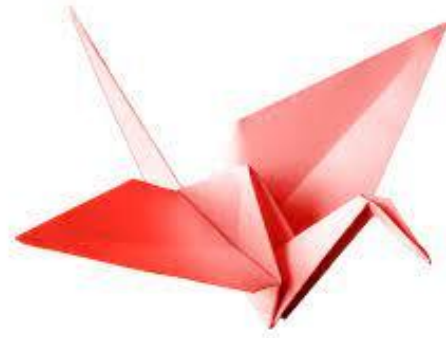
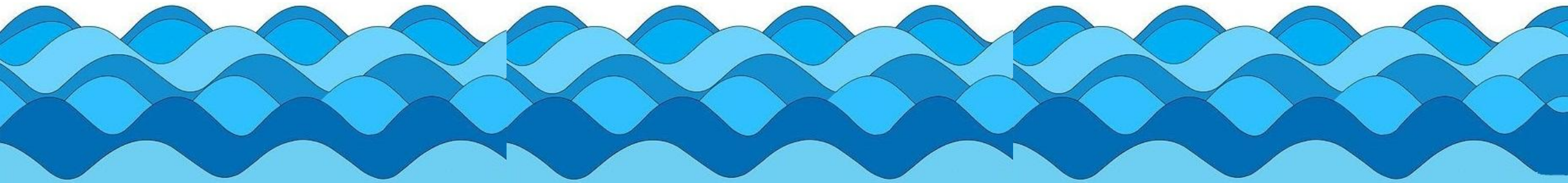


ACT with Children

A Contextual-Developmental Perspective



Javier Mandil
Fundación ETCI. Argentina



ACT with Children *¿What For?*

Procedures Consistent with Contextual Science Advances

Child Flexible Development Oriented Procedures



(Ruiz et al., 2012; Hancock et al., 2016)

Challenges with Young Consultants

- ✓ *Socio-Affective Dependency*
- ✓ *Developmental Particularities*
- ✓ *Motivation*



PROPOSALS

- ✓ *Simplify*
- ✓ *Adapt to Child's Culture and Interests*
- ✓ *Foster Procedure's Evolutionary and Contextual Sensitivity*



Review Processes and Principles from an RFT and CONTEXTUAL Perspective

(Black, 2022; Mandil, 2022)

RFT Conceptual Framework

- FRAMING implies Relating and Transforming of Stimuli Functions
- Arbitrary Relations and Transformations are involved in verbal rules that can govern behaviors
- The SELF is a network of rules that tends to coherence



- **The Dark Side of Language:**
 - ✓ We have little control over multiple relations and transformations
 - ✓ Rigid Rule Following
 - ✓ Social and/or Essential Coherence
 - ✓ Cognitive Fusion

(Hayes, Barnes-Holmes & Roche, 2001; Törneke, 2010)

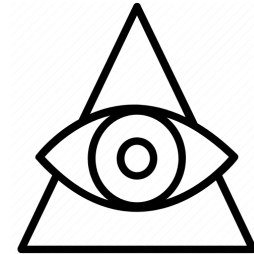
Three Core Therapeutic Strategies

A Bridge Between Research and Clinical Practice

Functional Analysis: Elucidation of Characteristics and Function of Behavioral Events in Context. Promotion of Contact with Aversive Consequences of Experiential Avoidance

- **Perspective Development:** Distinctions of Progressive Complexity between Private Events and the experiences of the Senses. Hierarchical relationships with the Deictic “I”

- **Redirection to Linguistic Global Appetitive Qualities:** Specification of Appetitive Linguistic Functions that can guide more flexible behavioral repertoires



A Contextual Developmental Framework

- Evaluation Tools and Therapeutical Procedures Sensitibity:

