

Assess Before You ACT

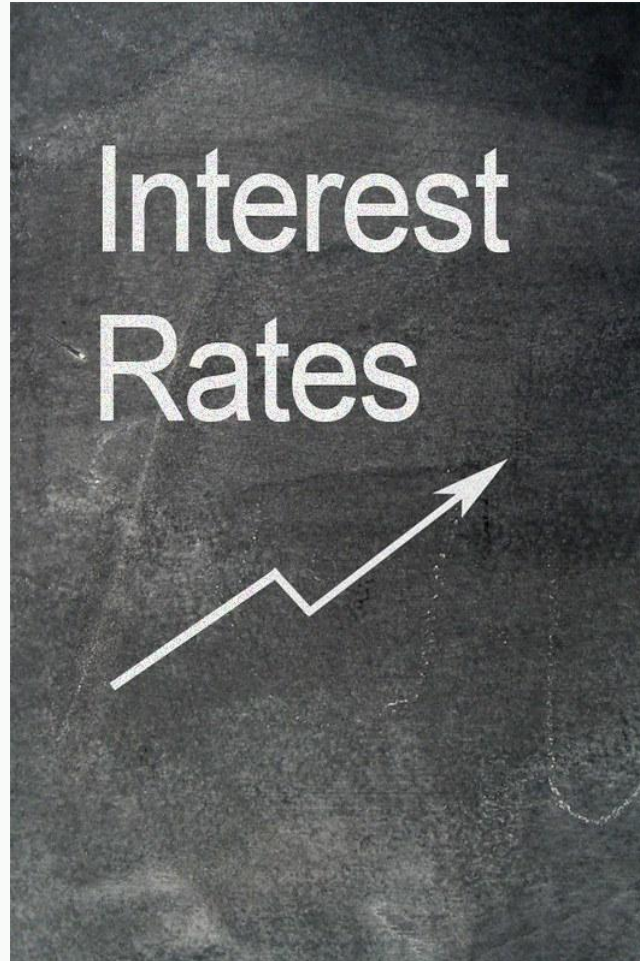


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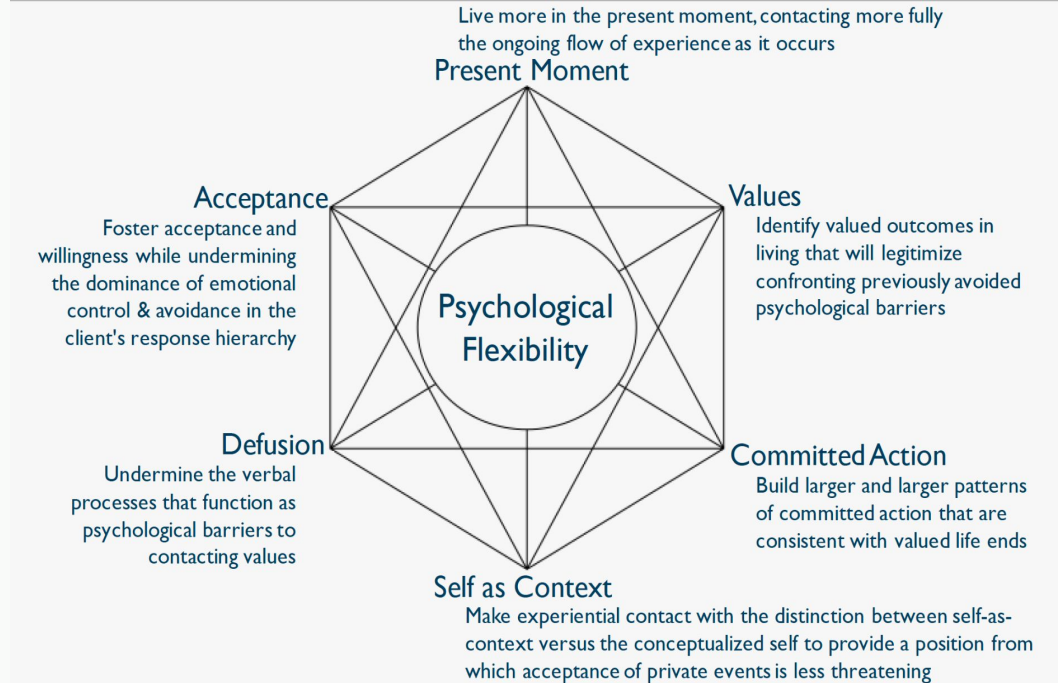
Acceptance and Commitment Therapy (ACT)

- **Behaviour Analytic approach to address problematic verbal behaviour**
- **Increase *psychological flexibility***
 - engaging in behaviour
 - in the presence of aversive experiences
 - in the service of living a rich and meaningful life
- **ACTraining = ACT in non-psychotherapeutic settings**

**Acceptance
and
Commitment
Therapy (ACT)**



Psychological Flexibility



Attention to the present moment

“Contacting the present moment means being psychologically present: consciously connecting with and engaging in whatever is happening in this moment. Humans find it very hard to stay present.”

Excerpt From: Harris, Russ, Hayes, Steven C.
“ACT Made Simple.”

Attention to the present moment

Tarbox, Szabo & Aclan (2020)

- **Strengthening** → attending to stimuli in the present moment
- **Weakening** → attending to one's own verbal behavior with respect to past, future, or imagined events
- **Interventions:**
 - Increase sensitivity to environmental contingencies (e.g., responding to the here and now)
 - Weaken unhelpful sources of verbal stimulus control. (e.g., not responding to the past or future)
 - Evoking and reinforcing attention to different aspects of immediate experience.
 - Paying attention to one's own attending behaviour.

