



Adapting Acceptance and Commitment Therapy (ACT) for High-Functioning Autism Spectrum Disorder

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March 9, 2019

BC – ABA Conference

Introductions

- Parley Services – 16 years
- BCBA – 13 years
- Adults and adolescents
- Expertise in acquired brain injury, mental health, psychoses, and personality disorders

Outline

1. How Contextual Behavioural Science and Relational Frame Theory empirically support ACT
2. ABA, ACT and ASD
3. Case Studies
4. Adaptive Techniques
5. Challenges

Learning Objectives

- Describe how Contextual Behavior Science and Applied Behaviour Analysis are related and collaborative in providing empirically supported and effective behavioural intervention, including Acceptance and Commitment Therapy (ACT).
- Identify some methods for pairing ABA technologies with ACT tools to adapt the therapy for persons with high-functioning ASD.

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Contextual Behavioural Science,
Relational Frame Theory and
ACT (Acceptance and Commitment Therapy)

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Contextual Behavioural Science

- Human development → adult complexity
- Interbehavioural theory (J.R. Kantor, 1940's)
 - The success of an intervention as a direct result of the internal state of the intervenor
 - Intergenerational behaviour
- Behaviour in the context of the life span
- Relational operants occur in context causing relational learning and interrelational contexts

Relational Frames

- Skinner's Verbal Behaviour theories
 - Products of verbal behaviour are *Sd* and *S* deltas for others
- Language as an inheritance stream for symbolic thought and communication
- Verbal operants are paired with cognitive and emotional behaviours
- Diffusion - exposure and habituation to stimuli with alternate thoughts and feelings

Acceptance and Commitment Principles

- Psychological pain is a typical human condition, it is important and everyone has it
- You cannot deliberately get rid of psychological pain but you can stop increasing it by changing the relational frame
- Pain and suffering are two different states of being

Adapted from Hayes, Steven C., *Get out of your mind and into your life.*

Acceptance and Commitment Principles

- You don't have to identify with suffering – it is a cognitive behaviour
- Accepting pain is a step towards alleviating suffering
- Switching the relational frame of suffering to a focus on valued life goals, supports the commitment of behavioural change

Adapted from Hayes, Steven C., *Get out of your mind and into your life.*

Acceptance and Commitment



“Avoidance only strengthens the importance and the role of whatever you are avoiding.”

Hayes, Steven C. 2005. *Get out of your mind and into your life*.
Oakland: New Harbinger Publications.

Acceptance and Commitment

Steps to lessen suffering:

- Mindfulness
- Awareness and acceptance
- Diffusion and desensitization
- Values-based commitment

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ABA, ACT and ASD

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ASD and ACT

- Idiosyncratic relational frames
 - Concrete and rigid thinking
 - OCD type behaviours
- Insight challenges
 - Single-minded interactions with the environment
 - Avoidance with thought-blocking
 - Poor thought production regarding self

ASD and ACT

- Behaviour dyscontrol
 - SRS rule-governed responding causes cognitive contingencies to be a challenge to address or utilize
- Poor sensory integration
 - Need to strengthen Mind-Body connections

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Case Studies

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Sam and Dave

- Dave: 26 / Sam:56
- Intelligence:
 - Dave: low average
 - Sam: average
- Anxiety and PTSD
 - Dave: removed at 13, fostered, psychiatric patient
 - Sam: misdiagnosed with schizophrenia at 20

Sam and Dave

- Avoidance-Motivated Behaviours
 - Isolative – both enjoyed socialization prior
 - Amotivated
 - Self-injurious
- Supports
 - Strong family support
 - Independent living
 - Currently less than 4 hours a week of CSWs

Sam and Dave

Baseline 2017

- Sam:
 - 0 unaccompanied outings
 - 3 months total hospitalization
- Dave:
 - 0 unaccompanied outings
 - 5 911 calls for aggravated SIB
 - 3 hospitalizations

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Adaptive Techniques

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ACT and ABA

- Functional Analysis of Behaviour to target intervention techniques
- Mindfulness paired with sensory stimuli
- Values-based commitment – intrinsic reinforcement framework for maintenance and generalization
- Awareness, acceptance, diffusion and desensitization – behaviour change techniques

Mindfulness and Centering

Primary technique to enable rapport, listening, openness and insight behaviours

- Use multiple sensory cues to engage
- Use light touch with permission
- Use feedback – verbal, video, Polyvagal work (Stephen Porges), biofeedback
- Once the client has mastered mindfulness techniques it becomes the vehicle for all cognitive behaviour change

Mindfulness and Centering

- Set-up the goals for the session during mindfulness using centering techniques and memory recall of normalization
- After 15-30 minutes of mindfulness the client is able to respond to specific questions regarding values inventories
- Provides you with salient scripts for intervention.

Values-Based Work

We can't expect the client to generate lists but we have an assessment that gives us the necessary background

- Rating list of likely items
 - Important to me; maybe important; not important, or
 - Afraid, high stress; worrying, some stress; no worries or stress
- Finish the sentence, e.g. If I wasn't so anxious I could...