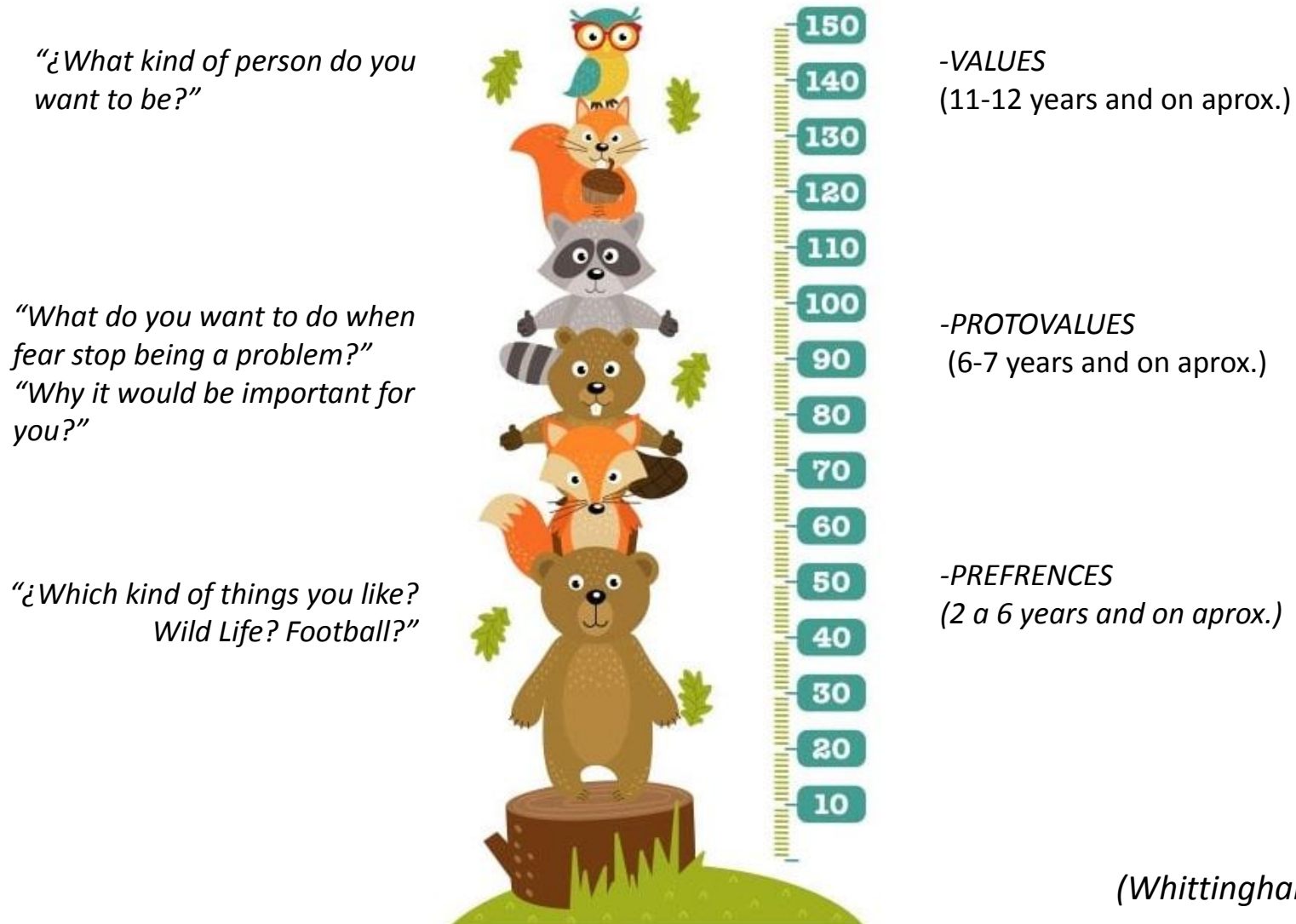


✓ *Complexity of Relational Repertory*

✓ *Level of Derivation of Relational Repertoires*

(Villatte, 2020; Barnes-Holmes, McEnteggart & Barnes-Holmes, 2020)

Verbal Appetitive Functions



Perspective Taking Competencies

"Who is the stadium where your thought matches are played?"

"Lying in the Grass you watch your thoughts moving, right here, right now"

"Imagine that you, right here, watch your thoughts, right there"



*-Hierarchical Relations with the Deictic "I"
(11-12 years and on aprox.)*

*-OBSERVER SELF, Here and Now
(7-8 years and on, aprox.)*

*-OPOSITION BETWEEN PRIVATE EXPERIENCIES
AND SENSES EXPERIENCIES
(6-7 years and on, aprox.)*

(Mc Hhugh, Stewart & Almada, 2019)

