Intelicare is to create and validate a system for providing people the behavioral components, drawing from a variety of approaches, that will best promote engagement with the interventions and increase their well-being.

**SY32.2 The Development of ALL OF ME: An Online Platform to Increase Resilience in Young Adults with a Chronic Illness**

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**Background:** Having a chronic illness during adolescence and early adulthood brings a range of factors that impact the resilience of young people. For example, an illness that results in school or work absence can interfere with the formation of stable peer networks. Also, working towards future goals can be difficult when faced with an unpredictable course of disease. In this perspective we have developed ALL OF ME.

ALL OF ME is an online platform to increase resilience in young people (16-30 years) with a chronic disease, such as diabetes, heart disease and kidney failure. ALL OF ME contains tips and exercises on several domains, including relationships, future goals, sexuality and dealing with adversity. Also, personal stories of peers are integrated and coaching by experience experts is possible.

**Development and Pilot:** In this presentation we will show the process of creating ALL OF ME, which was in very close cooperation with the target group (interviews, evaluating exercises and design and usability testing). Also, first results of the pilot will be presented (use, satisfaction).

**SY32.3 Acceptance and Commitment Therapy – Online: The Effects of a Web-Based ACT Intervention on Positive Mental Health and Depression**

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**Introduction:** Online positive psychology interventions seem promising in promoting mental health. The web-based intervention ‘living to the full’, based on Acceptance and Commitment Therapy (ACT) and mindfulness, offers the potential for an accessible and efficient early treatment. We conducted a randomized controlled trial to compare the efficacy of ACT with an active control condition based on ‘Expressive writing’ (EW) and a waiting list control condition.

**Methods:** Participants were adults with mild to moderate depressive symptomatology from general population. The treatment comprised of 9 online sessions with minimal email counselling of either ACT or EW. Assessments points were at baseline, post-treatment (three months after baseline), with follow-up assessments at 6 and 12 months after baseline.

**Findings:** Repeated measures analyses showed significant reductions in depressive symptomatology post-treatment for the ACT intervention, compared to the WLC (Cohen’s d = 0.56) and the EW intervention (Cohen’s d = 0.36). The effects were sustained at 6- and 12-month follow-up. The results showed that on the short term the ACT intervention was significantly more effective to both the waiting list condition and the active control condition, but that both interventions had similar effects on depressive symptoms and positive mental health at 6- and 12-month follow-up.

**SY32.4 How do Participants Experience Online Life-Review with Peer Contact? A Qualitative Study**

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Several studies show that face-to-face life-review is positively evaluated by participants and effective in enhancing well-being and decreasing depression symptoms. The