Defusion

“Defusion means learning to “step back” and separate or detach from our thoughts, images, and memories... Instead of getting caught up in our thoughts or being pushed around by them, we let them come and go as if they were just cars driving past outside our house. We step back and watch our thinking instead of getting tangled up in it. We see our thoughts for what they are—nothing more or less than words or pictures. We hold them lightly instead of clutching them tightly.”

Excerpt From: Harris, Russ, Hayes, Steven C. “ACT Made Simple.”

Defusion

- **Weakening** → overly rigid control if behaviour by rules
- **Interventions:**
 - Disrupt narrow, inflexible functions of a person's thoughts
 - Add neutral or humorous functions to the rules
 - Increase broader, more flexible repertoire of responding to those thoughts

Acceptance

“Acceptance means opening up and making room for painful feelings, sensations, urges, and emotions. We drop the struggle with them, give them some breathing space, and allow them to be as they are. Instead of fighting them, resisting them, running from them, or getting overwhelmed by them, we open up to them and let them be.”

Excerpt From: Harris, Russ, Hayes, Steven C. “ACT Made Simple.”

Acceptance

- **Increase** approach behaviour (or the absence of avoidance behaviour or escape) in the presence of aversive stimuli
 - Support the client in choosing difficult actions
- **Weakening** rule-governed, negatively reinforced repertoires by directly evoking and reinforcing the ability to approach previously aversive events (ie. exposure)

Self-as-Context

“the observing self: the aspect of us that is aware of whatever we’re thinking, feeling, sensing, or doing in any moment. Another term for it is “pure awareness.”

Excerpt From: Harris, Russ, Hayes, Steven C.
“ACT Made Simple.”

Self-as-Context

- Flexible **perspective taking** repertoire
- Flexible **deictic relations** of I/you, here/there, and now/then
- **Interventions:**
 - Shaping flexible self-directed verbal behaviour in the presence of:
 - Memories of the past & concerns for the future
 - Different situations, relationships and roles
 - Different perspectives on the same event

Values

“Values are desired qualities of ongoing action. In other words, they describe how we want to behave on an ongoing basis.”

Excerpt From: Harris, Russ, Hayes, Steven C.
“ACT Made Simple.”

Values

- Rules that function as verbal motivating operations
- **Interventions**
 - Identifying how aversive events are related to values (long term positive reinforcement)
 - Increase motivation to persevere in difficult situations
 - **Increase** rule-following behaviors → larger, longer term positive reinforcers,
 - **Decrease** rule-following behaviours → short term escape

Committed Action

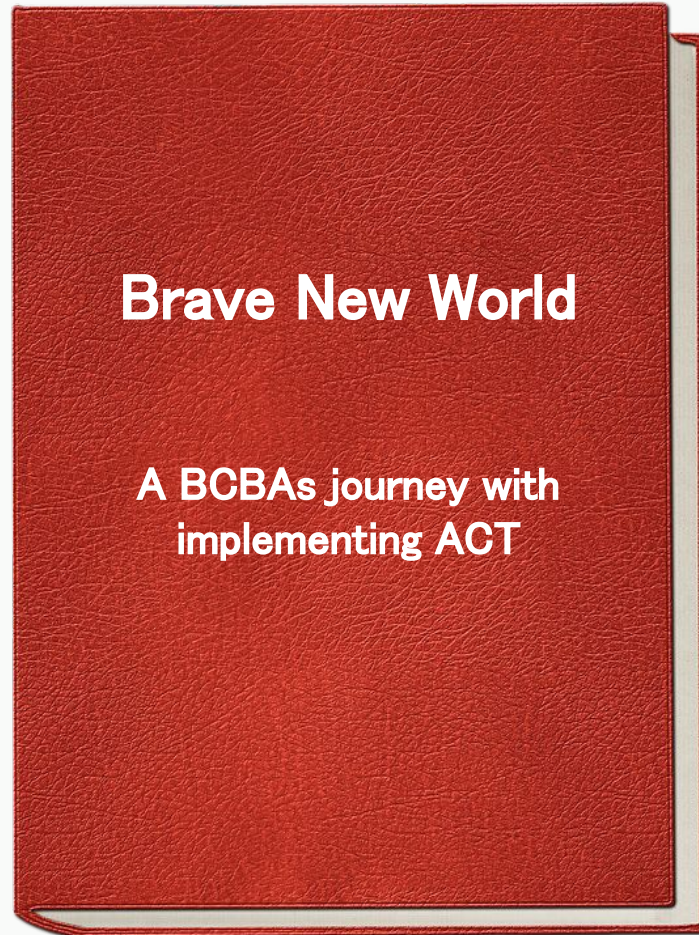
“Committed action means taking effective action, guided by our values.”

Excerpt From: Harris, Russ, Hayes, Steven C.
“ACT Made Simple.”

Committed Action

- Response class of socially significant **overt behaviors** that move one in the direction of one's values.
- All the **other five behavioral repertoires create a context** for a person to engage in larger and larger patterns of values-directed committed action.
- **Interventions:**
 - Identify how aspects of the immediate context are related to values
 - Identifying the function of their current behaviour
 - Identifying values-consistent behaviour appropriate to the context