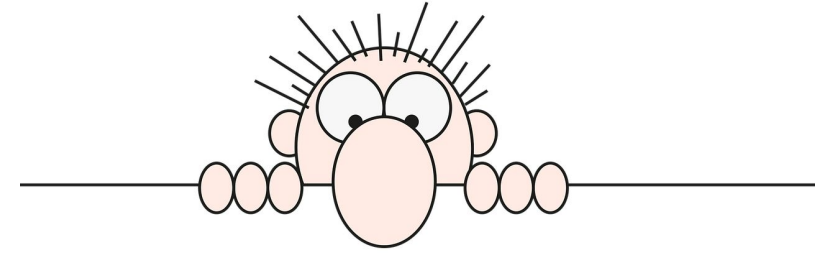
Procedures



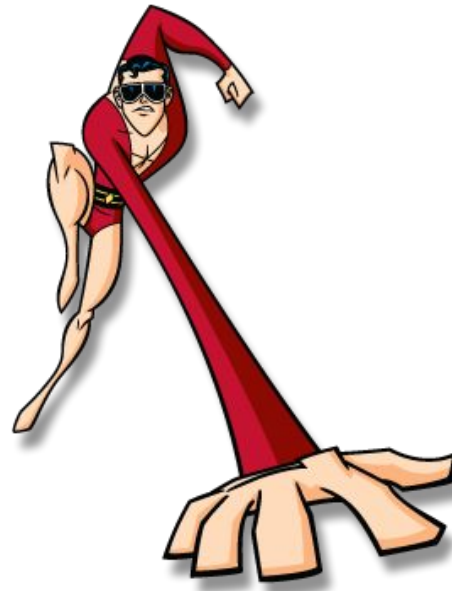
(Mandil, 2022; Black; Törneke, 2017)

Conclusions

- Adapt to Culture, Skills, Interests
- Sensitivity to Children Challenges
- Developmental Adaptations
- Adequacy of Procedures
- Observe the World through Child's Eyes!



iiThanks a Lot!!



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ACT with adolescents

Adapting and Creating metaphors



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What we know of human suffering

- We assume that suffering is normal ---> destructive normality
- We propose that language is a main source of suffering.

Rigid rule following ---> Insensitivity to direct contact with contingencies

- Perseverance of problematic behaviors (that go against our own valued goals and exacerbate our suffering)
- Deficit of effective behavioral repertoires.

In both scenarios: we lose opportunities to contact our own experience and learn from it



What we know about language

If language is part of the problem, there's no point in approaching suffering in a direct manner by adding more verbal logs into the fire

We must use it in an alternative way: evocative, metaphorical and experiential way, guided by workability

In contexts in which verbal regulation proves to be problematic, we will seek to increase the client's contact with non-arbitrary (direct) aspects of the environment.



What we know about language

She Unnames Them

Ursula K. LeGuin



Most of them accepted namelessness with the perfect indifference with which they had so long accepted and ignored their names.

We don't have the possibility to “return” names/break relations

We can't create new ones, and transform their functions

One way of doing this, is using metaphors

What we know about metaphors

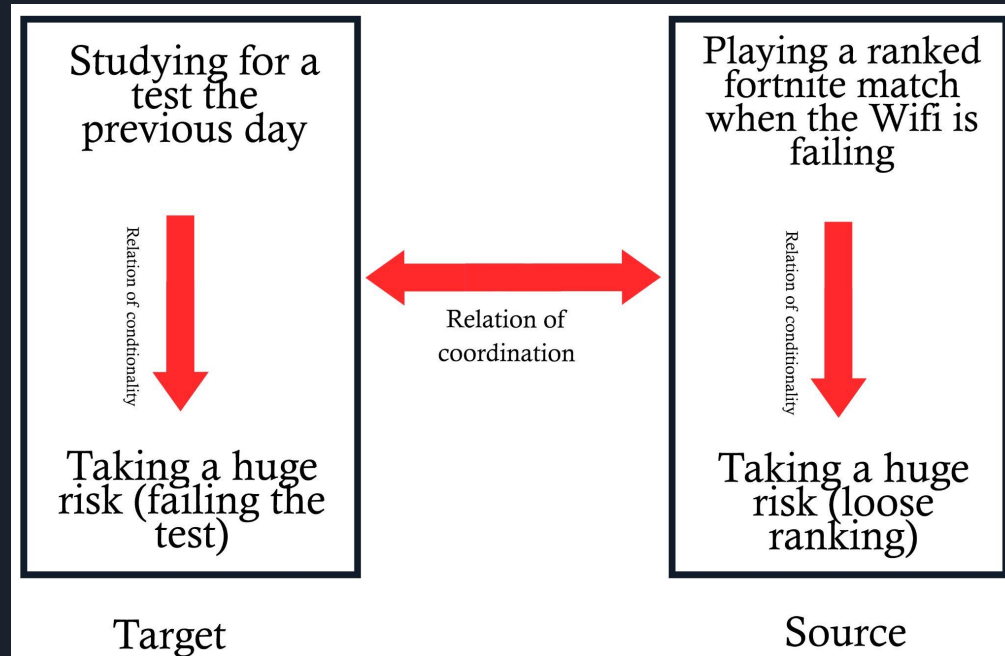
- They allow us to present abstract concepts in more concrete ways
- They provide a verbal context capable of eliciting thoughts, emotions and memories similar to the clinical situation of interest, allowing the practice of alternative responses to the problems in session.
- Its narrative, detailed and emotional format allows us to transmit important messages in memorable ways
- By establishing an equivalence, we focus on aspects that usually go unnoticed in the client's life, thanks to their salience and clarity.