Values-based work

- Create weighted lists and visuals for the client to see how much time is taken on fears and worries as opposed to hopes and dreams.
- Informs the work
- Sets-up the interventions
- Provides a focus for the client

Sam's work

Fears - I accept these as part of my life experience

- Being anxious
- Being broke and poor
- Having schizophrenia
- Parents dying
- Risk and change
- Social activity
- Being different from others
- Growing old, poor health
- Car accidents, motorcycles, bikes
- Crowded buses

Principles and Values - These define who I am

- Love for family
- Pleasing family
- Good self-care, looking good
- Healthy eating and exercise
- Having trusted others
- Honesty
- Generosity
- Having friends
- Happiness and joy
- Feeling loved
- Education
- Good mental health
- Being medication-free
- Being busy
- Having a girlfriend

Sam's work

If fears and anxiety weren't such a problem for me, I could:

- Jump up in the air for joy
- Party with friends
- Go for a drive and be driving
- Take care of my mother more
- Travel to familiar places
- Go on dates and have a girlfriend
- Go to rock concerts
- Take a girl out for dinner
- Go roller skating
- Make more money
- Be a lifeguard at a pool
- Be a Scout Leader
- Be healthy
- Be happy

Intervention Techniques

Teaching alternate cognitive and emotive behaviours

- Chinese finger trap
- Mind-body pairing using metaphors
- Parables from the workbook
- Social Stories
- Contingency Maps
- Desensitization
- ++++++ Repetition

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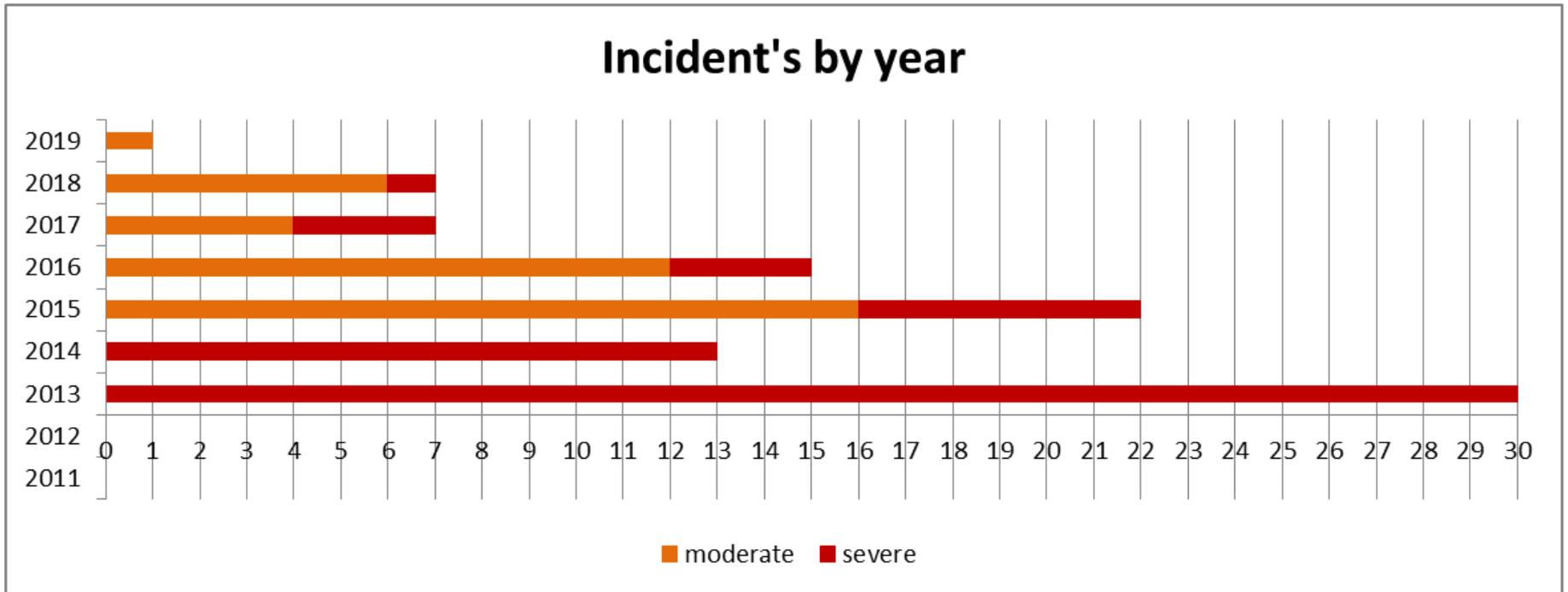
Outcomes and Challenges

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Dave's Outcomes



Outcomes

- Independent community outings:
 - Sam: 3-4 times a week
 - Dave 5-6 times a week
- Medication reductions, 0 hospitalizations, and move to PSI services for Sam
- Dave independently got a kitten and a job.
Next up - Bumble

Challenges

- Not publicly funded
- Insight can be overwhelming and destabilizing
 - Lot's of preparation and flexibility required
 - Supporters must be prepared
- Long-term therapy

Resources

<https://contextualscience.org/acbs>

[https://contextualscience.org/group/act_and
_autism_sig](https://contextualscience.org/group/act_and_autism_sig)

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