Story Time



Story Time

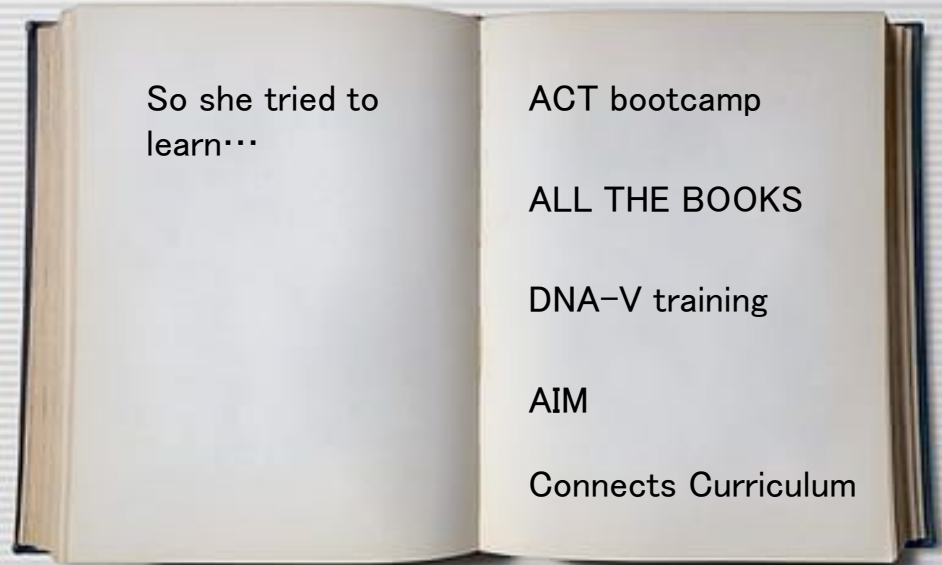
Once upon a
time...

A BCBA heard
about ACT at a
conference...

She had zero
interest...

But all the cool
kids were doing
it...

Story Time



Story Time

And then she
tried to
implement...

AIM or Connects for
Everybody!!



Story Time

She received a referral to work with a man with “anger management” concerns...

She was so excited to use everything she learned about ACT

Case Example: The Angry Man



Client : Fred

- 28-year-old man who lives at home with his mother and sister
- Dx: High functioning PDD
- Previous services included: SLP, DI language programming, Sensory Integration, Auditory Integration therapy, OT & CBT for anger
- Graduated from high school “essentials program” with honors
- Currently employed part-time at a store. Looking into college programs
- No medical or psychiatric diagnosis. Currently not taking any medication
- Mom reports she feels like she needs to “walk on eggshells” around him
- Clients goals: be less angry and understand his emotions
- Mom goals: client to learn how to cope with emotions, having conversations with people without getting angry

Target behaviour for reduction

Angry outburst: Screaming at others, talking loudly in an angry tone at others or to himself, angry stimming (loud non-contextual vocalizations, pacing or rocking back and forth, tongue biting, shaking his hands/fists)

Often angry stimming precedes screaming at others

Bx Assessment

01

FAI with mom
and client

02

QABF-MI with
client

03

Behaviour
Sequence with
client

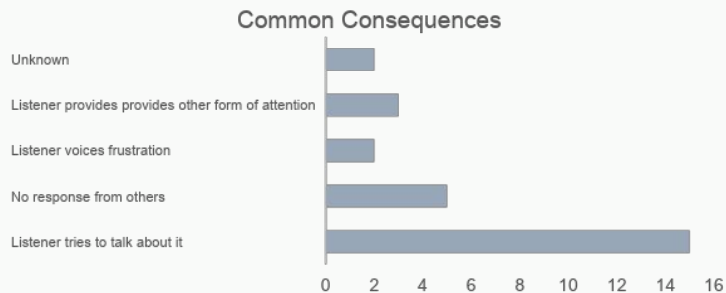
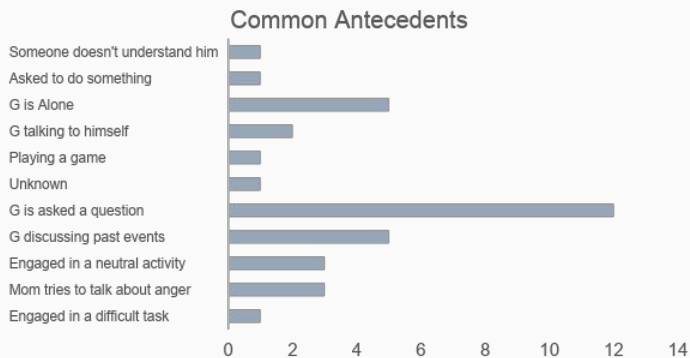
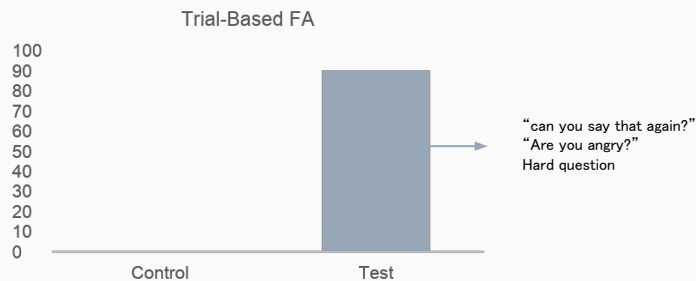
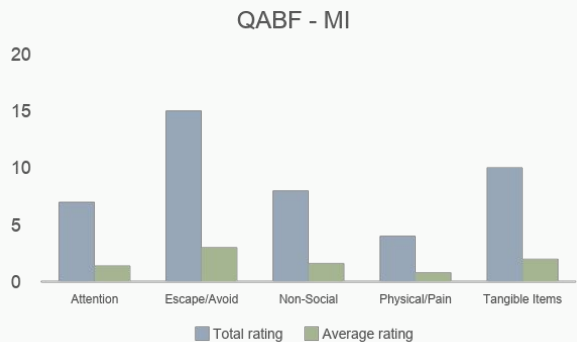
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ABC data
analysis that was
previous
collected

