

ACCEPTANCE MINDFULNESS TREATMENTS FOR CHILDREN

ADOLESCENTS pdf

1: Acceptance & Mindfulness Treatments for Children & Adolescents : Laurie A. Greco :

"This groundbreaking volume is an important step to developing acceptance and mindfulness treatments for children and adolescents. The book highlights the many conceptual and practical challenges in extending this approach from adults to children and families.

This article has been cited by other articles in PMC. Despite this, there is a paucity of empirical research to assist clinicians in determining appropriate treatment options. We describe a protocol for a randomized controlled trial in which we will examine the effectiveness of a group-based Acceptance and Commitment Therapy program for children and adolescents with a primary diagnosis of anxiety disorder. For the adolescent participants we will also evaluate the elements of the intervention that act as mechanisms for change. After completion of baseline assessment, participants will be randomized to one of three conditions Acceptance and Commitment Therapy, Cognitive Behavior Therapy or waitlist control. Controls will receive the Cognitive Behavior Therapy program after 10 weeks waitlisted. Repeated measures will be taken immediately post-therapy and at three months after therapy cessation. Discussion To the best of our knowledge, this study will be the largest trial of Acceptance and Commitment Therapy in the treatment of children and young people to date. It will provide comprehensive data on the use of Acceptance and Commitment Therapy for anxiety disorders and will offer evidence for mechanisms involved in the process of change. Furthermore, additional data will be obtained for the use of Cognitive Behavior Therapy in this population and this research will illustrate the comparative effectiveness of these two interventions, which are currently implemented widely in contemporary clinical practice. Anticipated difficulties for the trial are the recruitment and retention of participants, particularly adolescents. To avert these concerns and maximize recruitment, several strategies will be adopted to optimize referral rates as well as reduce participant drop-outs. Young people with anxiety are typically underrepresented in clinical research, and anxiety in children is often minimized by health professionals, potentially due to a common perception that in this population anxiety is developmental, transient and innocuous [3 , 4]. Despite this, anxiety in childhood increases the likelihood of academic and social skills difficulties as well as substance abuse, and is often enduring if untreated [2]. Furthermore, a childhood history of anxiety is a common precursor to depression, and has been found to predict anxiety and depression in later life [5 - 7]. In a recent review of the best available evidence for the treatment of psychological disorders, Cognitive Behavior Therapy CBT was found to be the first-line evidence-based psychosocial intervention for anxiety among adults and is currently the most empirically supported therapeutic approach for children and adolescents [8]. In part, this is a consequence of insufficient evidence for alternative interventions [8], rather than findings indicating other treatments are unsuitable. Indeed, the dearth of population-specific research in this area is highlighted by the aforementioned review, which found a complete absence of studies assessing the efficacy of CBT in the treatment of panic disorder among children and variable levels of evidence for its use in other anxiety disorders in this population [8]. Furthermore, others have found that one in four children do not benefit from CBT [9]. As such, it is important that other interventions are developed and evaluated to address this shortcoming. Acceptance and Commitment Therapy ACT has sparked increased interest among clinicians and researchers in the last decade [10]. ACT considers the fundamental cause of psychopathology and human suffering to be the interrelationships of cognition, language and life circumstances that lead to decreased capacity to modify or continue exhibiting behaviors that are in the service of personal values [11]. Whereas other therapies focus on altering the content, frequency and form of private experience thoughts, feelings and sensations , ACT works to modify the function of internal experience - such as supporting individuals to recognize thoughts for what they are, simply thoughts and not necessarily the truth - and thus reduce their bearing on behavior [13]. ACT focuses on assisting clients to live valued meaningful lives [11]. These processes are interrelated and support each other in increasing psychological flexibility. ACT has a growing empirical base demonstrating its efficacy for an array

