

Running Head: Embarking on a Mindful Journey: Mindfulness for Elementary School Age
Children with Anxiety

Embarking on a Mindful Journey: Mindfulness for Elementary School Age Children with Anxiety

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Rather than a practice, mindfulness, is a quality of attention that is present, alert and non-judgmental. The individuals and situations mindfulness can aid in, seem to be limitless. The current paper will look into the implementation of mindfulness in aiding young children, elementary school age, with anxiety disorders; the main focus of the paper will look at children with generalized anxiety disorder. Generalized Anxiety Disorder (GAD) can be thought of as extreme issues with worry, fear, and anxiety in response to typical situations (Aktar, Nikolić, & Bögels, 2017, p. 1). The addition of mindfulness has clear benefits, and the study of the practice continues as evidenced by new systems and assessments to test the results of mindfulness practice in children, such as the CAMM (Child and Adolescent Mindfulness Measure) (Greco, Baer, & Smith, 2011) a growing need for these assessments are growing with the interest in mindfulness practice (Eklund, O'Malley, & Meyer, 2017, p. 5). Several articles will be looked at focusing on the results seen from the implementation of mindfulness on mothers to avoid anxious children, and on anxious children. The paper will conclude with facts that encourage the use of mindfulness techniques to aid anxious children, and based on the culmination of research discussed, a newly formed model of mindfulness meant to be used with anxious children will be proposed.

The research and selection of articles reviewed for this paper have similar findings. All research that follows promotes, or suggests mindfulness being beneficial for children with anxiety, and their mothers. The research will be critiqued, and suggestions for future research will be made.

Before delving into the research directly regarding children, it is important to consider the most impacting role model to a child, their parents. Children with parents presenting with GAD

have a chance of learning from their environment and developing GAD and worrying behaviors (Aktar, Nikolić, & Bögels, 2017, p. 2). Children typically learn through discipline, and modeling; if a parent is modeling anxious behavior, the child is likely to mirror the behavior. Corthorn & Milicic (2016) chose to study maternal mindfulness during pregnancy. They found that mindfulness can aid in anxiety experienced when the mother is giving birth, and anxiety experienced during motherhood (Corthorn & Milicic, 2016). This anxiety reduction in mothers can reflect on their children and can reduce the chances of childhood anxiety developing. This research is an excellent start; however, it neglects half of the “team.” Future research could look at mindful fathering for anxious fathers, and for fathers who have anxious children. Research on male parents could aid heterosexual couples, and homosexual couples alike, and most importantly, their children. Knowing how to be a mindful parent to a child with anxiety is extremely important; Lebowitz, Leckman, Silverman, & Feldman (2016) found that negative attention, or excessive attention to anxiety symptoms can exacerbate the child’s anxiety. By approaching a child’s anxiety in a mindful way, the risk of negatively affecting the anxious child drops.

The second piece of research under evaluation is a review (Paul, 2012) of a book about mindfulness-based cognitive behavioral therapy for children titled, *Mindfulness-Based Cognitive Therapy for Anxious Children: A Manual for Treating Childhood Anxiety*, by Dr. Randy Semple and Dr. Jennifer Lee (2011). The review (Paul, 2012) did not mention how effective the methods discussed in the book were, however, it gave a summarized overview of the manual. Paul (2012) noted that, Semple & Lee (2011), suggest a 12 week model, broken down as follows: the first three weeks are dedicated to teaching the children the basics of mindfulness, incorporating breathing

exercises, and teaching the children how to eliminate barriers stopping them from completing the home exercises; the following six weeks are spent teaching the children sensory and awareness practices; and the final two weeks are spent teaching children how to bring mindfulness to everyday life (Semple & Lee, 2011). The twelfth “session” consists of the children in the class opening a letter they had previously written, in a prior session, for themselves (Semple & Lee, 2011). Because this was merely a review of a model, it is difficult to form constructive criticism. A twelve week-model for young kids could be daunting, however, the structure and practices described sound manageable and plausible for young children dealing with anxiety.

