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An Acceptance and Commitment Therapy (ACT)-Based Intervention for an Adolescent Experiencing Anger Difficulties

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Abstract

Acceptance and Commitment Therapy (ACT) may provide an effective therapeutic approach for young people experiencing difficulties in school. However, there is currently a lack of empirical support within educational psychology (EP) practice. The current paper explored the use of an ACT-based intervention for an adolescent experiencing anger difficulties in school. By the end of the intervention, there was a marked improvement in psychological flexibility and reduction in anger. The paper adds to the limited research on the use of ACT with young people with emotional and behavioural difficulties and highlights the potential value within school contexts. The implications for EP practice are discussed.

Keywords: Acceptance and commitment therapy; ACT; psychotherapy; intervention; anger difficulties; adolescent.

An Acceptance and Commitment Therapy (ACT)-Based Intervention for an Adolescent Experiencing Anger Difficulties

The role of the Educational Psychologist (EP) is undergoing restructuring with the delivery of psychotherapeutic interventions emerging as an area of interest (Hoynes & Cunningham, 2019). EPs are well-positioned to effectively engage in therapeutic approaches with young people. For example, practitioners have applied knowledge on child and adolescent psychology and experience operating within educational systems. Given that EPs tend to operate as scientist-practitioners, there is a need to explore the use of novel interventions to develop a broader evidence base and expand the therapeutic repertoire of EP skill.

Acceptance and Commitment Therapy (ACT) is a psychotherapeutic approach that intends to effect behaviour change by cultivating a general process of thinking known as psychological flexibility (Hayes et al., 2012). Psychological flexibility encourages people to respond to aversive thoughts and feelings with openness and acceptance and engage in committed action guided by their values (Hayes et al., 2006). A recent systematic review found that ACT may be an effective mode of psychotherapeutic intervention for young people (Swain et al., 2015). Yet, research on the use of ACT with children and adolescents is limited (Livheim et al. 2015). ACT has largely been overlooked in educational contexts but may have a number of applications for EP practice (Gillard et al., 2018). For example, it may provide a novel intervention approach for working with young people experiencing emotional and behavioural difficulties, including heightened feelings of anger.

An ACT approach does not regard feelings of anger as an intrinsic problem. Instead, anger is understood to be a basic human reaction to perceiving environmental threat (Eifert et al., 2006). However, individuals with anger difficulties can become entrenched in anger-related thinking and develop a view that they are no longer able to control their anger (Eifert

& Forsyth, 2011). Feelings of anger may be used to evade aversive internal states and make it difficult to engage in value consistent patterns of living.

Hayes and Ciarrochi (2015) developed the *Discoverer-Noticer-Advisor-Values* (DNA-V) model for use of ACT with children and adolescents. The *Discoverer*, *Noticer* and *Advisor* reflect three functional behaviour classifications, which may reinforce values (Ciarrochi et al., 2016). The *Discoverer* relates to exploratory-type behaviours that expand skill sets through experimentation. The *Noticer* pertains to awareness-type behaviours that attend to internal and external stimuli. The *Advisor* is linked to verbal-type behaviours that serve to navigate the environment in a safe and efficient way without relying on trial and error learning. DNA-V intends to promote psychological flexibility through the acquisition of skills to readily shift behaviours to be in line with their values and situation (Hayes & Ciarrochi, 2015). DNA-V was designed to be delivered by professionals working in schools, including EPs. The current paper explores the use of an ACT-based intervention using the DNA-V model with an adolescent experiencing anger difficulties. The paper adopted a case-study format. When applying an intervention to a novel population, Robey (2004) highlights the need for case studies from professional practice to be carried out first before engaging in large scale pre- and post-intervention designs or randomised controlled trials (RCTs).

Method

Participant

David (pseudonym) is an 11-year-old boy attending a mainstream post-primary school in Northern Ireland. He was referred to Educational Psychology due to concerns relating to emotional and behavioural difficulties. Within five months of transitioning to post-primary school, David had received more than sixty recorded incidences of behavioural transgressions, often relating to overwhelming feelings of anger. He had been suspended from school on three occasions for aggressive responses toward staff and peers.