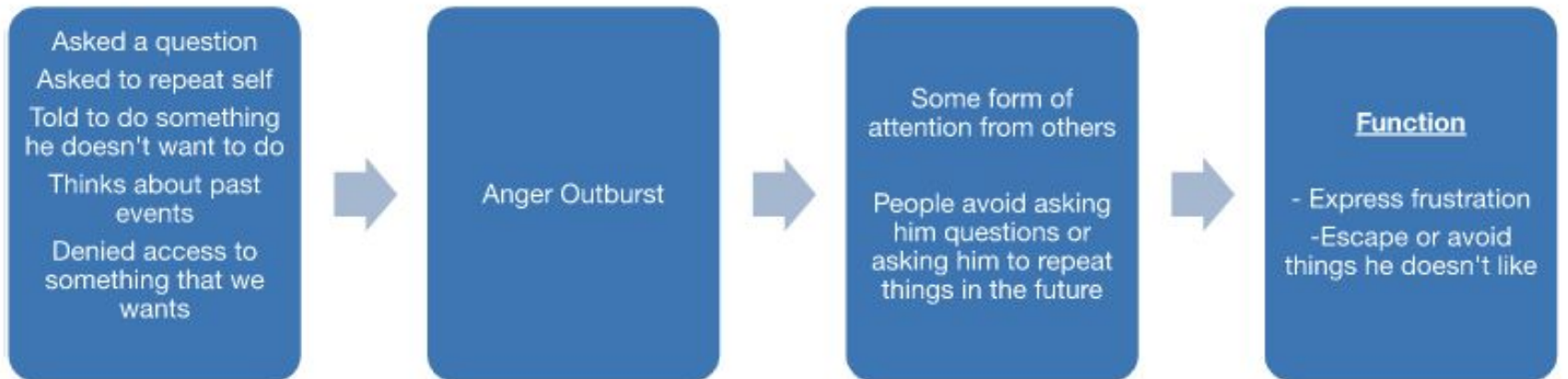
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Trial based FA to
confirm
hypothesis

Assessment Data



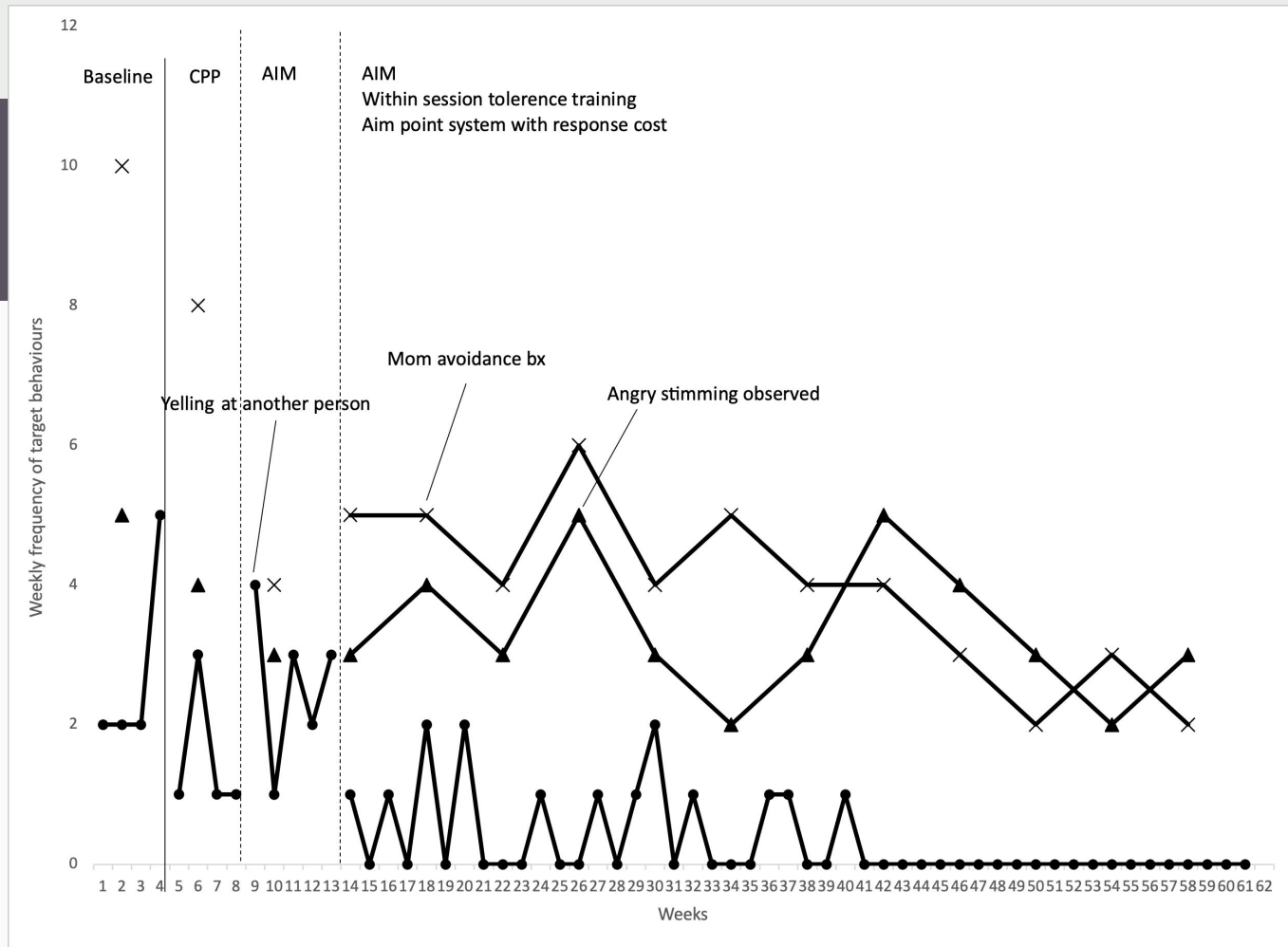
Behaviour Summary



The plan

- Recommendations to decrease mom's burn out (e.g., more time outside of the house for Fred)
- Mindfulness training for mom and Fred (Singh et al., 2008)
- De-escalation/Crisis Prevention plan
- Increase perspective taking
- Improve psychological flexibility by using the AIM curriculum
- Tolerance training
- Reinforce desirable behaviour (positive interactions)

Bx data



Within Session Observations

- Observed Fred yelling at mom almost every session
- Frequently raised his voice with therapist if triggered
- Angry stimming occurred during sessions at high rates and would last several minutes

Story Time

The BCBA
wanted to learn
some more!

