more information or have any problems with this research, please let me know. You can contact me by:

Email: [REDACTED]

Mobile: [REDACTED]

If you would like to speak to someone else, you can contact my lead supervisor Dr. Heather Kempton by:

Email: H.Kempton@massey.ac.nz

What do I do next?

If you are happy to be involved in my research, please complete one copy of the attached consent forms and return it to me, either in person or via my email address above. Please keep this information sheet and the 2nd copy of the Consent Form for your information.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/53. If you have any concerns about the conduct of this research, please contact A/Prof Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Evaluating a schools-based resilience programme

Participant consent form

I have read and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time up until one month following the completion of the interview.

I understand that all the information I provide will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher.

Note: There are risks in taking part in interview research and taking part assumes that you are willing to assume those risks.

1. I agree to the interview being sound recorded.
2. I agree to participate in the interview under the conditions set out in the Information Sheet attached.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ **Date:** _____

Appendix F: The Resilience Scale

Please circle the number that best reflects what is true for you:	Disagree							Agree						
1. When I make plans I follow through with them.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
2. I usually manage one way or another.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
3. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4. Keeping interested in things is important to me.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
5. I can be on my own if I have to.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
6. I feel proud that I have accomplished things in my life.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
7. I usually take things in my stride.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8. I am friends with myself.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
9. I feel that I can handle many things at a time.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
10. I am determined.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
11. I seldom wonder what the point of it all is.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
12. I take things one day at a time.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
13. I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
14. I have self-discipline.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
15. I keep interested in things.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
16. I can usually find something to laugh about.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
17. My belief in myself gets me through hard times.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
18. In an emergency, I'm someone people generally can rely on.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
19. I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
20. Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
21. My life has meaning.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
22. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
23. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
24. I have enough energy to do what I have to do.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
25. Its okay if there are people who don't like me.	1	2	3	4	5	6	7	1	2	3	4	5	6	7
26. In general, I can cope through challenging times.	1	2	3	4	5	6	7	1	2	3	4	5	6	7

Name: _____

Date: _____

Appendix G: The Acceptance and Action Questionnaire 2

The Acceptance and Action Questionnaire - II

Below you will find a list of statements. Please rate how true each statement is for you by using the scale below to fill in your choice.

1	2	3	4	5	6	7
Never true	Very seldom true	Seldom true	Sometimes true	Frequently true	Almost always true	Always true

1. My painful experiences and memories make it difficult for me to live a life that I would value.	
2. I'm afraid of my feelings.	
3. I worry about not being able to control my worries and feelings.	
4. My painful memories prevent me from having a fulfilling life.	
5. Emotions cause problems in my life.	
6. It seems like most people are handling their lives better than I am.	
7. Worries get in the way of my success.	

Name: _____

Date: _____

© Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (in press). Preliminary psychometric properties of the Acceptance and Action Questionnaire – II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy*.

Appendix H: Focus Group Schedules

Te Reo Tuakiri Student Focus Group Schedule

- Karakia: I will ask participants if they wish to open with their own karakia/prayer/poem/lotu and have a karakia prepared if they do not want to.
- Whakawhanaungatanga: I will introduce myself with my Pepeha and also explain in English who I am (student in Doctorate of Clinical Psychology programme at Massey University, evaluating Te Reo Tuakiri as part of the research component of this degree). Participants will be given the opportunity to introduce themselves.
- Bless kai and offer to participants.
- Purpose of study and focus group explained. Go over what to expect from the focus group. Confidentiality discussed (their rights and limits to confidentiality). Explain participants can leave at any time and there is no requirement to contribute. Explain audio recording and transcription. Questions/clarifications sought.
- Written informed consent process.

(Time taken approx. 15 – 20 minutes)

- Begin recording audio and asking questions.

(Time taken approx. 25 – 30 minutes)

Questions:

- **What activities did you benefit from most?**
 - *How did you benefit? – real world examples.*
 - *What were the skills learnt from these activities?*
 - *Have you developed any new coping strategies when going through tough times?*
- **What activities did you least benefit from?**
 - *Why? What about them didn't gel with you?*
- **Has the way you approach life changed during the Te Reo Tuakiri programme?**
 - *Look to expand on any ACT processes that are brought up as well as processes that are divergent from ACT theory.*
 - *Are you doing anything differently since the programme?*
 - *Has the way you see yourself changed?*
 - *Ask for real world examples.*
 - *Has your resilience increased?*
- **How well did the programme fit in with your cultural worldview? (provide context if needed)**
 - *Karakia/poetry.*
 - *Specific activities - what worked, what didn't?*

- *Would you feel comfortable sharing activities with your whānau?*
- *What could they do differently?*
- *Do the skills outlined above fit in with your culture? Spiritual worldview?*

Close session: Any questions for me? Thank participants. Remind them of my contact details on information sheet if they have any follow up questions. Finish with Karakia.

