An Introduction to Acceptance and Commitment Therapy

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Acceptance and Commitment Therapy

- 250+ randomized controlled trials
- Dozens of single-case experimental design studies
- Recent meta-analyses suggest efficacy compared to waitlist, psychological placebo, and treatment as usual controls
- APA (Div. 12) Review of Research Supported Psychological Treatments,
  - Strong Research Support → Chronic Pain
  - Modest Research Support → Depression, Anxiety and Related Disorders, & Psychosis

The practice of ACT is based on the Hexaflex Model. The ultimate goal is to live consistently with your values.

What are the barriers? What stands in the way of you living more fully toward your values?

We are relatively uninterested in mindfulness/acceptance for its own sake. The reason for teaching mindfulness/acceptance skills is to learn new ways to handle difficult private events that function as a barrier to adaptive action.
Flexibility model comprised of clinically useful terms to describe complex sets of functional relations between the individual and the environment

- Interconnected skills or repertoires

Hayes et al. (2013). ACT and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*
ACT and ASD

• Practices from ACT have been increasingly offered as an adjunct to traditional ABA

• Autism Spectrum Disorders – wide range of functioning (e.g., cognitive-verbal skills)
  • IQ - CDC reported 68% scored borderline or higher, 44% were average or higher
  • Language - Mean receptive & expressive scores varied from profoundly impaired to average

• Co-occurring problems
  • Up to 70% may meet for a comorbid diagnosis, 40% may have two+
    • AD/HD, anxiety, depression, low self-esteem, sleep problems

• Private events may contribute to social deficits and challenging behavior patterns
  • Verbal behavior and emotional motivative operations

Kwok et al. (2015). Meta-analysis of receptive and expressive language skills in ASD. *Research in Autism Spectrum Disorders*
• Practices from ACT have been increasingly offered as an adjunct for parents of youth receiving services for ASD
  • Stress
    • Parenting
    • ABA / EIBI
    • Implementing behavioral strategies
    • Intrapersonal and interpersonal sequelae
  • ACT, mindfulness-based interventions, and CBT demonstrated the strongest impact (medium effect sizes) in improving caregiver psychosocial outcomes in pre-post comparisons

Yu et al. (2019). Effects of caregiver-focused programs on psychosocial outcomes in caregivers of individuals with ASD: A meta-analysis. *J of Autism and Dev Dis*
The current session

1. Define and describe each of the terms.
2. Do a guided experiential exercise to make contact with the relevant repertoire
   - Informed consent
3. Consider some potential strategies for application with youth with an ASD or related diagnosis.
4. Consider some potential strategies for application with parents who have a child with an ASD or related diagnosis.
ACT Therapeutic Posture

• Fundamental equity
  • Based on general process learning theory
    • Our clients are us. We are all in the same boat at the principle level.
  • Two mountains metaphor
    • Each climbing our own mountains, therapist provides outside perspective and strategies for navigating barriers
  • Stuck not broken

• Active therapy
  • Learning (didactics, metaphors, experiential exercises)
  • Practice (in and out of the clinical setting)
  • Shaping/Graduated steps
  • Generalization & Transfer

• Done collaboratively with clients not on clients or to clients
Values

- **Definition:** Verbally described, globally desired life consequences
  - Verbal predictions of reinforcing function
- **Repertoire:** State that which is most important to you. What matters to you?
- **Implementation:** Freely chosen, distinct from goals (never finished), stated as ways of being
- **Function:** Enhance motivation, basis for behavior change, dignifies the hard work of facing challenges
### Application with Parents

**Wilson et al. (2010).** The Valued Living Questionnaire: Defining and Measuring Valued Action within a Behavioral Framework. *The Psychological Record*

<table>
<thead>
<tr>
<th>Area</th>
<th>Value</th>
<th>Importance (1-10)</th>
<th>Action (1-140)</th>
<th>Difference (1-A)</th>
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<tbody>
<tr>
<td>Parenting</td>
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<td>Family</td>
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<td>Couples</td>
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<td>Friends</td>
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<td>Education / Occupation</td>
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<td>Recreation</td>
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<td>Health/Self-care</td>
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<td>Spirituality</td>
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<td>Community</td>
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</table>

- Caring
- Loving
- Dependable
- Giving
- Respectful
- Responsible
- Supportive
- Friendly
- Honest
- Affectionate
- Committed
- Focused
- Productive
- Helpful
- Active
- Competitive
- Skillful

