MINDFULNESS: WHAT IS THE EFFECTIVENESS OF MBSR AND MBCT PROGRAMS FOR CHILDREN AND ADOLESCENTS WITH BEHAVIOR PROBLEMS?

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INTRODUCTION

Mindfulness based interventions are becoming popular and the literature supporting their efficacy is growing quickly. The approaches with the strong empirical support include: acceptance and commitment therapy (ACT); Hayes, Strosahl & Wilson, 1999); Dialectical Behavior Therapy (DBT; Linehan, 1999); Mindfulness Based Cognitive Therapy (MBCT; Segal, Williams & Teasdale, 2002); and Mindfulness Based Stress Reduction (MBSR, Kabat-Zinn, 1982, 1990).

Over the past two decades the mindfulness research has focused on adult clinical samples, showing beneficial outcomes (e.g. depression, anxiety, substance abuse, chronic pain, eating disorders, psychosis, borderline personality disorders) (e.g. Baer, 2003; Coelho, Canter & Ernst, 2007; Grossman, Niemann, Schmidt & Walach, 2004; Hayes, Luoma, Bond, Masuda & Lillis, 2006; Hoffmann, Sawyer, Witt & Oh, 2010; Lynch, Trost, Saltzman & Linehan, 2007).

In recent years, these approaches have been adapted for use to children and adolescents with special conditions (e.g. anxiety, bipolar disorder, eating disorders, self-injury, pediatric chronic pain) (Burke, 2010; Greco & Hayes, 2008; Greco, Baer & Smith, 2011). Mindfulness has become an effective alternative in the management of stress associated with children’s and adolescents’ daily routines, considering their own life contexts (e.g. family, school, peer relationships). There are also mindfulness validated measures for adult samples, but only a few tools were developed for children and adolescents (Burke, 2010; Greco, Baer & Smith, 2011).

Currently, one of the most frequent reasons for referral (30-50 %) to mental health services and to primary mental health care services are the behavioral changes or behavioral problems in children and adolescents, defined as difficulties in attentional functioning, emotional and behavioral regulation at the classroom and others activities, with no clinical diagnosis. The issue related to impulse control, difficulties in attention, concentration and peer relationships are central aspects. Then raises the following question:

What is the efficacy of mindfulness-based interventions with children and adolescents with behavioral changes?

This study aimed to conduct a literature review of studies applying MBSR (mindfulness-based stress reduction; Kabat-Zinn, 1982, 1990) and MBCT (mindfulness-based cognitive therapy; Segal, Williams & Teasdale, 2002) programs addressed to children and adolescents with behavioral changes.

METHOD

We review the published papers collected by the authors at the following electronic data bases: Medline, PubMed, Web of Knowledge, PsychInfo, PSYArticles, Psychology and Behavioral Sciences Collection, Academic Search Complete, Business Source Complete, ERIC, Regional Business News, Scielo PePsic, B-On.

Our research criteria's were: published papers between 2004/2014, written in English, Portuguese or Spanish; MBCT or MBSR based programs with children and adolescents; papers that focus on children and adolescent samples (4-19 years old); Key research words – mindfulness, MBCT, MBSR, Children, Adolescents, Behaviour Changes, Behaviours problems; studies with different methodologies (e.g. single case, small sample). Dissertations and books were not included. Only 8 studies meet this criteria.

RESULTS

Reviewing the literature on mindfulness in children and adolescents in the last decade (2004-2014), we found publications in two major domains: childhood/adolescence intervention based on mindfulness approaches to childhood/adolescence between 4 and 19 years, applied to different problems (e.g. physical problems, attention deficit hyperactivity disorders (ADHD)); and/or interventions to childhood/adolescence between 4 and 19 years, with parents and teachers, with clinical and no-clinical samples (Burke, 2010; Fix & Fix, 2013; Rampel, 2013).

There are few studies specifically on behavioral changes. Most of these studies were conducted with small samples, using different methodologies and evaluation times, very frequently without follow up, which limit comparisons. Besides that, most of the studies have other-reported (e.g. parents, teachers) measures on internalization/externalization behaviors at classroom or at home; depression; anxiety; and eating and sleep problems (Dumas, 2006; Oont, Bogels, & Pejalsweta, 2012; Singh, Singh, Lanczoni, Singh, Winton, & Adkins, 2010; Stainer, Siddhu, Pop, Frenette, & Perrin, 2013; Wester-Bergama, Formma, Bruin, & Boges, 2012). We didn’t find many studies that use measures of mindfulness to effectively evaluate the adoption of an attitude of this kind (e.g. Greco, Baer & Smith, 2011).

Studies with repeated assessments demonstrate the effectiveness of MBSR and MBCT programs in children and adolescents with behavioral changes, particularly highlighting the mindfulness group training, and the need for involvement of parents and teachers (e.g. Cayoun, 2006; Mendesken, Greenberg, Dariots, Gould, Rhoades, & Leaf, 2010; Sample, Lee, Rosa, & Miller, 2010).

CONCLUSION

The studies reviewed on the mindfulness behavior changes approaches with children and adolescents are innovative and pioneering work, and generally support the utility of the mindfulness-based approaches. There is a need to provide children/adolescents with a way to combat the stress and pressure of living in today’s highly charged world: mindfulness may be one helpful alternative (Rampel, 2012).

This is a growing field of research and intervention, and can be apply at the same time with children/adolescents and their parents and teachers. For this reasons, we can multiply the positive effect and contribute to the high levels of adherence by the children/adolescents (e.g. Singh, Singh, Lanczoni, Singh, Winton, & Adkins, 2010).

In the near future, it would be important to develop more research with no clinical samples, at a primary prevention level. In Portugal, the mindfulness- approaches in primary health care could be a relevant intervention modality to use with individuals, groups, and community actors (e.g. teachers; health professionals).

REFERENCES