An ACT formulation framework using the DNA-V model (Hayes & Ciarrochi, 2015) was utilised to conceptualise David's difficulties. David struggled to identify values that added meaning to his life. He reported having a limited number of values, such as repairing motorbikes and caring about his family. David was aware that his school-based difficulties were causing family members to experience distress. David demonstrated a willingness to change to prevent further upset, however, he developed a perception that his anger was uncontrollable. That is, he believed that he was not able to change without the support and intervention of others.

On examining the evidence of the three functional constructs, David's *Advisor* presented as producing negative evaluations of himself, others and the world. In particular, he viewed the world as a dangerous place. David tended to perceive himself as continually under threat and thought that people were out to get him. He felt a need to defend himself and held rigid thinking on how to respond to threat-provoking situations, which in turn, impacted his day-to-day interactions at school. For example, he would lash out if reprimanded by a teacher. Given this sensitivity to threat, David's thoughts frequently contained angry and aggressive content. He considered his thoughts to be accurate representations of reality. He did not seek out alternative information from the external environment to test these patterns of thinking.

David's *Noticer* skills were underdeveloped. He tended to react quickly and impulsively to emotions using angry or aggressive outbursts. He demonstrated a lack of emotional awareness and struggled to label emotions apart from anger. David may have found it difficult to deal with aversive internal states, which then manifest as feelings of anger. He would often attempt to control and avoid unwanted thoughts and feelings. For instance, David would withdraw from class during the school day, which functioned as experiential avoidance.

David did not appear to have developed *Discoverer* skills. That is, he had previously generated strategies to alleviate anger (e.g., punching objects). However, these strategies did not regulate his emotionally heightened state. As a consequence, David did not attempt to pursue other strategies but rather became entrenched in a pattern of challenging and unworkable behaviour. He was not aware of the long-term consequences of these behaviours. He found it difficult to manage his angry outbursts and could not identify strengths he could draw upon to improve his situation.

Procedure

David engaged in a brief ACT-based intervention carried out by a Trainee Educational Psychologist (TEP) on placement within the local authority. The intervention aimed to promote psychological flexibility by developing DNA-V skills through the use of psychoeducation (e.g. information on the nature and effects of the functional constructs) and engagement in experiential exercises (e.g., structured breathing and mindful awareness techniques; Hayes & Ciarrochi, 2015). Metaphors, a common tool applied in ACT therapy, were used as a way of communicating ideas to David in an accessible manner (Harris, 2009). When possible, these metaphors were tailored to David's interests to promote engagement. For example, comparisons were drawn between the *Noticer* and the neutral gear of a motorbike. That is, the *Noticer* may provide an opportunity to pause and decide on the most appropriate and value-consistent behavioural response in that moment, rather than going down the wrong path. In line with the case formulation, the intervention was structured to assist David in opening up and accepting thoughts and feelings relating to anger, instead of attempting to control or avoid them. David was also encouraged to broaden his behavioural repertoire to reflect his values. The intervention took place within school and consisted of five weekly sessions between March and April 2019. Sessions lasted approximately one hour

and adopted a one-to-one format. Throughout the intervention, David completed questionnaires assessing psychological flexibility and anger.

Measures

Psychological flexibility. Psychological flexibility was assessed using the Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco et al., 2008). The AFQ-Y was developed for children and adolescents aged 9 to 17 years. The AFQ-Y contains 17 items. Responses to these items are reported on a 5-point Likert scale, ranging from 0 (*not at all true*) to 4 (*very true*). Total scores range from 0 to 68, with lower scores indicating greater psychological flexibility. At the beginning of the intervention, David's AFQ-Y score indicated that he experienced elevated psychological inflexibility.

Anger. The Beck Anger Inventory for Youth (BANI-Y) was used to assess David's feelings of anger (Beck et al., 2005). The BANI-Y is a norm-referenced measure of anger-related cognitions and affect among young people aged 7 to 18 years. It comprises of 20 items and responses are recorded using a 4-point Likert scale from 0 (*never*) to 3 (*always*). Total scores range from 0 to 60. Higher scores reflect greater feelings of anger. At the start of intervention, David's score on the BANI-Y fell within the 'moderately elevated' range, suggesting that he experienced higher levels of anger than typically associated with a child of his age.