- Broad-minded
- Communicative
- Creative
- Artistic
- Spiritual
- Compassionate
- Conscientious
- Nice
- Faithful
- Friendly
- Generous
- Gentle
- Knowledgeable
- Intellectual
- Thoughtful
- Polite
- Romantic
Narrative

Parenting: I value being the type of parent who listens to my children, spends quality time with them, attends to their needs, demonstrates caring and love, and is accepting and non-critical. **Importance: 10  Consistency: 6**

Values Compass

• Imagine the eulogy at your funeral. How would you want to be described?
• Write a mission statement
  • My core values in life are to be ____________________
• Identify a couple of people you greatly admire, what are the qualities that make them admirable?
• Imagine you know you only have 24 hours to live but you can’t tell anyone, who would you call, visit, etc., what would you say, what would you want them to know, what would you do… what do your responses tell you?
Applications for Youth

• Simplified
  • Bullseye
    • Pick relevant domains
    • Where you would like to be (bullseye)
    • Where you are now?

• Card sort

Figuring things out, solving problems
Contact with the present moment

• Definition: Flexible allocation of attention to aspects of the here-and-now (instead of being on automatic pilot, lost in thought, mind wandering, or rigidly fixated)

• Repertoire: Participate and describe the ongoing flow of experience as it occurs. Be here now.
  • Observe and tact internal and external stimulus control topographies

• Implementation: Observe X - exteroceptive (5 senses), interoceptive, and proprioceptive stimuli

• Function: Alter stimulus control, disrupt rigid stimulus-response chains, perceive events more accurately, develop verbal rules that track
Application with Parents

- Mindfully being with your child
  - As a curious scientist, fully engrossed in the moment
    - See - focus on child’s features (face, eyes, hands, etc.), study him/her as s/he interacts with the world
    - Touch – hug, snuggle, pat head, feel the texture of hair
    - Smell – put nose in child’s hair
    - Hear – focus on the sound of child’s voice

Application with Youth

- Soles of the feet training
  - Daily 30-min training sessions (comfortably seated) for 5 consecutive days
  - Practice twice a day with mother (audio file) & whenever provocation occurred until adolescent did not engage in aggressive behavior for 4 consecutive weeks (6 months)

• Breath counting (develop ability to flexibly shift attention to breath)
  • 1-2 in / 1-2-3 out (covert) = 1 (overt)
  • Count natural breaths (in-out = 1)
    • Varying iterations
      • 3 then 7 then 4 then 9 etc.
    • Take turns - Switch roles
      • Child counts your breaths
  • Dyadic
    • Both participate, but alternate counts
  • (Establishing or maintaining) Stimulus control
    • In the face of imagined challenges/provocations
    • Role-play

Acceptance

• Definition: Awareness and allowance of negative inner experiences

• Repertoire: Willingness to have whatever inner experiences are present. Open up.
  • Internal stimuli as SDs for contact rather than MOs for escape, aggression

• Implementation: Experience X, Experience X – Choose to do Y

• Function: Reduce escape and avoidance of private events that prevents positive action
Application with Parents

• ABA / EIBI can be stressful
  • ABA was tough on everyone at first, says Quinones-Fontanez: “He would cry sitting at the table during those sessions, hysterically cry. I would have to walk out of the room and turn on the faucet to tune it out because I couldn’t hear him cry.”

• Implementing behavioral strategies can be stressful
  • Child tantrums in public
    • Plan – Extinction (planned ignoring)
    • MOs – anxiety, (perceived or real) social disapproval, embarrassment, tired, hungry

Devita-Raeburn (2016). The controversy over autism’s most common therapy. Spectrum News
• Acceptance practices as a precursor or augment to parent training
  • Have you ever struggled to know how to handle a particular behavior in your child? Felt that you didn’t know what to do? Felt anxious, overwhelmed, embarrassed, or social disapproval? Have you ever had the feeling that it’s sometimes hard to be around your child, especially if it’s been a tough day for you? If you are experiencing a stressful moment, what does your body feel like? Where do you physically carry the stress?

• Pay attention to the experiences as they come and go… like waves in the ocean as you stand on beach at waters edge
Application with Youth

• Acceptance practice as precursor to skills training
  • The example of eye contact
  • The data most strongly support the hyperarousal model… that eye contact would result in negative affective arousal… The most common emotions reported included anxiety, panic, fear in response to eye contact, as well as physiological responses that are likely indicative of these emotions (e.g., increased heart rate, sweating, shaking, etc.)
    • “I try to make myself do it sometimes, but I feel anxiety in the pit of my stomach and have to look away.”
      • Experiential escape
      • Verbal-influence

• Who is in charge here? Who’s the boss of you?
  • Treat feelings as internal bullies (appear dangerous and like they must be dealt with but do they?)
  • Why should the emotion call the shots? Why is it more important than what you want?
  • If you let feelings be there, they are often self-limiting

• Passengers on the bus metaphor
  • Scary emotions are passengers
  • You are the driver, decide your course and stay on it

• Can have them without acting on them or acting the opposite
Anxiety here

Look away!