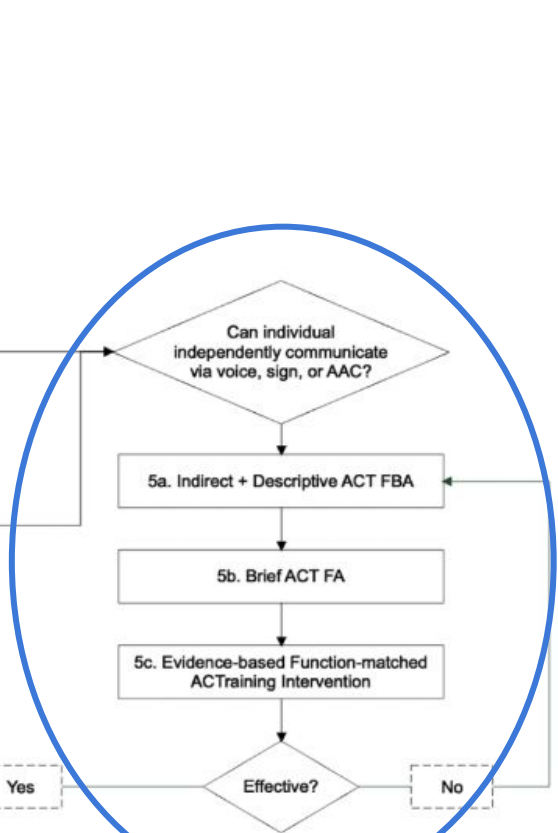
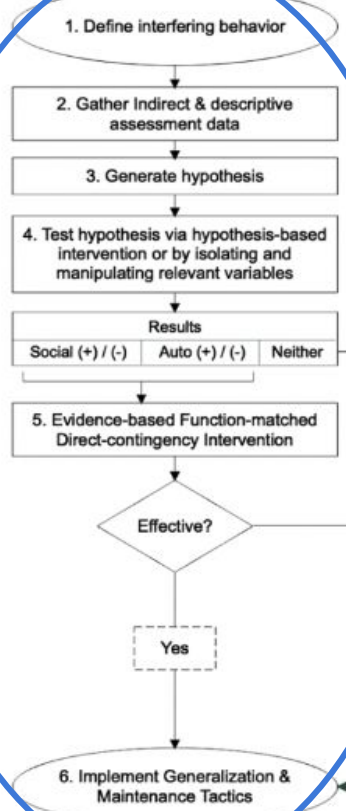
Intensive Practicum
– ACT for behaviour
analysts – Thomas
Szabo

Dyadic supervision

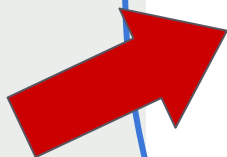
Practicum coaching

DIRECT CONTINGENCY MANAGEMENT

INDIRECT CONTINGENCY MANAGEMENT



**Comprehensive
Functional
Assessment
Model**



**Let's see how I
did...**

Direct Contingency Management:

1. Define interfering behaviour ✓
2. Gather indirect & Descriptive assessment data ✓
3. Generate a hypothesis ✓
4. Test hypothesis ✓
5. Evidence-based function matched Direct
Contingency management



**Let's see how I
did...**

- Preventative measures (Crisis Prevention Plan)
- AIM Point system with response cost
- Tolerance training - kind of and some times

What's missing:

- FCT
- Tolerance training
- Perspective taking skill development
- Reinforcement for desired behaviour

**Let's see how I
did...**



But I did AIM!?!

Story Time

The BCBA
made some
common
mistakes when
implementing
ACTraining
interventions

She thought
emotion- regulation,
so of course AIM!

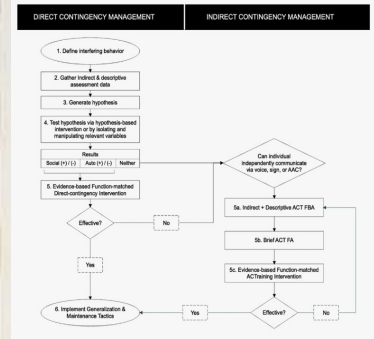
She forgot how
effective DCM is!

She didn't use a
function matched
ACTraining
intervention!

Story Time

Luckily her work with the Angry Man wasn't over!

