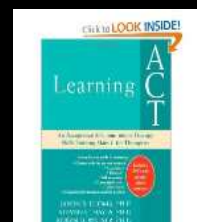




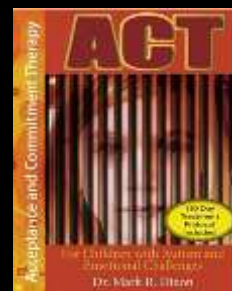
## The Acronyms

- RFT: Relational Frame Theory
  - Post-Skinnerian approach to language and cognition
  - Originated in late 80s and early 90s
  - First full textbook in 2001
- Acceptance and Commitment Therapy
  - Talk-therapy approach to psychological distress which follows directly from the RFT basic research
  - Use of “mid-level” terms to gain buy in from clients and non-behavioral community



# The Autism Applications

- RFT: PEAK Relational Training System
  - Comprehensive assessment and curriculum for running discrete trial training for children between 9 months and 18 years of age.
  - Incorporates traditional Skinnerian techniques with more complex cognitive and language processes
  - More empirical evidence than ANY OTHER ABA program
- Acceptance and Commitment Therapy
  - Full 180 days of therapeutic techniques designed to be delivered by parents, caregivers and behavior analysts
  - Implementation 1:1 or within a group setting.
  - Basic introduction to how ACT relates to children with autism is also provided.



## HOW MUCH TIME DO YOU SPEND IN YOUR HEAD?

Worrying, stressed, freaking out, sad, lonely, depressed?



## Which one is you?



## The Mainstream



**TIME Magazine**

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## Yes, I Suck: Self-Help Through Negative Thinking

Contrary to the "love yourself" message propounded by countless self-help books, a new study suggests that for people with low self-esteem, positive thinking hurts more than it helps

By John Cloud / Wednesday, July 28, 2009

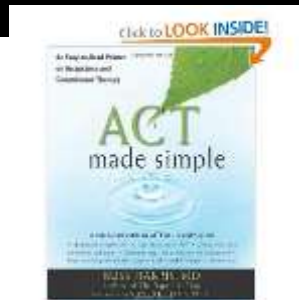
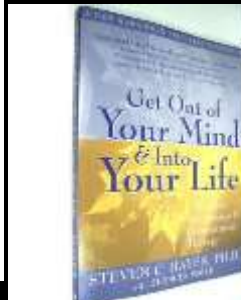
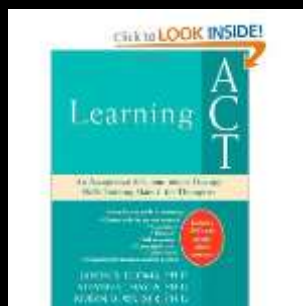
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In the past 50 years, people with mental problems have spent untold millions of hours in therapists' offices, and millions more reading self-help books, trying to turn negative thoughts like "I never do anything right" into positive ones like "I can succeed." For many people — including well-educated, highly trained therapists, for whom "cognitive restructuring" is a central goal — the very



## A New(er) Clinical Approach\*: ACT Therapy



\* As an alternative to traditional Cognitive Behavior Therapy

## Your Top 5

- Best things about being a parent?
- Worst things about being a parent?

## C-B-T

- Step 1: Identify distortions in thinking
  - Log of thoughts, and the triggers that caused them
- Step 2: Identify a replacement thought
  - Analyze the distorted thought, and take control over it with a new thought
- Step 3: Working through the necessary change
  - Breaking down large problems into smaller steps
- Step 4: Positive reinforcement for making even small gains
  - Rewarding along the way allows feeling accomplishments

## A-C-T

- Step 1: Acceptance
  - Don't run and hide from the problem
- Step 2: Defusion
  - You are not your thoughts
- Step 3: Contact with the "Present Moment"
  - Awareness of yourself right here right now
- Step 4: Values
  - Are you living the type of life that you truly value
- Step 5: Committed Action
  - How serious are you about changing your behavior?