of problems, including the treatment of anxiety concerns among adults such as social phobia [15 , 16], generalized anxiety disorder [17] and mathematics anxiety [18]. Indeed, in the first known review of published ACT controlled trials up to , the authors found ACT to be superior to control conditions, waitlists and treatment as usual at both post-intervention and at follow-up across a myriad of different problems from psychosis to work stress [12]. Whilst evidence for the use of ACT in adult populations with anxiety has grown, there is currently a paucity of research examining the efficacy of ACT in children and adolescents with anxiety. A literature search produced only one published study, that being a case study [19]. However, preliminary research evidence supports the use of ACT among young people with other problems including depression [20], anorexia [21], chronic pain [22] and high risk sexual behavior [23]. Research evidence has supported the use of mindfulness, one of the ACT core processes, in the treatment of young people. A review of these studies has previously been conducted [28]. More rigorous research is required to solidify the effectiveness of mindfulness in the treatment of child anxiety disorders and to extend the research into other ACT core processes. Clinical research has typically focused on assessing the efficacy of interventions. However, this approach does not assist in the identification of the specific techniques that are empirically effective or, conversely, those that are harmful [14]. Identification of the mechanisms of action within a specific treatment could support clinical practice and enable interventions to be tailored to meet individual client needs. It has been proposed that ACT works by supporting increased acceptance of internal experience and reducing fusion with negative thoughts to enable valued living, referred to in ACT as increasing psychological flexibility [12]. ACT studies have typically focused on evaluation of the core processes of the model, as described above, to examine the validity and impact of each [12]. Ultimately, this emerging research has led to the genesis of three ACT mediational hypotheses, that psychological inflexibility precedes suffering among clinical and non-clinical populations; ACT increases psychological flexibility; and psychological flexibility leads to enhanced well-being, decreased clinical symptoms and increased value-based activities [14]. However, these studies are preliminary and subject to several methodological limitations including measures that lack psychometric evaluation, the use of purely self-report measures and the use of measures that concentrate on a small number of core processes, leaving other parts of the ACT model untested [31]. Thus, to build upon the current empirical literature in this area, this randomized controlled trial design includes the investigation of mechanisms of change in adolescents with anxiety. In summary, preliminary investigations of ACT in the treatment of adult anxiety have produced promising results. Other studies have also supported the use of mindfulness - one of the six ACT core processes - in the treatment of childhood anxiety, which suggest that approaches employed within ACT appear to be suitable for child populations. To the best of our knowledge, this will be the first randomized controlled trial to examine the effectiveness of ACT in young people with a diagnosed anxiety disorder. Given the popularity and use of ACT in clinical practice [10], it is imperative that this form of intervention be empirically evaluated for its efficacy. Thus, the aim of this research is to examine the effectiveness of a manualized ACT group-therapy program in the treatment of anxiety disorders among children and adolescents. It is hypothesized that ACT will be at least as effective in the treatment of anxiety disorders in these populations relative to a manualized CBT group-therapy program, and that ACT will be more effective in the treatment of anxiety disorders in this population relative to the control condition at both immediate post-treatment and at three-month follow-up on outcome measures. The secondary aim of the trial concerns the adolescent participants and is to identify the mechanisms of change surrounding the intervention that are critical to changes in outcome measures. It is hypothesized that these will include decreased experiential avoidance and cognitive fusion, as well as increased emotional awareness, acceptance and valued living. Methods Study design This is a prospective randomized controlled trial. It is a three group:

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Acceptance and Mindfulness Treatments for Children and Adolescents PDF Preface: Though acceptance and mindfulness interventions have proven enormously effective for adults with stress, anxiety, depression, and other mental health issues, they have not been fully documented for use with children and adolescents.

3: Acceptance & Mindfulness Treatments for Children & Adolescents: A - Google Books

Though acceptance and mindfulness interventions have proven enormously effective for adults with stress, anxiety, depression, and other mental health issues, they have not been fully documented for use with children and adolescents. And yet they are a natural fit for children's therapy-the focus on.

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