Te Reo Tuakiri Facilitator Focus Group Schedule

- Karakia: I will ask participants if they wish to open with their own karakia/prayer/poem/lotu and have a karakia prepared if they do not want to.
- Whakawhanaungatanga: I will introduce myself and explain who I am (student in Doctorate of Clinical Psychology programme at Massey University, evaluating Te Reo Tuakiri as part of the research component of this degree). Participants will be given the opportunity to introduce themselves.
- Bless kai and offer to participant.
- Purpose of study and focus group explained. Go over what to expect from the focus group. Confidentiality discussed (their rights and limits to confidentiality). Explain participant can leave at any time and there is no requirement to contribute. Explain audio recording and transcription. Questions/clarifications sought.
- Written informed consent process.

(Time taken approx. 15 minutes)

- Begin recording audio and asking questions.

(Time taken approx. 30 - 40 minutes)

Questions:

- **Where you familiar with ACT/Mindfulness before training as a Te Reo Tuakiri facilitator?**
 - *What was your experience if any?*
 - *Do you still practice?*
- **What activities do you think students most benefitted from?**
 - *What worked and why?*
 - *Examples.*
- **What activities do you think students least benefitted from?**
 - *What didn't work and why?*
 - *Examples.*
- **How easily do you think students understood/adopted ACT processes?**
- **Do you think the programme and activities were a good match for participants cultures?**
- **Any other comments?**
- **Close session: Any questions for me? Thank participants. Remind them of my contact details on information sheet if they have any follow up questions. Finish with Karakia.**

Appendix I: Research Case Study

Massey University

Clinical Psychology

CASE STUDY 6

Research case study

How my doctoral research project influenced my clinical practice

Candidate: Regan Burt

Clinical Psychology Programme Massey University

Student ID:

Setting: Centre for Psychology

Supervisor: Dr Heather Kempton

This case was completed during internship at the Centre for Psychology in 2021 and represents the work of the candidate

Supervisor:**Dr Heather Kempton****Senior Lecturer**
.....**Student:****Regan Burt**

Date: 26/11/2021

Abstract

My research involves the evaluation of a schools-based resilience programme named Mindsets. Mindsets aims to equip rangatahi with skills to better ‘bounce back’ during difficult times. The content of Mindsets is largely based on acceptance and commitment therapy (ACT) and Māori models of wellbeing. ACT targets a concept called ‘psychological flexibility’, which can be broadly defined as the ability to contact the present moment and change or persist in behaviour when doing so meets valued ends. Psychological flexibility has become a very important process for me as I navigated the internship year. In this research case study, I will reflect on how the lessons learnt through my research has helped me to better manage my mental wellbeing throughout a year brimming with challenges and improved my ability to be an effective intern psychologist.

The Mindsets Programme and my Research

Mindsets was developed in 2012 in response to several local schools approaching mental health non-governmental organisation (NGO) Ember for support to build the resilience capacity of their young people. The schools recognised students in years 12 and 13 especially were struggling to cope with the unique stressors in their daily lives such as academic pressure, interpersonal difficulties including bullying, and symptoms of anxiety and depression (Mindsets, 2018). The programme was co-designed with young people and developed by Ember psychologists and expert facilitators. The content of Mindsets is largely based on acceptance and commitment therapy (ACT), a ‘third wave’ cognitive behavioural therapy (CBT) approach with a focus on acceptance, mindfulness, psychological flexibility and values-orientated action as ways to manage stress (Harris, 2009). The programme initially ran as seven two-hour activity-based sessions, plus an introductory session (Cowpertwait, 2017). However, in response to feedback from schools and students, Mindsets underwent a major revision across 2017 and early 2018. The programme became more streamlined, comprising of six one-hour sessions, with “...higher quality and more interactive resources and places greater acknowledgment of Te Ao Māori to recognise Te Tiriti o Waitangi commitments” (Mindsets, 2018, p.6).