## What is ACT?

- Experiential behavioral psychotherapy based on relational frame approach to human language
  - Emphasizes role of experiential avoidance, cognitive fusion, values absence/diminishment, and resulting behavioral rigidity and ineffectiveness
- ACT is a comprehensive model of therapy
  - NOT set of techniques
  - However, it includes many many many techniques, some used in other forms of therapy, that work together to increase psychological flexibility

# What is ACT?

- ACT tries to:
  - Reduce domination of literal, evaluative, temporal language
  - Connect instead with our VALUES
  - Behave more FLEXIBLY + effectively focused on values, NOT fear!

**“The single most remarkable fact about human existence is how hard it is for humans to be happy.”**

**(Hayes, Strosahl, & Wilson, 1999)**

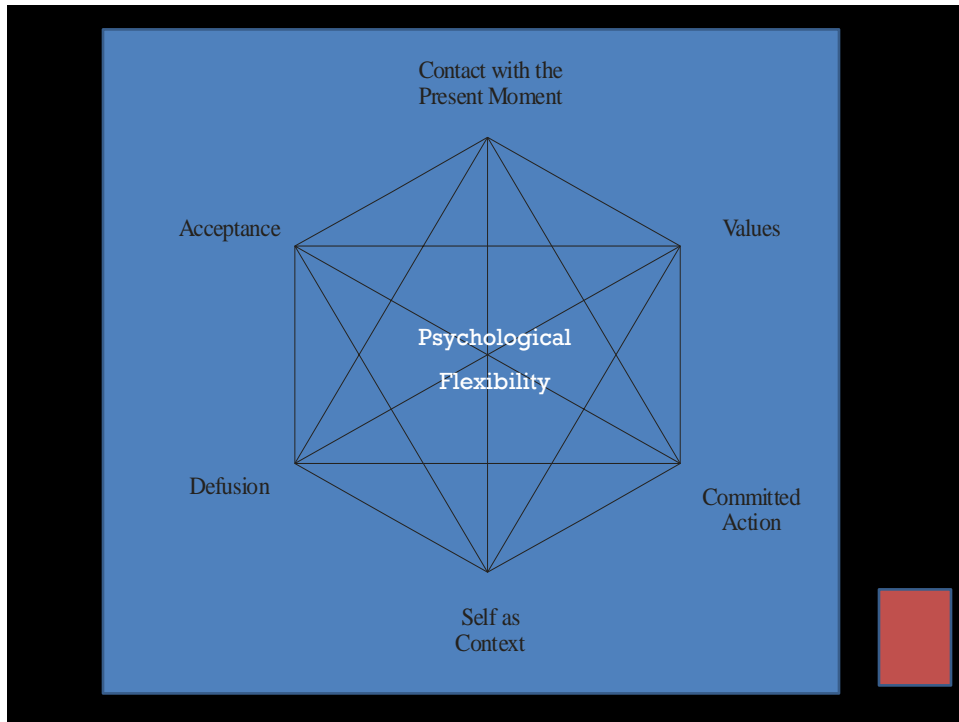
## ACT Model

- An alternative to the traditional CBT treatment model
- Focus on *feeling* good instead of feeling *good*
- Doesn't try to change our thoughts or feelings, instead it changes the way we relate to them

## ACT vs. CBT

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <u>ACT</u> <ul style="list-style-type: none"> <li>– Behavior Change</li> <li>– Environment determines behavior</li> <li>– Changes Context</li> <li>– Acceptance of Private Events</li> <li>– Primary Goal = valued living</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <u>CBT</u> <ul style="list-style-type: none"> <li>– Behavior Change</li> <li>– Environment + thoughts are casual</li> <li>– Changes Content</li> <li>– Control and restructuring</li> <li>– Primary Goal = symptom reduction</li> </ul> </li> </ul> |
|---|--|





## Present Moment

- Contact with the present moment
- Focus on what is happening right now
- Out of your mind and into your life
- Alternative to living in a imagined future or a re-imagined past