Figure 1. Comprehensive ABA FA Model



Case Example:
The Angry Man –
Take 2

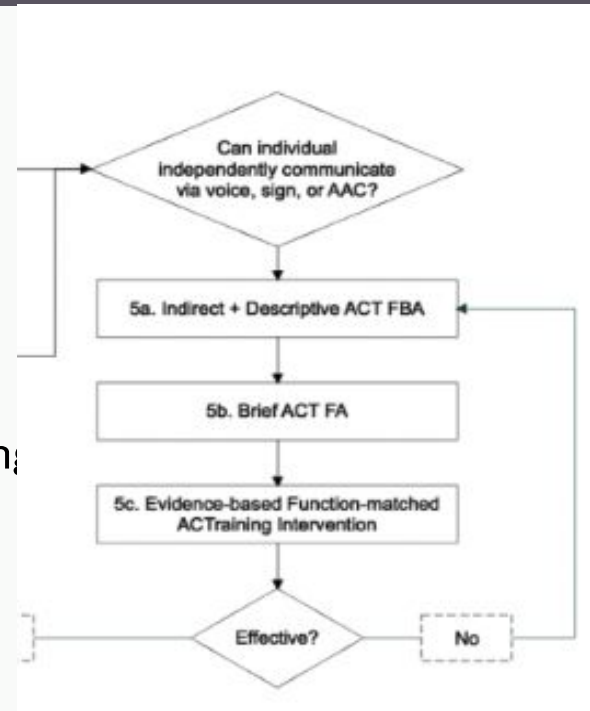


Indirect Contingency Management

5a. Indirect + Descriptive ACT FBA

5b. Brief ACT FA

5c. Evidence-based Function-matched ACT training intervention



Indirect & Descriptive ACT FBA

What does that look like?
What do people notice

Yelling, raising my voice
Tongue biting
Angry stimming
Shaking my fists
Grunting
Whining

Things I can do instead

“Defusion strategies” (unable to describe a specific one)
Meditation
Let it go mantra
Soles of the feet

People are annoying – Exp. Avoid
Remember that time I got bullied that mean kid – present moment
My mom gets on my nerves – EA
My sister asks me embarrassing questions – EA
I get tense
Furrow my eyebrows
I feel angry – EA
I feel hurt – EA
Painful (tongue biting)

Want to be a better person
You need to be helpful
You need to care for others
You need to be nice to other people
School is important

Brief ACT FA

ACT FA: Experiential Avoidance

AO: you do those behaviours because people do things that annoy you and you want to avoid them or stop them

EO: Have you ever considered, that they' re not that annoying? You like when they ask you questions?

AO: You yell at your sister because she embarrasses you

EO: What if you actually liked the things she says?

Indirect & Descriptive ACT FBA

Whining
Yelling
Screaming— occasionally
Shaking
Want to punch pillows

Meditation
Deep breathing
Do stuff together
Asking questions

Tension arises, past thoughts of bullying come up (PM)
Not giving me enough information (F)
I don't know what they are talking about because they are not telling me about it (F)
“How am I supposed to know what you are talking about” (F)
When people are talking when I am trying to, the used to do that a lot (PM)
I am not interested in them, whoever asks me wants me to know the answers (F)
When somebody tells me I did something wrong but I didn't, and I cannot correct them because they don't believe me (F)

Friends and family: important that they care about you and they you care about them

Learning how to drive

Respect— from other people—saying please and thank you, no yelling at me for no reason

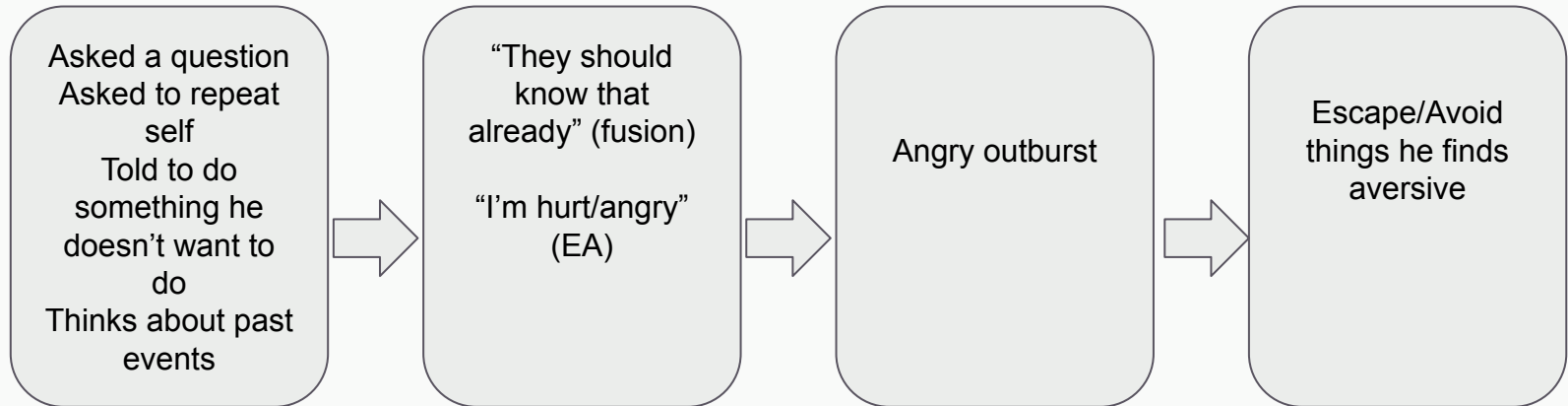
Have good days: get by with respect, responding to people— ask nicely, be polite

Be more present, not get so affected by the past

Brief ACT FA

Step	Therapist Script	Answer form client
AO	You are right, it can be maddening when people don't give you enough information	Yeah, yes.
EO	But I think what they tell you is enough though and you can figure out things with that info	Maybe, it could be possible.
AO	You are right, how would you know what others are talking about	Yeah
EO	But I think you know them well enough to figure out what they are talking about.	Not really. No (voice changed to a bit whiny)
AO	You are right, why would you know the answers when people ask you questions.	Yeah, yes
EO	But I think they are only asking you questions they know you know the answer to	No , not true (voice slightly raised and whiny)
AO	I hear you, people should believe you when you are trying to explain to them that you didn't do anything wrong.	Aha
EO	But what if they like to believe themselves, what they think is right	Ahhhhh... (frustrated moan)....that is just wrong (voice slightly irritated, biting tongue)