(Villatte, Villatte, Monestès, 2014)

What we know about metaphors

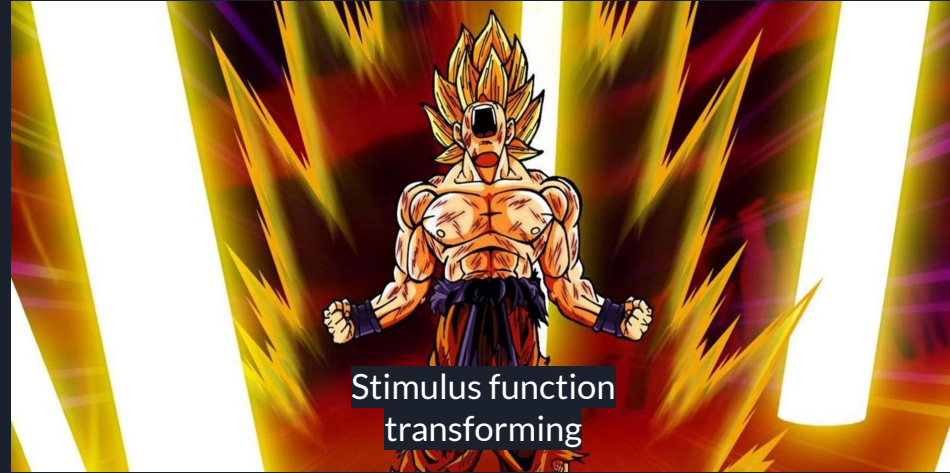
From the perspective of RFT, metaphors can be conceptualized as the establishment of a relationship of coordination or equivalence between two relational networks - the source and the target - where the first of them presents a more salient aspect than the second.



(Törneke, 2016)

What we know about metaphors

The establishment of this coordination relation between both situations results in a transformation of their functions, in such a way that the probabilities of our client behaving in novel ways increase, upon contemplating their situation in light of what is observed via the metaphor



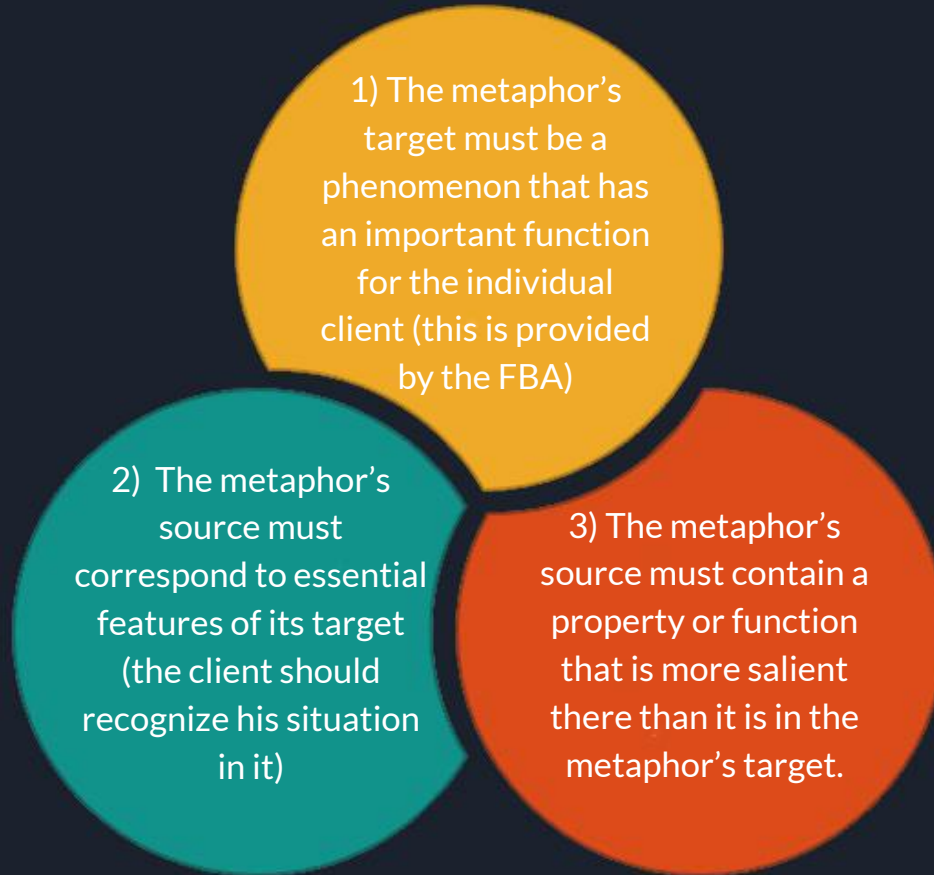
What we know about adolescents

Clinical considerations:

- We must consider what is the expected level of AARR according to the developmental age of the client, and what is appropriate for each particular client according to their context.
- Instead of limiting it, adolescents' energy should be channeled: the session should be **interactive and experiential**.
- In order to sustain the adolescent's attention and keep him involved, metaphors and exercises must be constructed and adapted based on their cultural interests (Greco, Blackledge, Coyne, and Ehrenreich, 2005) and adjusting the level of difficulty and demand to their level.