## Acceptance

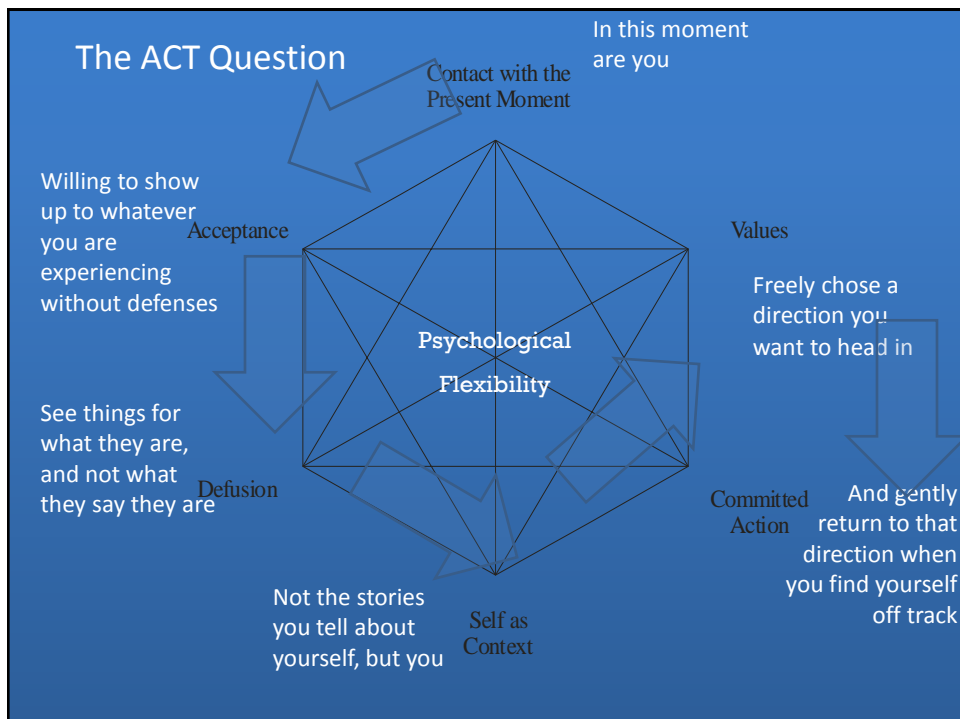
- Willingness to experience thoughts and urges, including unwanted and uncomfortable ones
- Acceptance is NOT an act of surrender or resignation that you will “always be a pathological gambler”
- Rather, it is giving yourself permission to feel what you are feeling – even if it is “I will always be a pathological gambler”
- Alternative to attempting to control/eliminate unwanted thoughts and urges to gamble

## Defusion

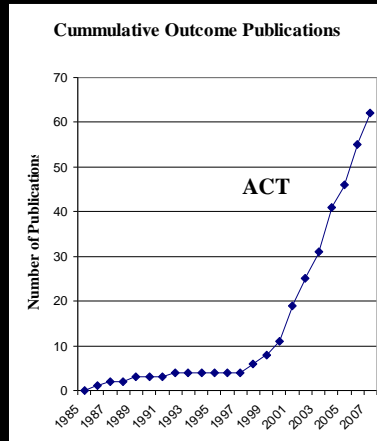
- Fostering flexible responses to rigidly held verbal relationships
- De-literalizing language
- Seeing things as what they are and not what they say they are
- Alternative to tightly holding inflexible and unworkable beliefs, stories, associations.

# Self as Context

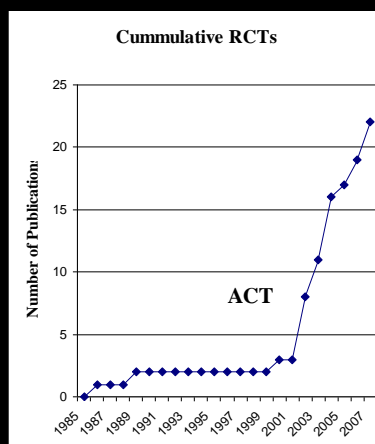
- Transcendental sense of self
- The “you that is always you”
- Self as process and as context
- Alternative to the stories we well tell about ourselves (self as content)