The final study this paper will look at was also done by Dr. Randye Semple, this time, she was assisted by Reid & Miller (2005). In this study, the researchers laid out a model of mindfulness to be applied to children, tested it, and recorded the responses in the children’s anxiety. There were five children in the study, ages seven to eight years old (Semple, Reid, & Miller, 2005). The children attended one session a week, for six weeks; each session lasted forty-five minutes (Semple, Reid, & Miller, 2005). Each week the children would arrive at a classroom with a sign on the door that read, “MACK Club,” which stood for, “Mindful, Aware and Cool Kids” (Semple, Reid, & Miller, 2005). The methods used were adapted from Jon Kabat-Zinn’s MBSR (Kabat-Zinn, 1990), and included short breathing exercises, sensation awareness activities. Children were also instructed through yoga type movement exercises, moving meditations, and learning how to describe situations and stimuli rather than labeling them, ie. a pencil is fuzzy and helpful rather than nice, or good (Semple, Reid, & Miller, 2005). At the end of the six week program, the results showed great promise for use of mindfulness in this format for the treatment of children with anxiety. This is an excellent model (Semple, Reid, & Miller, 2005)

and an excellent start to the research, however, it is not free of criticisms. This study (Semple, Reid, & Miller, 2005) had an extremely small sample size of five children, unfortunately this small sample is not a sufficient enough group to be representative at the large population of children with GAD. Future studies may warrant larger groups, or perhaps a study of three or four groups of five children, rather than one group of five children (Semple, Reid, & Miller, 2005)

There is much work to be done when considering mindfulness for parents and children. Specifically, when looking at parents, there is an underwhelming amount of research on the effects of mindfulness on fathers with children dealing with anxiety or fathers in general. The majority of existing studies that discuss paternal use of mindfulness only include mothers, the rest of the studies include both mothers and fathers; two of which are good starting points for fathers who are suffering with depression themselves (Psychogiou et al., 2016; Rayan & Ahmad, 2017). More research is needed for families with a single parent (father) home, families with two fathers, as well as, families with a father and a mother. When looking at the majority of current research, the majority suggests decreases in childhood anxiety with mindfulness practice. Further research into specific age groups, and practices designs for these varying age groups, along with studies with larger sample sizes could produce tailored, age-specific effective and efficacious mindfulness practices.

Criticisms considered, there are several aspects of this model that are exceptional, and have been utilized in an attempt to develop a new model of mindfulness targeting elementary school age children with anxiety. Additionally, there are several aspects from Semple, Reid, & Miller's (2005) model that will be modified in considering the new model.

The mindfulness model proposed by the current paper is titled “MBAAR-C,” “Mindfulness-Based Anxiety Awareness and Response for Children.” This model is highly based on Semple, Reid, & Miller’s model (2005). As it stands, the model would be best implemented in two settings; one, in a classroom-like setting, similar to Semple, Reid, & Miller’s model (2005), with four to eight children, ages five to twelve; and two, as an addition to one-on-one Cognitive Behavioral Therapy sessions. Cognitive behavioral therapy has been seen to be an effective form of therapy for children in multiple studies (Chorpita et al., 2011; Wergeland et al., 2014). The breakdown of MBAAR-C (pronounced “Embark”) can be seen below (fig. 1). Followed by an extensive explanation of the nine-session program.

The Model of MBAAR-C (fig. 1)

Forty-five minute sessions once a week, with a total of nine sessions.

Session 1	Discuss what is mindfulness; breathing exercise: focus of breathing for 3 minutes
Session 2	Breathing 3 minute exercise; mindful walking
Session 3	Begin Worry Warts Wastebasket (WWW); Breathing 3 minutes; mindful eating
Session 4	WWW, breathing 3 breathes; mindful talking listening; describing not judging
Session 5	WWW, breathing 5 minutes; Fifth Drawing Exercise-discuss describe not judge
Session 6	WWW, Breathing 5 minutes; mindful stretching
Session 7	WWW, 5 Breathes; mindful thinking: Being present, alert, non-judgmental
Session 8	WWW, Reflection, what we have learned; balloon exercise
Session 9	“Week 9:” After receiving the Happy Drawing (around three-four months later) the following month come back and meet again: Discuss practice, how the drawing made them feel, discuss state of anxiety and intentions moving forward.