Most recently in mid-2021, the Mindsets programme was gifted by Ember to M3, a bi-lingual social impact programme aimed at improving the mental health and wellness of students, teachers, and family members across Aotearoa. There are 3 M’s in their kaupapa that embrace the Māori wellbeing framework of Te Whare Tapa Whā. These are mindfulness (taha hinengaro/taha wairua) movement (taha tinana), and Māori narratives and stories. M3 has further refined the Mindsets programme integrating ACT processes with Māori wellbeing models into a 20-week course. The first ten weeks of the course involve teaching a number of ACT congruent strategies to a group of rangatahi in a high school setting. The intention of this course is to both build the participants resilience and to prepare them to teach mindfulness and yoga skills through the retelling of pūrākau to a group of tamariki at a local kindergarten which comprises the following ten weeks of the course.

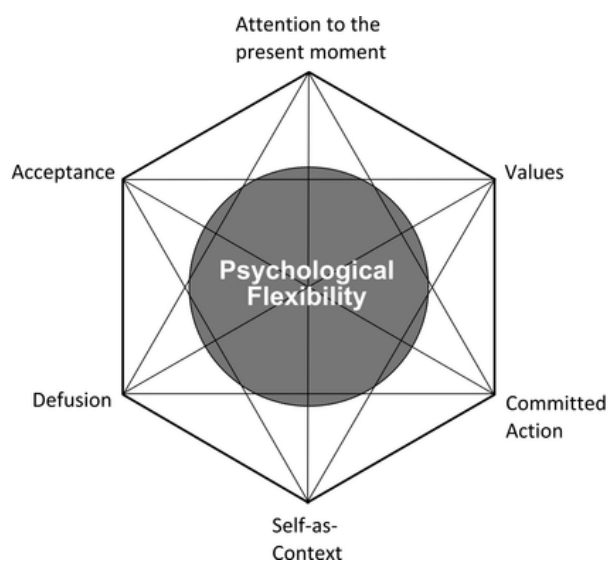
My relationship with the Mindsets programme began in 2017 when I began working for Ember (then named Connect Supporting Recovery). Though my role was in communications and IT, my employers knew I was interested in mental health work and gave me the opportunity to co-facilitate a Mindsets programme. At the time the programme comprised seven two-hour sessions and was a steep learning curve as it was my first introduction to group work, working with adolescents, and ACT. I have since facilitated three further programmes and was involved in a re-development process which saw the programme reduce to a more ‘school friendly’ six one-hour sessions. When I left Ember to begin the clinical psychology programme, I approached Mindsets management about researching not only the effectiveness of the Mindsets programme at increasing resilience but also developing a better understanding of the processes underlying this potential change. Whilst there are many potential change processes at play in the Mindsets programme (e.g., facilitator rapport, Māori models of wellbeing) my research would focus on ACT processes. To that end, my research project took a mixed-methods approach to data collection, using two quantitative measures of resilience and psychological flexibility and also employing focus groups to better understand how the participants understood and used the ACT processes taught in the programme.

Over the past three years my research project has encountered a number of challenges that has tested my own resilience and psychological flexibility. Most notable were the impacts of the COVID-19 pandemic and the re-structuring of the programme’s ownership and content. These changes have necessitated many planning meetings with my research supervisors and three separate full ethics applications. The interruptions to the programme caused by the COVID-19 lockdowns have also unfortunately meant students have been unable to see the potential benefits of Mindsets, arguably at a time when this support would be most needed.

Acceptance and Commitment Therapy and Mindsets

ACT is one of many ‘third wave’ CBT therapies including dialectical behavioural therapy, mindfulness-based cognitive therapy and schema therapy (Kahl et al., 2012). These therapies focus more on a person’s relationship to their thoughts and emotions, rather than their content, as in traditional CBT (Hayes & Hofmann, 2017). Underlying ACT is the theory of behaviour and cognition

know as relational frame theory (RFT). According to RFT, human language and cognition are both dependent on relational frames and the same processes that allow us to structure our world and give it meaning are also at the core of a great deal of human suffering (Hayes et al., 2004). ACT targets common ways in which humans use language to create psychological pain and in doing so increase ‘psychological flexibility’ (Hayes et al., 2006). Psychological flexibility is established through six core ACT processes detailed in the hexaflex below (Hayes et al., 2006).