Or else!

In the pit of your stomach

Value:
Be more social

Goal:
Eye contact

http://josephciarrochi.com/visual-metaphors/
• Acceptance practice as precursor
  • Emotions on cards / sticky notes / planes
  • Give it a color, size, shape, texture, consistency
  • Have it and control body, arms, legs, hands, then eyes

• Then combine with social behavior & social anxiety
  • Making eye contact, initiations, identifying facial expressions, assertiveness, giving complements, taking turns
Cognitive Defusion

• Definition: taking thoughts less literally
• Repertoire: skills for lessening the believability of, attachment to, or impact of verbal stimuli when it is helpful to so do.
  • Speaker – listener independence: Alter the verbal stimulus, change how responds to self as a speaker
• Implementation: utility vs. accuracy, selected vs. received, words are not the things to which they have been related. Think X, Do Y
• Function: reduce the automatic effects of verbal meaning such that other sources of behavioral regulation can be contacted
• Vocalizing
  • Repetition
  • Say it slowly/rapidly
  • Say it in a different (silly) voice
  • Sing it or create a song

• Thoughts on cards
• I’m having the thought that…
• Playful thought-action defusion
Application with Youth

- 3-7 yr-olds with basic mand & tact repertoires, who spoke in 3-6 word sentences
- Rigid verbal rules contributed to problem behavior

<table>
<thead>
<tr>
<th>Problem behavior occasioned by</th>
<th>Defusion Exercise (say repeatedly in silly voice 30-s)</th>
<th>Followed by exposure exercise</th>
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<tbody>
<tr>
<td>Train track breaking</td>
<td>“The train track broke”</td>
<td>Playing trains while therapist disconnected track</td>
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<tr>
<td>Not getting first turn</td>
<td>“I want to go first”</td>
<td>Playing games with therapist going first</td>
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<tr>
<td>Sharing</td>
<td>“I don’t want to share”</td>
<td>Sharing building blocks with therapist</td>
</tr>
<tr>
<td>Turn Taking</td>
<td>“I don’t want to take turns”</td>
<td>Taking turns drawing on board with therapist</td>
</tr>
<tr>
<td>Statues</td>
<td>“I don’t like the statue”</td>
<td>Play with therapist within 2 feet of statue</td>
</tr>
<tr>
<td>Transitions</td>
<td>“I don’t want to go downstairs”</td>
<td>Go with therapist from bedroom to first floor</td>
</tr>
<tr>
<td>Flexible game play</td>
<td>“I don’t like to play the wrong way”</td>
<td>Play games with therapist with altered instructions</td>
</tr>
</tbody>
</table>

Application with Parents

- I’m (a) _____
- bad parent
- not good enough
- not smart enough
- not doing enough
- failure
- responsible
- the cause
- can’t handle/control/change X
- worry constantly about the future/independence

Implemented respectfully
Self-as-context

• Definition: Ever-present/Permanent sense of self

• Repertoire: Ability to make contact with a sense of self (observer self) that is a consistent unchanging perspective
  • Self-discrimination – tact of locus, the discriminandum is one’s own perspective

• Implementation: Experience how when you are present to a stimulus, have an emotion, identify a thought -- you are always there: observing.

• Function: Establish a safe and consistent perspective from which to view ever-changing experiences
• So we have been doing all these exercises – noticing your hand, noticing sensations, noticing emotions, noticing thoughts, noticing your breath… What is this part of you that does all this noticing?
• I notice (self-as-context)

I’m having the thought (defusion)

that I’m a _______ (content)

• You > thoughts, feelings, actions
Application with Youth

- The container doesn’t care exercise
  - Cup and cola, lemon lime, orange, root beer
  - Cup and grape, apple, orange, cranberry juice
  - Cup and balsamic, red wine, rice, white vinegar

- Does the container care what it holds? Is the container bad or good?