Session one teaches the children what mindfulness is and the value of being present, alert, and non-judgmental, they are also taught a breathing exercise, a shorter version of focus of

breath exercise, as suggested by Semple, Reid, & Miller's model (2005). Session two the children (or child) returns and engages in a breathing exercise, followed by mindful walking to show them they do not have to be sitting still to be mindful, in showing them they can walk and be mindful this, ideally, teaches them that they can engage in mindfulness when they are active. With session three, the children start the Worry Warts Wastebasket (WWW) a technique commonly used, as suggested by Semple, Reid, & Miller's model (2005); this technique asks the children to write down something they feel anxious about, if they feel comfortable doing so, and place it in the wastebasket, close to the door; at the end of the forty-five minutes they are asked if they would like their "worry-wart" back. In MBAAR-C, rather than doing this at a normal pace (Semple, Reid, & Miller, 2005), the children are asked to first think and reflect, mindfully write down their anxiety, and mindfully walk to the wastebasket and feel the distance as they walk away from the basket, this process highlights the time between actions and responses. This practice is repeated every following session, except the ninth. Week four starts with WWW, and is immediately followed with three deep breathes, rather than three minutes, to show the children they can engage in breathing exercises for even shorter periods of time. Semple, Reid, & Miller (2005) switch their breathing exercises often, MBAAR-C only utilizes this deep breath exercise, to show the children it exists, but not underestimate the children's ability to complete a lengthy breathing exercise. Session four continues with mindful talking and listening, while focusing on describing situations and events, not judging them. This is geared to teach the children the mindful quality of attention, present, alert, and non-judgmental, valuable skills to children working through anxiety. Session five begins with WWW and is followed by a slightly longer five-minute focus on breathing exercise; this is longer than Semple, Reid, & Miller (2005)

suggests, this attempt of a longer exercise is giving the child a chance to experience a longer practice to see how they sit with it, if they can sit with it and give them additional practice with focusing on their breathe, staying present, when they are left alone with their thoughts. Session five also includes an emotional drawing, as suggested by Semple, Reid, & Miller's model (2005), the children are invited to draw an emotional moment, reflect on it, then mindfully share; MBAAR-C invites the children to share in pairs, then with the group. In this exercise, the importance of describing, not judging is again reinforced. Session six, starts with WWW, five minutes of breathing, and rather than yoga movements (Semple, Reid, & Miller, 2005), MBAAR-C's activity is a shorter mindful stretching; this shorter focus on stretching might be a better pace for the younger children in the group. Session seven starts with WWW, invites the children to engage in five deep breathes, a step up from the three in session four, and the concept of mindful thinking is taught to show the children their thoughts to themselves can be mindful. The eighth session is the last to begin with WWW, and the children reflect on what they have learned in the class. From their reflections, rather than writing a letter to themselves, a developmentally appropriate task is suggested, the children are invited to draw a picture of a happy moment they experienced during the past eight weeks. This drawing is saved by the instructor and will be mailed to each child. Finally, they engage in a visual task, created for MBAAR-C, using a balloon. Each child is given a balloon and is invited to fill the balloon with air, with each gasp of air blown into the balloon they are invited to think of a thought that makes them anxious or worry, and imagine pushing their thoughts into the balloon. When they release the air, they learn, as it is explained to them and they visually see, that they are in control of their anxiety and can release it and any speed they like.

The children will receive their Happy Drawing around three to four months after the eighth session. The following month (five months after the eighth session) they are invited back to discuss how self-practice has been since the eighth class, they are invited to discuss how the drawing made them feel, and they are invited to discuss the current state of their anxiety and intentions moving forward.

The novel model proposed above is a culmination of the research discussed in the paper. As proposed, MBAAR-C (“Embark”) is geared to serve young children in the elementary school age in a manner that does not underestimate their abilities, but rather works on their level and invites a minor challenge to further their growth. In establishing this model, the future steps will include: a successful completion of one full (nine week) MBAAR-C program, a comprehensive study looking at the effectiveness of the model, and if the model is effective, as hypothesized, the establishment of an effective MBAAR-C instructor training.

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