What we know about metaphor construction





Building metaphors for adolescents

Based on what we've said so far, we present a possible series of steps to follow:

1) Know thy client	Get to know their interests, hobbies, culture and idioms
2) Select the target	Identify the relevant clinical situation
3) Do a Functional behavioral analysis	Unavoidable in order to be able to establish functional equivalences between both situations
4) Consider the Hexaflex	Identify rigidity processes involved in the clinical situation and flexibility processes to practice in session through metaphor



Building metaphors for adolescents

Teniendo en cuenta todo lo dicho, presentamos una serie de posibles pasos a seguir:



5) Define the objective/main message	Define the message: “Valuable actions challenge us to make room for painful experiences.”
6) Select the source	Identify the movie, series, comic, song, etc., relevant in the client’s life, that corresponds to the target and presents a more salient function or property.
7) Consider generalizations	Identify other possible situations that could be targeted by the same source
8) Consider ways to deliver the metaphor	Identify how to physically involve the adolescent with the metaphor or exercise. Consider tangible/concrete elements of the metaphor.

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MATRIX:

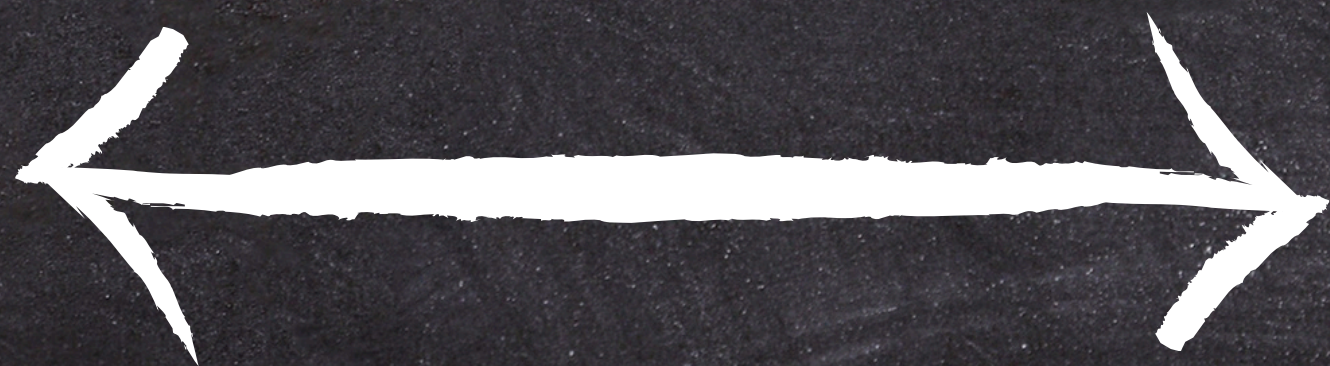
Clinical applications for the
practice of value-guided
parenting