As the hexaflex model visualises, the six core ACT processes are interconnected and therefore psychological flexibility is maximised when all processes are activated together (Bennett & Oliver, 2019). The processes are briefly described below (Bennett & Oliver, 2019; Harris, 2006; Hayes et al., 2006):

1. Defusion is the process of learning to perceive internal events (e.g., thoughts, feelings, sensations) as types of language rather than getting ‘caught up’ in what that language represents (e.g., threatening events, rules, facts).
2. Acceptance is the process of intentionally making space for internal events without attempting to change their frequency or form.

3. Attention to the present moment (or mindfulness) is the process of bringing full non-judgmental awareness to one's here and now experience.
4. Self as context is the process of experiencing a continuity of self that observes our internal events and is separate from the private events that inhabit our conscious experience moment to moment.
5. Values refers to the process of clarifying what is important to oneself, what makes life meaningful, and what kind of person one wants to be.
6. Committed action is the process of setting goals guided by one's values and taking steps to achieve them.

The Mindsets programme does not teach these processes explicitly but rather through a number of action-orientated exercises and metaphors. Further, the processes are not taught sequentially, instead activities often tap into more than one ACT process, reflecting their interconnected nature (Hayes & Pierson, 2005). One example of this is the 'thought chaining' exercise which asks participants to identify their thoughts in a specific challenging situation and physically write them on pieces of paper and place them on the floor identifying them as 'helpful' or 'unhelpful'. Participants are then invited to notice how they feel when they interact with the thoughts in different ways (e.g., exclusively focusing on the helpful or unhelpful thoughts, looking at the thoughts from close up versus from further away). Facilitators emphasise that although we cannot control the thoughts that show up, we can practice where and how we place our attention. This exercise targets several ACT processes concurrently such as attention to the present moment (awareness of thoughts as they occur), acceptance (focus on where attention is placed versus trying to 'get rid of' or control thoughts), and defusion (altering the way thoughts are perceived by externalising them as words on the floor) (Mindsets, 2018).

How ACT and Mindsets Have Influenced my Clinical Practice

Stewart (2018) explains that transformation of function is an important term in RFT and refers to the process by which language can influence behaviour. This occurs when "the psychological functions of a stimulus change without direct training by virtue of its being a derived relation" (I.

Stewart, 2018, p. 402). An example of this was provided by Dougher et al. (1994) in their study where participants were taught derived relations between arbitrary stimuli (e.g., a square is equivalent to a circle and a hexagon is equivalent to a triangle). Through classical conditioning the researchers then paired one of the stimuli (e.g., circle) with an electric shock and measured fear response via skin conductance. The final phase of the study measured fear response to all the stimuli and found that skin conductance increased for those stimuli that were arbitrarily related to the circle (i.e., the square). Barnes-Holmes and McEnteggart (2015) posit that this uniquely human way of conceptualising our world through language is vital to understanding human suffering.

When I began my internship a number of transformations of function occurred whereby certain concepts came to have an aversive quality. Words like ‘screening’, ‘client’, ‘paper case’, ‘viva’, ‘treatment’ and many more became enmeshed with other words like ‘failure’, ‘imposter’, ‘judgement’, ‘nausea’ and so on. This mental process occurred outside of my control and these connections were made because that is what brains have evolved to do. Although I could not do anything about these relations showing up and bringing along with them unhelpful thoughts, images, feelings, and sensations, I could do something about how I interacted with them. Utilising ACT processes and the skills and strategies I learnt in my research on the Mindsets programme have undoubtedly helped me meet the many challenges that have arisen this year.

Present moment awareness or mindfulness has been a particularly effective strategy I have relied on this year. Unsurprisingly I have often found my mind wandering when I am interacting with a client. Sometimes it has wandered into self-critical thoughts “*I don’t know what I’m doing*” “*I’m making the client pay for this?*” and sometimes it has wandered into ‘problem solving mode’, trying to figure out what to do or say next. Of course, problem solving, and critical self-reflection can be useful, but more often than not when I caught myself doing this it was at the expense of engaging with what the client was telling me. In his book on the role mindfulness plays in the therapeutic relationship Wilson (2009) asks the reader to consider whether the client is a math problem or a sunset. He elucidates that sometimes the problems our clients bring tend to dominate our attention at the expense of noticing and appreciating the whole person in front of us. Being able to notice when

thoughts inspired by fear and self-doubt were pulling me away from listening to my clients and bringing my attention back to the conversation helped in a number of ways such as developing rapport and managing my own anxiety (after all it was more difficult to give attention to my anxious thoughts and feelings when I was focused on the conversation).

