

Acceptance and Commitment Therapy with Children: Evaluation of Two Interventions

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Introduction

Studies carried out in Brazilian school clinics have indicated that the main complaints brought by parents who take their children to therapy refer to school failure, behavior problems and anxiety (Cunha & Benetti, 2009; Moura, Marinho-Casanova, Meurer & Campana, 2008). In Brazil, Anxiety Disorder has presented prevalence rates of 4.6% in children and 5.8% among adolescents (Fleitlich-Bilyk & Goodman, 2004). The data are even greater regarding the externalizing problems in childhood, a characterization of the children population that sought the clinic-school of a public university in the State of Paraná showed that 69% of the children were referred with the main complaint of aggressiveness (Moura, Marinho -Casanova, Meurer & Campana, 2008).

In the last few years, ACT became increasingly popular in the behavior-analytic clinic for the treatment of the adult population. Aiming to inquire its viability and effectiveness in the child population, this research sought to apply and evaluate two Interventions with children based on the principles of ACT.

Methods

Participants. A seven-year-old girl, who has presented behavioral problems (Child A). She has had aggressive behavior toward her classmates at school, threatening and beating them. And a ten-year-old boy with anxious behavior (Child B).

Measures. The following instruments were applied before and after the intervention:

- Child Acceptance and Mindfulness Measure (CAMM)
- Avoidance and Fusion Questionnaire for Youth (AFQ-Y)
- The parent version of the Child Behavior Check List (CBCL).

Procedures. Interventions consisted of 8 weekly sessions of 50 to 60 minutes, which the researcher performed activities based on Acceptance and Commitment Therapy strategies individually with each child. Therefore, activities were planned based on ACT exercises for adults, working at each session, some activity focused on one or more of the components of ACT. The use of metaphors and mindfulness exercises were resources adapted by the researcher to work with the children. Drawings, crayons, cardboards, paints and clay were the materials used to facilitate the expression of children's thoughts and feelings during the sessions.

Results and Discussion

According to the results, Child A obtained the reduction of internalizing and externalizing problems after the intervention. The results also pointed out that, at the same time as there was a decrease in Child A's behavior problems, there was an increase in their behaviors of Acceptance and Contact with Present Moment, and thus, the reduction of behaviors related to Cognitive Fusion and Experiential Avoidance.