lic. Susana Almada

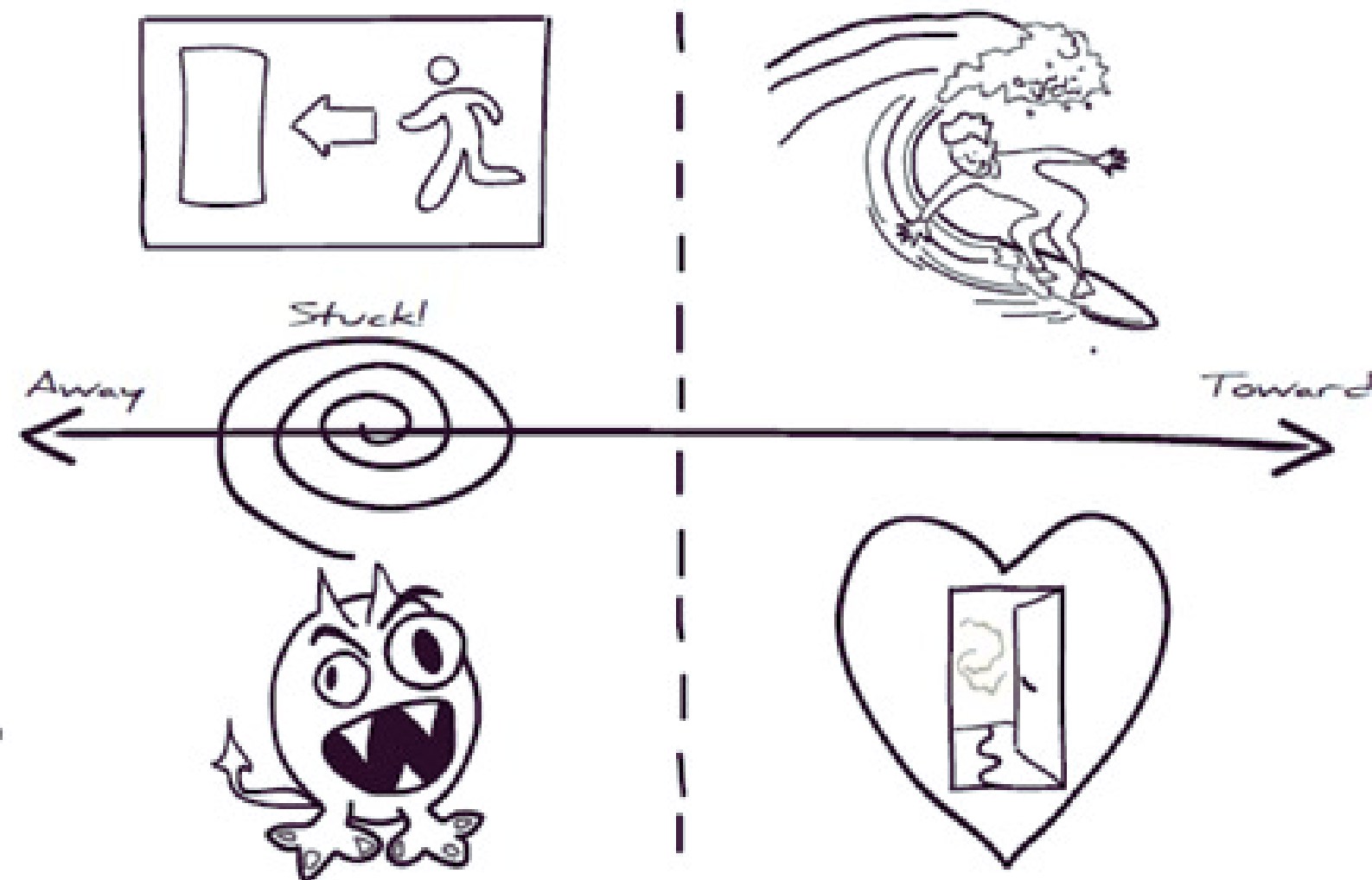


Training for psychological flexibility is similar to the training we need to learn to ride a bicycle.



MATRIX:

Useful and simple diagram to train psychological flexibility

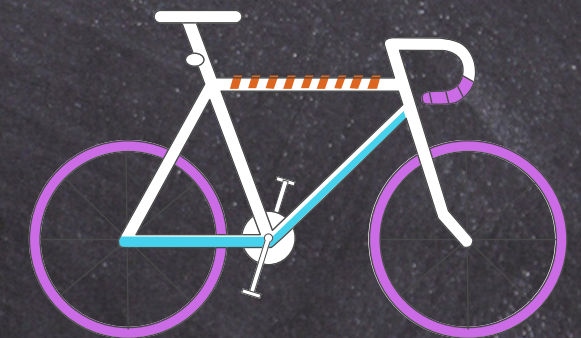
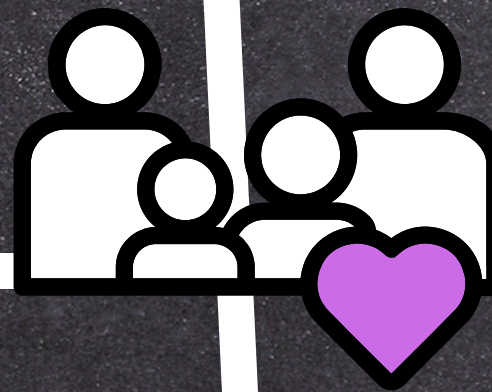


USELESS ACTIONS

ACTIONS TO GET THERE

VALUES AND HORIZONS

OBSTACLES



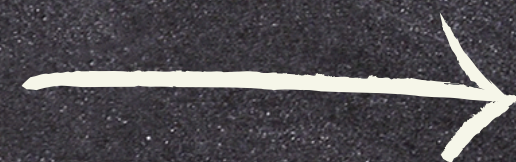
→ LIMITING STORIES
→ DIFFICULT INTERNAL EVENTS

→ WHAT KIND OF
FATHER/MOTHER DO YOU
WANT TO BE?