Similarly, when I noticed myself getting caught up in some of those difficult thoughts it presented me with an opportunity to practice some defusion skills. This year I often found myself getting fused with the 'I don't know what I'm doing' story. I think I struggled a lot with this story because it was often difficult to argue with. I was doing many things for the first time, and I often felt out of my depth. However, despite this fact I also knew buying into this narrative made me more anxious, distracted, and avoidant, and ultimately a less effective therapist. So, when I noticed my mind was telling me this story (e.g., "*you haven't worked with trauma before, you won't know what to do*") I would thank my mind for its contribution and get on with the task at hand. My favourite defusion strategy has been imagining my thoughts as if they were my small cavoodle dog Lady. Lady is often anxious and will yap at the slightest sign of danger, even if it just another dog appearing on the television. So, when my self-doubt has shown up this year, I have tried to imagine it as Lady yapping away, and rather than scolding her or trying to lock her away I thank her for trying to keep me safe.

Russ Harris (2009) advocates for appropriate self-disclosure when it is likely to "normalise and validate a client's experience, deepen the therapeutic alliance, or model something useful (p. 348). During this year I have at times used self-disclosure to acknowledge my position as an intern psychologist and someone who is new to some methods and techniques. This had the added benefit of taking some of the pressure off myself, but also allowed me to relate to the client by showing that I too struggle with thoughts that can cause me anxiety and distress, and hopefully model an effective way of relating to those thoughts (e.g., "I haven't actually had much experience with this exercise and I'm noticing some thoughts showing up for me in this moment like "*I'm not going to explain it well*" but I think this might be something you will find helpful and I was wondering if you would be willing to give this a go with me?")

I have noticed that not only have I had to navigate client emotions in session I have also had to contend with my own. On top of feeling anxious, or out of my depth, I have also noticed an array of other emotions that have shown up in response to the stories my clients have shared with me. These have varied from sadness, to anger, to disappointment and frustration. The Mindsets programme teaches a useful acronym for relating to difficult emotions named RAIN. This stands for Recognise, Acknowledge, Investigate, and Nurture. Going through this process when I have noticed difficult emotions showing up for myself has been a valuable space from which to make informed decisions about how I want to react. On reflection I have discovered a tendency to avoid subjects when those difficult emotions show up, preferring to guide the client onto something less intense, even when I can hear my supervisor's advice in my head "*go with the emotion*". RAIN encourages me to first recognise what emotion is showing up; acknowledge that it's there (even if I would prefer it was not); get curious about what the emotions looks and feels like; and finally give myself some self-compassion and emphasise the normality of feeling these emotions in this situation. I have found the nurture component of RAIN particularly helpful in coming to terms with the fact that wanting to avoid these emotions is a normal and natural thing to do. However, I can use this space to tap into my values and commit to acting differently (i.e., sticking with the client's story and bearing witness to their emotions even if it brings with it some momentary discomfort). Pierson and Hayes (2009) note that if a clinician has good acceptance skills their focus can more easily shift from avoiding what pushes their buttons to approaching what is helpful for the client.

The Mindsets programme encourages clients to consider their values when faced with challenging situations. They compare this process to Māori ancestors using the stars at night to guide them on their path. In this way values are like a compass, pointing us in the direction of the people who we want to be. When reflecting on the clinical psychologist I wish to be many values come to mind such as authenticity, compassion, curiosity, creativity, courage, responsibility, respect, skilfulness and effectiveness. Wilson and Sandoz (2008) describe values as aspirational, they are directions that we move in and not destinations we arrive at. I have certainly found myself moving away from these valued directions at points during this year. For instance, I found myself trying to

appear more knowledgeable in front of clients in response to thoughts and feelings of inadequacy which moved me away from my values of authenticity and courage. Further, in mock exams I noticed my focus was drawn towards what I needed out of the session rather than what was necessarily helpful for the client which moved me away from my values of responsibility, respect, and effectiveness. Consciously reflecting on who I want to be and how my actions may not be aligned with this vision has helped me to adjust course and learn from these experiences to act differently as I grow as a clinician.