Verbal Behaviour Summary



Evidence-based Function-matched ACT Training

Intervention

Intervention	Rationale
Exposure exercise (Boulders)	Demonstrate unworkability of trying to make negative thoughts or feeling go away - exp avoidance
Discrimination training - Questions vs. Statements	Skill deficit with perspective taking - fused to ideas about what people should and should not know & think (fusion)
Tacting private events	Increase awareness of problematic verbal behaviour
Guided meditation	Calming strategy when Fred notices problematic verbal behaviour (returning to the present)

New Comprehensive Intervention Plan

Direct Contingency Management

Prevention

- Crisis prevention plan

Skill promotion

- FCT
- Perspective taking
- Problem solving
- Tolerance training

Intervention

- Reward system for desired behaviour

Indirect Contingency Management

Skill promotion

- Exposure exercises
- Discrimination training
(questions/statements)
- Tacting private events
- Meditation when noticing problematic private events

**Let's see how I
did...**

Direct Contingency Management:


1. Define interfering behaviour ✓
2. Gather indirect & Descriptive assessment data ✓
3. Generate a hypothesis ✓
4. Test hypothesis ✓
5. Evidence-based function matched Direct Contingency management ✓

**Let's see how I
did...**

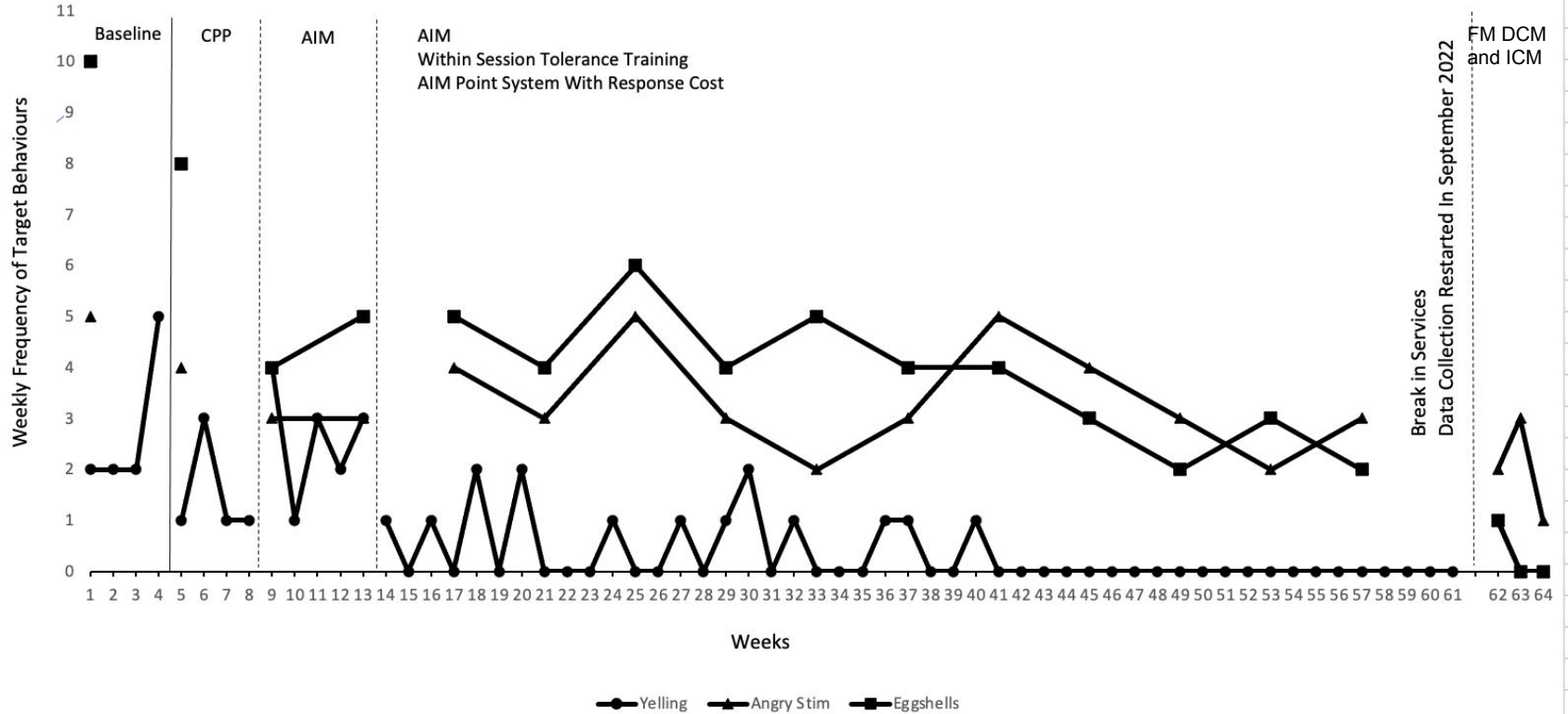
Indirect Contingency Management:

5a. Indirect & Descriptive ACT FBA 

5b. Brief ACT FA 

5c. Evidence based Function-matched
ACT training intervention 

Frequency of behaviours as Recorded by Parent



Story Time

The BCBA and her team members have been implementing ACT training assessments and interventions with lots of clients

It is not easy!

We've encountered several barriers!