## Number of ACT Empirical Publications



## Number of ACT RCTs



102

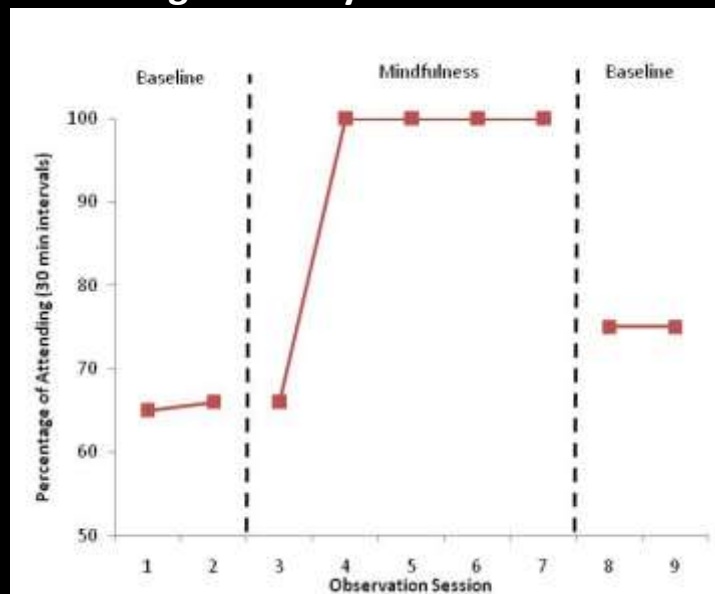
Total to Date

# ACT Outcomes

ACT outcome literature						
Study	Problem focus	Primary measure	Comparative condition	<i>d</i> (N) post	<i>d</i> (N) F-up	F-up week
<b>ACT vs. compared to structured interventions designed to impact the problem</b>						
Block (2002)	Social phobia	Speaking time	Group CBT	.49 (24)		
Bond and Bunce (2000)	Work stress	GHQ	Workplace intervention	.8 (60)	.72 (60)	12
Bruntjeter et al. (2004)	End stage cancer	Distress	CBT	.9 (31)		
Difford et al. (2004)	Smoking	Not smoking	Nicotine patch	.06 (82)	.57 (55)	52
Gregg (2004) <sup>a</sup>	Type II diabetes	Diabetic control	Diabetes education		.57 (70)	12
Hayes, Bissett et al. (2004)	Stigma and burnout	Madick Burnout Inventory	Biological education	.74 (39)	.61 (35)	12
Hayes, Bissett et al. (2004)	Stigma and burnout	Madick Burnout Inventory	Multicultural training	.26 (54)	.57 (58)	12
Hayes, Wilson et al. (2004)	Polysubstance abuse	Objective UA	Methadone maintenance	.41 (51)	.95 (43)	24
Levitt et al. (2004)	Agoraphobia	Willingness to do exposure	Suppression	.67 (40)		
Zettle and Hayes (1986) <sup>a</sup>	Depression	BDI	Cognitive therapy	1.23 (18)	.82 (18)	12
Zettle and Rains (1989)	Depression	BDI	Cognitive therapy	.53 (21)	.75 (21)	8
Zettle (2003)	Math anxiety	MARS (Math anxiety)	Systematic desensitization	-.35 (24)	-.12 (18)	8
Weighted average effect size for ACT vs. structured interventions:				.40 (456)	.63 (404)	
<b>ACT vs. compared to wait list, placebo, or general treatment as usual</b>						
Isack and Hayes (2002)	Psychosis	Rehospitalization	Treatment as usual		.45 (70)	16
Block (2002)	Social phobia	Speaking time	Control	.52 (24)		
Bond and Bunce (2000)	Work stress	GHQ	Wait list control	.72 (60)	.7 (60)	12
Dahl et al. (2004)	Chronic pain	Sick leave (days)	Treatment as usual	1.17 (19)	1 (19)	24
Gaschauer & Herbert (in press)	Psychosis	Clinically large BPRS improvement	Enhanced TAU	1.11 (29) <sup>a</sup>		
Irwin and Gundersen (in press)	WFD	Self harm	Treatment as usual	.98 (23)		
Levitt et al. (2004)	Agoraphobia	Willingness to do exposure	Distraction	.81 (40)		
Lundgren (2004) Lundgren and Dahl (2005)	Epilepsy	Seizure frequency = duration	Attention placebo	1.43 (27)	1.23 (27)	52
Woods et al. (in press)	Trichotillomania	MGH-HS (Hair pulling)	Wait list	1.72 (25)		
Weighted average effect size for ACT vs. wait list, placebo, or general TAU:				.99 (240)	.71 (176)	
Total weighted average effect size for ACT vs. all other conditions:				.66 (704)	.66 (580)	