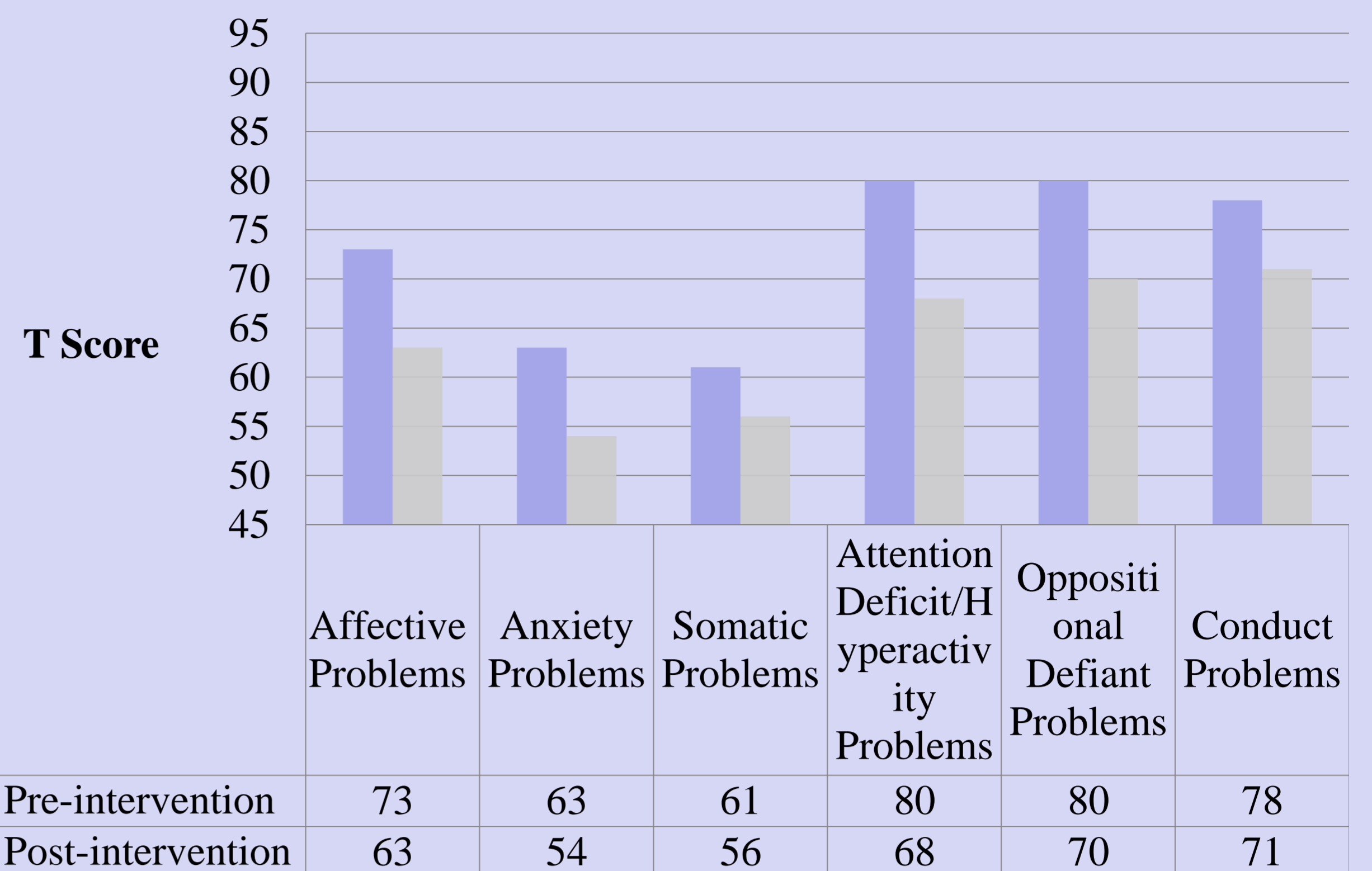


Figure 1. Child A - CBCL scales according to the DSM-IV classification criteria in the pre-intervention and post-intervention stages.

Regarding to Child B, it was not possible to identify the same relation between the reduction of behavior problems and the increase of Psychological Flexibility by the results obtained through the two evaluation stages. CBCL showed that there was a decrease in behavior problems and somatic problems. However, the CAMM and AFQ-Y indicated a decrease in behaviors of Acceptance and Contact with Present Moment, and an increase of Experiential Avoidance and Cognitive Fusion.

Considering that Child B presented behaviors that indicated a high level of discomfort and anxiety in the first stage of evaluation, the hypothesis raised is that Child B obtained an understanding of the test sentences only in the second stage of evaluation. In addition, the *rapport* established with the therapist during the intervention facilitated that Child B did not present the anxiety behaviors in the second evaluative stage. Murrell, Steinberg, Connally, Hulsey and Hogan (2015) reported the same eventuality that occurred through the AFQ-Y evaluation of the intervention program performed in their study.