Results

Throughout the intervention, there was a marked improvement in David's reported levels of psychological flexibility (Figure 1). His pre and post-intervention scores for anger also decreased from the 'moderately elevated' to 'average' range (Figure 2).

Consistent with these findings, an improvement in presentation was also observed in David's behaviour across the intervention. David was better able to identify his values, which included being someone that is kind, fair and works well with others. He also took greater

cognisance of his strengths, such as his superior mechanical skills. David now recognised hopes and aspirations of becoming a mechanic. He was keen to spend more time in class to access learning opportunities to achieve this goal.

David started to approach anger-related thoughts and feelings in a different way. This presented as being more open and accepting of these experiences. He showed a greater awareness of his emotional state by tuning into physical cues and labelling his feelings. David recognised the unworkable nature of engaging in angry outbursts and broadened his behavioural repertoire to become more congruent with his values. This increased psychological flexibility, in turn, promoted more prosocial outcomes. For example, it allowed David to navigate social interactions in a more constructive manner rather than experiencing negative or conflictful encounters with school staff or peers. That is, David would pause before reacting and engage in *Noticer* exercises, such as structured breathing or mindful awareness techniques, to consider his feelings in that moment and identify behaviours he could enact to resolve the situation. School staff also reported that David displayed fewer angry outbursts. That is, across the intervention, there was a reduction in the incidence of recorded behavioural infractions that David received on the school's electronic management system.

Discussion

The current paper aimed to explore the use of an ACT-based intervention for an adolescent with anger difficulties. The paper is the first to use ACT with young people experiencing heightened feelings of anger, and to apply the DNA-V model to EP practice.

Following a five-week ACT intervention, David reported greater psychological flexibility and reduced feelings of anger. An observable increase in more constructive patterns of behaviour was also noted by school staff. The findings suggest that ACT has potential as a novel approach for engaging in therapeutic work with young people with anger-

related difficulties. The findings lend support to the applications of ACT within school settings and DNA-V as an accessible intervention model for adolescents.

David's reduction in anger was a positive finding, however, it is regarded as a secondary outcome within ACT. That is, ACT intends to facilitate acceptance of thoughts and feelings rather than attempting to eliminate them (Hayes et al., 2006). It is possible that David's acceptance of anger-related thoughts and feelings and engagement in values-based living may have led to a reduction in his feelings of anger.

Given the brief nature of the intervention, it is also important to consider other factors that may have contributed to David's overall improvement. For example, David developed a positive therapeutic alliance with the TEP delivering the intervention, which created a non-judgemental and accepting space to talk about personal difficulties. It is possible that this constructive environment enabled David to feel understood, which in turn may have reduced perceptions of threat and feelings of anger. David was also aware that his school-based difficulties were causing family members to experience distress and displayed an increased willingness to change. In light of these potential contributing factors, ACT interventions with children and adolescents may require a greater number of sessions to effect meaningful change.

Limitations and future directions

The current study indicates that ACT may be a promising intervention for adolescents displaying difficulties with feelings of anger. However, the findings should be considered in the light of several limitations.

First, given that the study adopted a case study design, the findings have limited generalisability. It would therefore be beneficial for EPs to engage in more one-to-one ACT interventions to add to the evidence base of this psychotherapeutic approach within school settings. It would also be useful for future research to use large pre- and post-intervention

designs or RCTs to confirm the efficacy of ACT as an intervention approach for pupils with emotional and behavioural difficulties. This research should also continue to explore DNA-V as a developmental model of ACT.

Second, the study did not include a follow up session as the TEPs placement within the local authority ended shortly after the intervention. It is therefore not possible to determine whether the effects of the intervention were maintained across time. Future research should incorporate a follow up session into their intervention design to explore the long-term benefits of ACT with this population.

Third, the study was reliant on self-report ratings of David's psychological flexibility and anger. Future research should consider including teacher or parent-report measures to increase the reliability of results.

Implications for EP practice

Despite its limitations, the current paper makes a scientific contribution to the literature and has important implications for EP practice, which span different levels of the social ecology.