- The container just is
  - Container = you, Items = thoughts, feelings, sensations

- Practice being the container

- Clear cup and various colors of sand
- Box and pieces of colored paper
- Box, pieces of paper, various colors of markers
- Large piece of paper and sticky notes or colored pencils

Western Michigan University
Life is not worth living
I'm so sad
I have no energy
Fear
There is something wrong with me
Heart racing
My parents are at fault
I want to hit someone
No one will love me
I just want out
I'm so lonely
Application with Parents

• Compassion for the container
  1. I notice that I am suffering
  2. I notice that I am suffering with feelings of _______ and thoughts of _______
  3. I notice that I am suffering and choose to be kind to myself
  4. Compassionate act toward self
    • Hands over your heart, one hand on your cheek, cradle your face in your hands, gently
      stroke your arms, crossing your arms and giving a gentle squeeze, one hand on your
      abdomen and one over heart, cup one hand in the other in your lap

Neff & Tirch (2013). Self-compassion and ACT. In Kashdan & Ciarrochi (Eds.) Mindfulness, acceptance, and positive psychology: The 7 foundations of well-being
Committed Action

• Definition: Engaging in actions motivated by values
• Repertoire: Overt behavior
• Implementation: Goal setting, activity scheduling, task analysis, behavioral experiments, skills training, exposure, role-playing, practicing hexaflex skills
• Function: Contact positive reinforcement, develop rules that track environmental contingencies, establish ongoing pattern of behaving
Experiential Exercise

The values you identified in the initial section of talk

How can you behave toward values in next hour, 24 hours, week, month, year?
Values Narrative

Parenting: I value being the type of parent who listens to my children, spends quality time with them, attends to their needs, demonstrates caring and love, and is accepting and non-critical. Importance: 10 Consistency: 6

Behavior Plan

Parenting

Goal 1 – I will spend time reading with my children (at least four times per week).
Action 1 – I will leave work by 5:30 p.m. each day.
Action 2 – I will set limits and turn off the television by 7:30 p.m. each day
<table>
<thead>
<tr>
<th>Participant</th>
<th>Value</th>
<th>Values-Directed Behavior</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah</td>
<td>Child autonomy</td>
<td>Any instance of child engaging in an activity independently outside the home (in the absence of parent).</td>
<td>Child going to different aisles in a store, using a public restroom, waiting in the car, going to a friend's house, walking around the neighborhood, without supervision.</td>
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<tr>
<td>Gemma</td>
<td>Quality joyful moments together as a family</td>
<td>Any instance of both parents engaging in a leisure, social event, or family routine together, with both children.</td>
<td>Eating dinner together, playing together at home, going for walks in the neighborhood, having a BBQ, going to a community event.</td>
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<td></td>
<td>Having a sense of personal achievement and satisfaction</td>
<td>Any instance of Gemma making a choice about her future or being assertive, or engaging in self-care (in absence of child).</td>
<td>Researching career options, discussing concerns with Program Director or husband, saying “No” to requests from family and friends, accepting respite care, spending time with friends or going to an exercise class, making an appointment with the Doctor or Dentist, taking a bath alone.</td>
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<tr>
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<td>My sons being independent, resilient, and happy</td>
<td>Any instance of Gemma following through with recommended behavior management and teaching strategies</td>
<td>Stating clear “first/then” contingencies and following through with demands, using priming or other recommended antecedent strategies, following toilet-training protocol.</td>
</tr>
<tr>
<td>Hannah</td>
<td>Creating a balanced parenting partnership</td>
<td>Any instance of husband taking care of child, without Hannah's supervision</td>
<td>Husband putting child to sleep, playing with child, feeding child breakfast without supervision.</td>
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<td></td>
<td>Any instance of both parents spending “quality time” together outside of home, in absence of child.</td>
<td>Going for dinner, going for a walk, going to a friend's wedding.</td>
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<td></td>
<td>Taking time for myself</td>
<td>Any instance of Hannah engaging in a leisure, social, or self-care activity, in absence of child.</td>
<td>Taking an exercise class, getting a manicure, getting a massage, spending time with friends (in the absence of child).</td>
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</tbody>
</table>
Conclusion

“What makes ACT a quintessentially behavioral treatment is that acceptance-mindfulness and valuing must lead to actual concrete differences in the client’s behavior toward those valued ends” (Strosahl et al., 2004).
Resources

Association for Contextual Behavioral Science (ACBS)
https://contextualscience.org/acbs
Additional References

Objectives

1. Participants will begin to develop a practical and experiential understanding of the repertoires described in the hexaflex/behavioral flexibility model underpinning ACT.

2. Participants will learn some potential strategies for application with youth with an ASD or related diagnosis.

3. Participants will learn some potential strategies for application with parents who have a child with an ASD or related diagnosis.
Thank you for attending this introductory breakout session and thank you to the MAC Program Committee for inviting me!