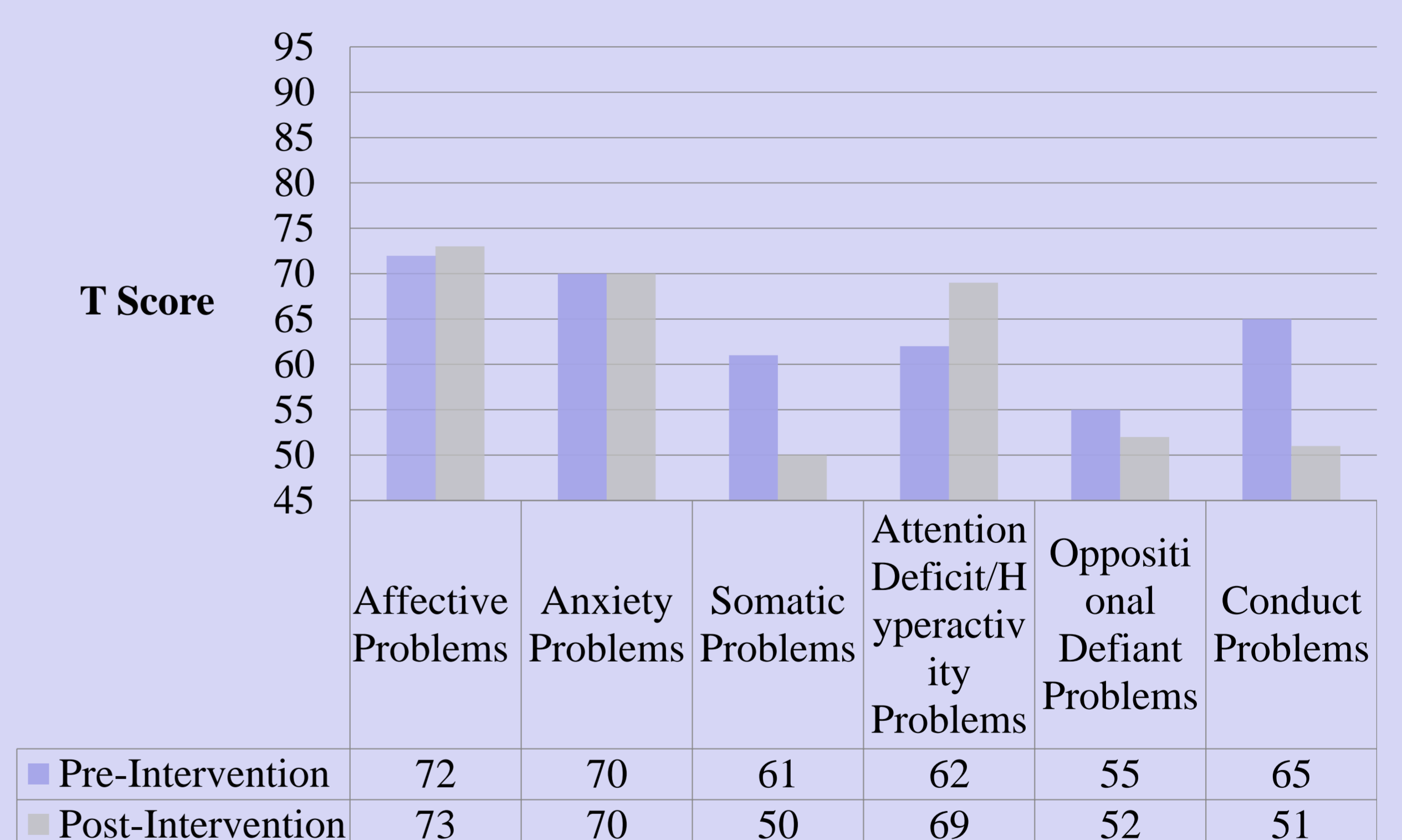


Figure 2. Child B - CBCL scales according to the DSM-IV classification criteria in the pre-intervention and post-intervention stages.

Conclusion

The general objective of the study was to evaluate the effectiveness of two interventions based on the proposal of the Therapy of Acceptance of Commitment made with two children, one with behavior problems and another with anxiety problems. It was concluded that ACT enabled children to engage in more functional behaviors by conceiving the relationship that the children have with their own feelings and thoughts as part of the process for behavioral change. This enables a new way for the analytic-behavioral clinic to approach child demand.