We've had to be flexible to overcome them

Barriers with ACT Assessment & Interventions

Unwillingness to participate in ACT Assessment or Exercises

**Work on trust, communication and
cooperation**

- **Skill-Based Treatment**
- **Enhanced Choice Model**

Barriers with ACT Assessment & Interventions

“I don’t know”

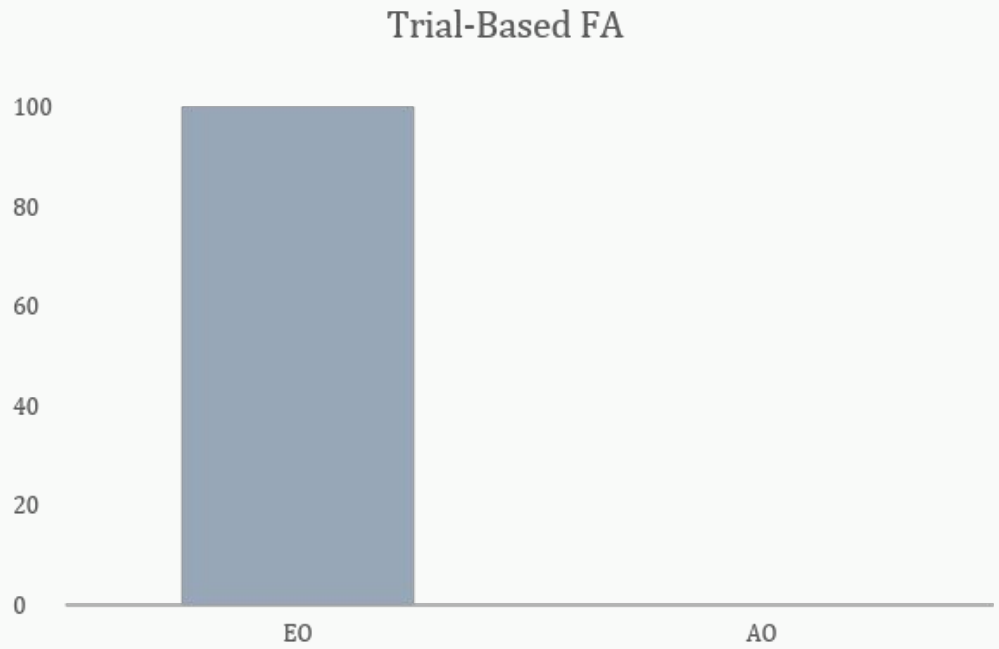
- **Teach tacting private events**
- **Ask about thoughts and feelings during or soon after target behaviour occurs**
- **Ask about other people’s thoughts and feelings**
- **If your filling was an animal/colour/shape/song etc...**
- **Children’s Psychological Flexibility Questionnaire (CPFQ)**

Barriers with ACT Assessment & Interventions

“Ya, sure!”

- **Start ACT FA with reinforcing disagreeing with unrelated things**
- **Trial-based FA**

**Trial-based FA
to confirm Bx
under the
control of past
contingencies**



Barriers with ACT Assessment & Interventions

Challenges with abstract concepts and metaphors

- **Experiential exercises**
- **NET**
- **Base exercises on clients preferences,
interests and strengths**
- **Visuals**

Barriers with ACT Assessment & Interventions

Team Competence

- **AIM or Connects curriculum**
- **Invest in training**
- **ACT group supervision**
- **Make interventions technological - clearly defined**

Program sample - Exposure

Goal/Program Objective

Client will Increase approach behaviour (or the absence of avoidance behaviour or escape) in the presence of aversive stimuli

Target behaviour Operationally Defined

1. Client engages exposure exercise in the form of acting out metaphor, daily in the absence of trigger
 - identify unworkability
 - identify alternative behaviour
 - engage in alternative behaviour
2. Client engages exposure exercise in the form of acting out metaphor, in the presence of the trigger
 - identify unworkability
 - identify alternative behaviour
 - engage in alternative behaviour

Program sample - Exposure

Teaching Procedures

Modify all the steps to meet the developmental & language capabilities of the individual



- 1) Pick a metaphor the participant used when doing the matrix work
- 2) Act it out with them
- 3) Ask them to do what they've been doing to solve the problem
- 4) Physically reveal the unworkability of trying to solve the problem using the strategies they have been using (rules, minimizing emotions, rehashing the past, etc.) - Having client ID the unworkability
- 5) Ask them to try doing something new (making a flexible rule, approaching difficult emotions, returning to the Now, etc.)
- 6) Ask, "What's opening up for you?" or an equivalent that evokes discussion of the shift and what becomes possible -
- 7) Ask your participant to practice this exercise in their home every day for a week when they get up or throughout the day, long before things get tough
- 8) Ask them to track and collect data on the overt behavior that you targeted for intervention

Measurement & Graphing

Indicate yes if practice is completed each day. Indicate no if practice was skipped or not completed.

Graph percent of days practice completed each week.

Program sample - Present moment

Goal/Program Objective

Client will:

- (1) increase awareness to when he's attending to thoughts, feelings memories of the past
- (2) shift attending to the present moment by engaging in grounding exercise.

Target behaviour Operationally Defined

1. When attending to thoughts, feelings and or memories of the past, client will accurately label behaviour (e.g, "I'm time travelling")
2. Client will independently initiate grounding exercise with reference to the "back to the future" task analysis provided

Program sample - Present moment

Teaching Procedure

1. Use BST at the start of session to teach the client to label “time traveling” and engage in grounding exercise
2. Throughout the session, bring up a past triggering event with the client
3. Once the client begins to perseverate on past event (e.g., signs of escalation) prompt client to label behaviour as “time traveling
4. Provide least to most prompting to support client to initiate grounding exercise (back to future)
5. Provide client with reinforcement in the form of verbal praise.

Measurement & Graphing

During session: prior to teaching, contrive opportunity to “time travel”. Take probe data (yes/No) (1) whether or not client labelled behaviour and (2) whether or not they independently initiated grounding exercise

Outside of session: client will track number of time he noticed he “time traveled” and whether or not he used “back to the future” independently

Story Time

Thanks to the support and mentorship of Thomas Szabo, the BCBA remembered to be analytic when developing treatments for her clients

And she never used ACTraining strategies without assessment again!

~ The End ~