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Acceptance and Commitment Therapy for children: A systematic review of intervention studies

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ABSTRACT

An emerging body of research demonstrates the effectiveness of Acceptance and Commitment Therapy (ACT) in the treatment of adult psychopathology, with several reviews and meta-analyses attesting to its effectiveness. While there are comparatively fewer empirical studies of child populations, the past few years has seen burgeoning research interest in the utility of ACT for problems in childhood. A systematic review of the published and unpublished literature was conducted to examine the evidence for ACT in the treatment of children and to provide support for clinical decision making in this area. Searches of PsycInfo, PsycArticles, PsycExtra, Proquest and the Association for Contextual Behavioral Science databases were undertaken, as well as reference lists and citation searches conducted, up to December 2014. Broad inclusion criteria were employed to maximise review breadth. Methodological quality was assessed and a narrative synthesis approach adopted. Twenty-one studies covering a spectrum of presenting problems met inclusion criteria, with a total of 707 participants. Studies were predominantly within-group designs, with a lesser proportion of case studies/series, between-group and randomised controlled trials. The preponderance of evidence suggests ACT results in improvements in clinician, parent and self-reported measures of symptoms, quality of life outcomes and/or psychological flexibility, with many studies demonstrating further gains at follow-up assessment. However, several methodological weaknesses limit conclusions, including small samples, non-randomised designs, and few alternative treatment or control comparisons. While larger scale, methodologically rigorous trials from a broader research teams are needed to consolidate these preliminary findings, emerging evidence suggests ACT is effective in the treatment of children across a multitude of presenting problems. ACT may be a viable alternative treatment option for clinicians working with young people.

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1. Introduction

Acceptance and Commitment Therapy (ACT) is a contemporary behavioural and cognitive therapy that works to foster increasing flexibility in response to thoughts, feelings and sensations through processes of mindfulness, acceptance, and behaviour change (Hayes, Levin, Plumb-Vilardaga, Villatte, & Pistorello, 2013; Wilson, Bordieri, Flynn, Lucas, & Slater, 2011). In ACT the focus of change interventions is the context in which psychological phenomena occur, rather than the direct change attempts of their content/validity or frequency, as typified by traditional cognitive behaviour therapy (CBT; Blackledge, Ciarrochi, & Deane, 2009; Hayes, 2004; Hayes, Villatte, Levin, & Hildebrandt, 2011).

ACT is underpinned by a theoretical framework, termed relational frame theory (RFT; S.C. Hayes et al., 2011). RFT focuses on human language and cognitive processes and suggests that with language development we learn to continually derive relations between events. From childhood we learn to relate events to each other on the basis of social convention and to derive meaning from events on the basis of this relating, termed in ACT "learned derivation" (Luoma, Hayes, & Walser, 2007). For example, during early language training interactions, children are often shown objects and asked to repeat their names. A mother may then clap her hands, or say, "That's right, a car!", reinforcing the spoken word "car" with the object, car. The child may also be taught the name of the car, so object-word and word-object relation is explicitly trained. With sufficient repetitions learned derivation occurs. The child is then able to generalise the spoken word car to a toy car, and to the printed words "toy car", and vice-versa.

Whilst learned derivation offers evolutionary advantages, it can also act as a hindrance. When language is taken literally this can result in a "fusion" with thinking (i.e. experience one's own thoughts and beliefs as literally true), and can lead to pain (Harris, 2009). In ACT this is termed cognitive fusion. To illustrate, fusing with the thought that "life is unbearable" might produce depressive symptoms despite the existence of various things required to live a full life, such as meaningful employment and supportive relationships (Hayes, Pistorello, & Levin, 2012). Cognitive fusion in turn leads to a whole host of reactions, known as "experiential avoidance", such as excessive use of problem solving, active efforts to escape or avoid feelings, and entanglement in thinking; methods employed as a way to solve our pain (Luoma et al., 2007). These methods result in a loss of contact with the present, belief in negative stories about ourselves, and rigidity in our way of living. Life becomes less about opening up in the pursuit of things that are important, but tends to result in an overall narrowing of living to support freedom from distress (Harris, 2009). In ACT this is termed psychological inflexibility.

ACT employs six interrelational core therapeutic processes that form a "hexaflex" model of psychological flexibility; acceptance, cognitive defusion, mindfulness, self-as-context, committed action, and valued living (Luoma et al., 2007). Acceptance is employed as the antithesis to experiential avoidance. The focus is on opening up to thoughts, feelings and sensations in order to increase the behaviour repertoire and allow for action that is in line with what is important (Hayes et al., 2012). To counteract cognitive fusion, clients learn to change the way they relate to their thoughts, and thereby decrease their attachment to these. For children, metaphors and experiential exercises help the child recognise a thought for what it is, just a bunch of words, and not what it says it is. Mindfulness is utilised to reduce problematic attentional patterns, that are past focused or future orientated (Hayes et al., 2012), in order to reduce cognitive errors such as rumination (past) or catastrophising (future). Clients are taught mindfulness approaches to increase their skills in staying present focused. Approaches may range from formal meditation exercises to deliberately averting "auto-pilot" by deliberately focusing on the here-and-now experience of activities of daily living such as breathing, walking or riding a bike (Harris, 2009). Self-as-context is best conceptualised as a perspective taken from the sense of self, or the ability of humans to consciously notice themselves doing, thinking or experiencing things whilst they are occurring. Therapeutically, contact with the self-as-context is achieved via mindfulness and perspective-taking (Hayes et al., 2012). Values identification is employed to assist in living life the way that is meaningful to each individual, supporting the identification of those tenets that may act as a compass to future action and as intrinsic reinforcers to the continuation of this behaviour (Hayes et al., 2012). For children this is working through what really matters to them at school, home and/or in their friendships for example. Committed action advocates engaging in behaviour that is in line with personal values for living, moment-by-moment, this often takes the appearance of behaviour change goals such as behavioural activation or exposure (Hayes et al., 2012). These approaches from the hexaflex are deployed to foster the attainment of increasingly flexible methods of managing challenging cognitions, emotions or sensations, thereby diminishing their deleterious behavioural consequences (Arch & Craske, 2008).

ACT has a growing evidence base in the treatment of adult psychopathology, with numerous reviews and meta-analyses demonstrating its efficacy (e.g., Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Levin & Hayes, 2009; Ruiz, 2012). There has also been considerable interest in the adaptation and assessment of the suitability of ACT approaches among child and adolescent populations (e.g., Coyne, McHugh, & Martinez, 2011; Greco, Blackledge, Coyne, & Ehrenreich, 2005; Murrell & Scherbarth, 2006). Reviews have found other psychotherapeutic approaches, such as traditional CBT, to be effective in the treatment of children with various presenting problems (AACAP, 2007, 2012; James, James, Cowdrey, Soler, & Choke, 2013; Weisz, McCarty, & Valeri, 2006). However, their effectiveness has been found to be modest (Weisz et al., 2006) and/or superior to no treatment, but not active control conditions (James et al., 2013). Finally, a recent review concluded that CBT is not necessarily the most effective form of treatment for young people, but the only one that has been researched enough to provide evidence to support its use (Creswell, Waite, & Cooper, 2014). Thus there is room for improvement and there is a need for more rigorous research into alternative treatments to support evidence based clinical practice.

Stemming from the cognitive behavioural tradition and with a strong theoretical basis, ACT has been proposed as a transdiagnostic