The choice point model uses values as a directive to help people make choices about what they want to do in any given situation (Ciarrochi et al., 2016). The Mindsets programme incorporates this model into their kete of strategies and offers it as a practical exercise to aid decision making in challenging situations. The choice point model asks you to consider what are your ‘hooks’ (i.e., things that draw you away from making decisions that align with your values) and ‘helpers’ (i.e., things that help move you towards decisions that align with your values). My hooks often take the form of particular thoughts, feelings, and physical sensations. For instance, when given the opportunity to run an online CBT group at the clinic I noticed certain inner events show up such as thoughts along the lines of “*you can’t do this*”, “*you’re not ready*”, feelings of fear and anxiety, and physiological changes including sweaty palms and a racing heart. These hooks pulled me towards avoidance and attempted to convince me that declining was the right choice. However, in this instance I found the choice point model useful in considering my values and what moving towards the person I want be would look like. Further, it offered the opportunity to reflect on my helpers, many of which included the ACT processes outlined above (e.g., mindfulness, defusion, acceptance) that could help me to effectively manage the inevitable challenges that would show up in committing to this values congruent action.

In summary, I feel that my research project, especially with its focus on ACT processes has provided me with many transferable skills that have proved useful in my clinical work as an intern psychologist. These processes have been particularly useful in managing my own anxieties about the

challenges provided throughout the internship and have helped me be more open, aware, and present with my clients.

References

- Barnes-Holmes, Y., & McEnteggart, C. (2015). Behavior analysis and the treatment of human psychological suffering. In *Clinical and Organizational Applications of Applied Behavior Analysis* (pp. 451–475). Elsevier. <https://doi.org/10.1016/B978-0-12-420249-8.00018-6>
- Bennett, R., & Oliver, J. E. (2019). *Acceptance and commitment therapy: 100 key points and techniques*. Routledge.
- Ciarrochi, J., Brockman, R., Duguid, J., Parker, P., Sahdra, B., & Kashdan, T. (2016). Measures that make a difference: Optimizing psychological measurement to promote well-being and reduce suffering. In R. D. Zettle (Ed.), *The Wiley handbook of contextual behavioral science*. Wiley, Blackwell.
- Cowpertwait, L. (2017). *Review of schools-based resilience programmes: A literature review report to inform future developments*. Connect Supporting Recovery.
- Dougher, M. J., Augustson, E., Markham, M. R., Greenway, D. E., & Wulfert, E. (1994). The transfer of respondent eliciting and extinction functions through stimulus equivalence classes. *Journal of the Experimental Analysis of Behavior*, 62(3), 331–351.
<https://doi.org/10.1901/jeab.1994.62-331>
- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, 12(4), 2–8.
https://www.actmindfully.com.au/upimages/Dr_Russ_Harris_-_A_Non-technical_Overview_of_ACT.pdf
- Harris, R. (2009). *ACT made simple*. New Harbinger Publications.
- Hayes, S. C., & Hofmann, S. G. (2017). The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*, 16(3), 245–246. <https://doi.org/10.1002/wps.20442>
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1–25.
<https://doi.org/10.1016/j.brat.2005.06.006>

- Hayes, S. C., Strosahl, K. D., Bunting, K., Twohig, M., & Wilson, K. G. (2004). What is acceptance and commitment therapy? In S. C. Hayes & K. D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 3–29). Springer US. https://doi.org/10.1007/978-0-387-23369-7_1
- Hayes, S., & Pierson, H. (2005). Acceptance and commitment therapy. In A. Freeman (Ed.), *Encyclopedia of cognitive behavior therapy*. Springer.
- Kahl, K., Winter, L., & Schweiger, U. (2012). The third wave of cognitive behavioural therapies: What is new and what is effective? *Current Opinion in Psychiatry*, *25*, 522–528. <https://doi.org/10.1097/YCO.0b013e328358e531>
- Mindsets. (2018). *Mindsets Facilitator Manual*.
- Pierson, H., & Hayes, S. (2009). Using acceptance and commitment therapy to empower the therapeutic relationship. In P. Gilbert & R. L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies*. Routledge. <http://www.dawsonera.com/depp/reader/protected/external/AbstractView/S9780203099995>
- Stewart, I. (2018). Derived relational responding and relational frame theory: A fruitful behavior analytic paradigm for the investigation of human language. *Behavior Analysis: Research and Practice*, *18*(4), 398–415. <https://doi.org/10.1037/bar0000129>
- Wilson, K. G. (2009). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. New Harbinger Publications.
- Wilson, K. G., & Sandoz, E. K. (2008). Mindfulness, values, and the therapeutic relationship in acceptance and commitment therapy. In S. Hick & T. Bein (Eds.), *Mindfulness and the therapeutic relationship* (pp. 89–106). Guilford Press.