DIFFICULTIES AND OBSTACLES IN (EFP)

- Discriminate elements of the internal and external world: NOTICE
- Limiting stories
- Persistence in ineffective operations (LOOPS):
TAKE PERSPECTIVE
- Carry out committed actions: ACT

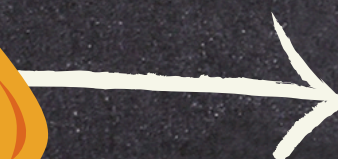
FINAL RECOMMENDATIONS



INCREASE AWARENESS



CHANGE FOCUS OF ATTENTION



TAKE ACTIONS GUIDED BY
VALUES



BIBLIOGRAPHY

Polk, K. L., & Schoendorff, B. (2016). The Essential Guide to the ACT Matrix: A Step-by-Step Approach for Applying the ACT Matrix Model in Clinical Practice (Capítulo 8: pp. 183–208). New Harbinger Publications.

Polk, K. L., & Olaz, F. (2021). La Matrix, manual de usuario: Entrenando la flexibilidad psicológica en tres pasos por medio de la Terapia de Aceptación y Compromiso (Capítulo 1: Entrenando la flexibilidad psicológica, pp. 1–15). Editorial Brujas, Córdoba.

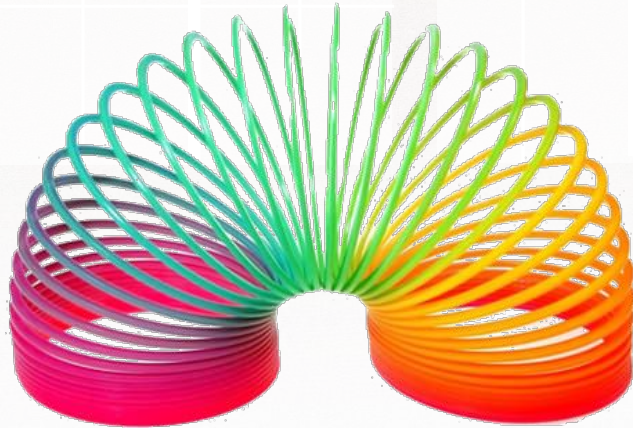


THANKS



Flexible Parenting

Notes on Acceptance and Commitment Therapy for Parents and/or Caregivers Guidance



Lic. Juan Alberto González
ECCO Foundation
[@jagpsico](#)

Three Key Questions in Parent Guidance

1. How do we get *children or adolescents* to do “*what they DON'T want to do*”?
2. What do we do to help *parents or caregivers* do “*what they DON'T want to do*” ?
3. How do we, *therapists* , manage to do what “*we DON'T want to do*” ?

**Parent guidance is
uncomfortable*.**



**As minimum.*

**" I don't want
to! "**

Aversive Experiences

 **Experiential Avoidance**

Rigid Rule Following

 **Fusion**,  **Pliance**,  **Tracking**

Conflicts of Values and Proto-values*

* Whittingham, K., & Coyne, L. (2019). *Acceptance and Commitment Therapy: The Clinician's Guide for Supporting Parents*. Academic Press.

Aversive Experiences

Children

"It's not fun to stop playing Play."

"Doing what they tell me is ugly."

Parents

"It's no fun not having time for myself."

"I don't like having to force him to do what he doesn't want to do."

Therapists

"These parents don't want to change."

"You can't work with this child."

"It's uncomfortable to have to 'force' them to do what they don't want to do."

Experiential Avoidance

Children



Continue doing what you like.



Refuse .

**TANTRUM!
PROBLEM
BEHAVIOR!**

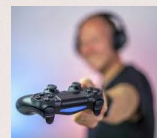
Parents



Avoid getting busy, delegate.



Look for magical solutions.

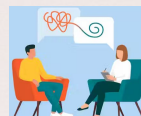


"Give in" to the problem behavior.

Therapists



Try magic solutions.



Indicate individual therapy.



Refer.



Dedicate yourself to something else.

Rigid Rule Following

Children

"If I do what they tell me, I'll probably get bored."

"If I let them get into my life, I'm going to feel controlled,"

Children

"TAKE THE AGAINST"

- Stand against.
- To rebel.
- Doing things secretly.

Parents

"If I don't give in, he's going to keep bothering me and yelling."

Parents

GIVE

- Allow activities.
- "Give him what he wants."
- Stop insisting.

Therapists

"Yeah "

"You can't work with this child."

"It's uncomfortable to have to 'force' them to do what they don't want to do."

Therapists

CURANDIS FUROR

- Calm parents.
- Stop insisting.
- Try magic solutions.
- Try to accelerate results.