At child level, ACT may be an empowering intervention for children and adolescents experiencing emotional and behavioural difficulties. For example, it may reduce the likelihood of young people feeling pathologized and blaming themselves for their difficulties. ACT encourages pupils to be open and accepting of aversive thoughts and feelings. Toward this end, it may provide young people with the skills to regulate their emotional state, which may be beneficial both during their time at school and into adulthood. In a similar manner, ACT may produce greater engagement in valued patterns of living, which in turn, may facilitate constructive behavioural change. This encouragement for young people to work toward their values may be particularly important during adolescence, as this is a time of identity exploration and formation. The potential for EPs to deliver ACT within school

settings may allow easier access to therapeutic support for children and adolescents and deliver early intervention to those experiencing difficulties.

At EP level, ACT may broaden and expand the therapeutic repertoire of practitioners. This may reflect current trends within the profession, as a growing number of EPs are keen to move away from predominantly carrying out assessments and consolidate their position as providers of interventions (Hoyne & Cunningham, 2019). ACT may allow EPs to engage in brief psychotherapeutic interventions in schools, which may contribute to greater job satisfaction, sense of achievement and a motivation to effect change. However, it is important for EPs to receive appropriate training to gain a comprehensive understanding of ACT and the associated therapeutic techniques to help young people develop greater psychological flexibility. When applying DNA-V as a developmental model of ACT, there is also the need for EPs to enact skills to deliver age-appropriate psychoeducation and effectively elicit the voice of the young person. In addition to being used as a discrete intervention, an ACT framework may provide a novel approach to assess children and adolescents with emotional and behavioural difficulties. For example, it may be useful for EPs to explore the development of a pupils' *Discover*, *Noticer* and *Advisor* skills and consider their respective impact on presenting difficulties.

At school level, EPs may provide training to staff on adopting an ACT-based approach. This training may encourage teachers to incorporate psychoeducation and short experiential exercises related to ACT within classroom practices, which may foster positive relationships, reduce incidences of behaviour disturbances, and function as a prevention programme for those at risk of experiencing emotional difficulties. Training may also upskill and build the capacity of Special Educational Needs Co-ordinators (SENCOs) by providing a new way of understanding and supporting pupils with special educational needs to promote thriving and growth.

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Figure 1: David's psychological flexibility scores across the intervention.

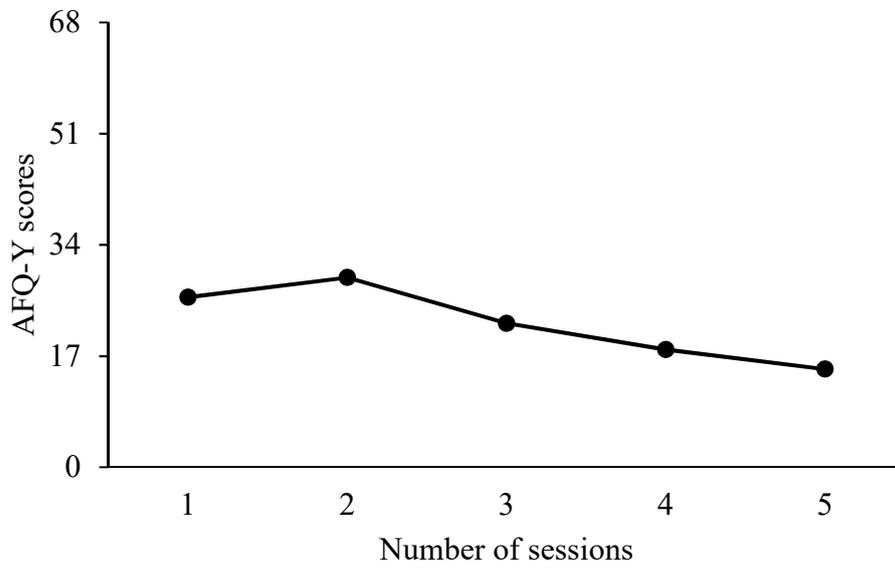


Figure 2. David's anger scores at the beginning and end of intervention.