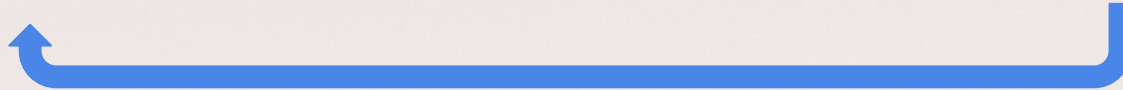
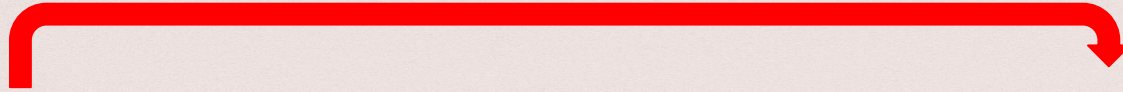
Conflicts of Values and Proto-values

Children	<ul style="list-style-type: none">• Proto-values and Values.	<ul style="list-style-type: none">• Letting go of old interests.• Develop values.
Parents	<ul style="list-style-type: none">• Parental.	<ul style="list-style-type: none">• Parenting/Teaching.• Transmission of values.
	<ul style="list-style-type: none">• Personal.	<ul style="list-style-type: none">• Personal development.• Professional development.
Therapists	<ul style="list-style-type: none">• Therapist Values.	<ul style="list-style-type: none">• Treatment progress.• Achievement of results.• Professional development.• <i>What works.</i>
	<ul style="list-style-type: none">• Values of the Therapist's person.	<ul style="list-style-type: none">• <i>What I would like to see work.</i>

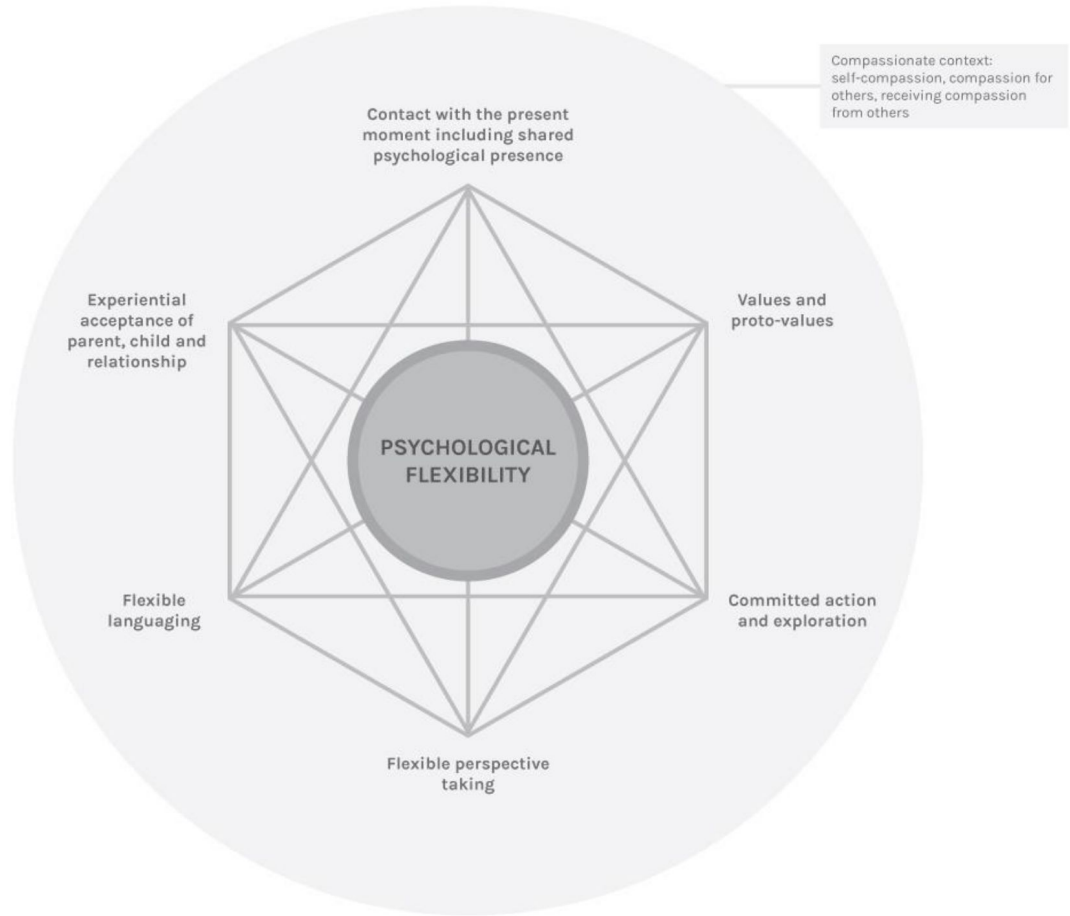
**Attachment
Approach**



**Behavioral
Approach**



Hexaflex Parent-Child*



* © Whittingham, K., & Coyne, L. (2019). *Acceptance and Commitment Therapy: The Clinician's Guide for Supporting Parents*. Academic Press. Own translation.

The image features a light beige background with decorative orange wavy lines in the corners. The text is centered and reads:

THANK YOU

SO MUCH!!

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