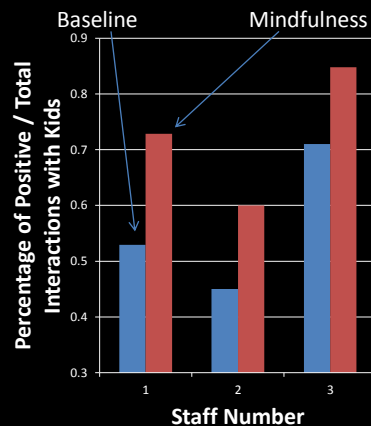
Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcome. *Behaviour Research and Therapy*, 44, 1-25.

## Regular-Daily Classroom Behavior



## Mindfulness in the Pre-K Classroom

- Participants: 3 full time staff members in Pre-K room for typical and DD kids
- Procedures
  - 5 minutes of mindfulness exercises
  - No instruction whatsoever about what experimenter was going to record
  - Experimenter was a mom of a child in room that was there to observe

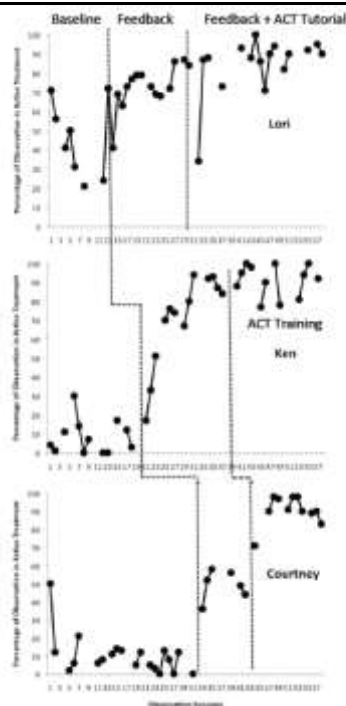


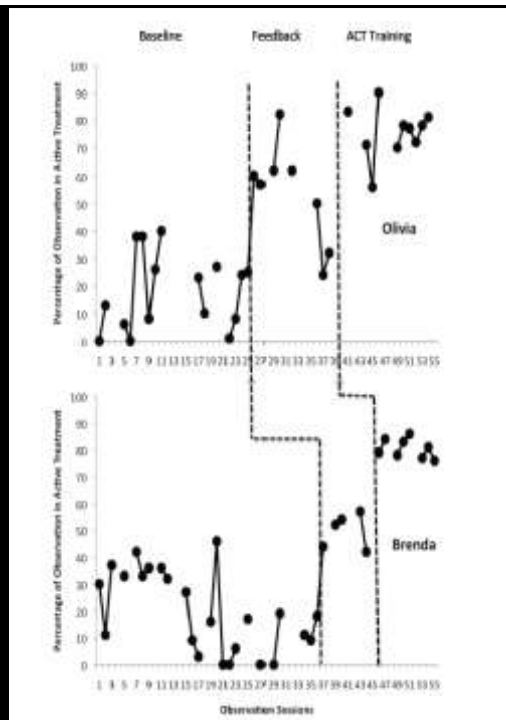
## Getting Teachers/Staff on Board

- Participants: 5 full time educational staff for children with autism or other developmental disabilities
- What we did?
  - On the job feedback, definition of targeted skills, training on implementation, performance tracking
  - Addition of 5 hours of Mindfulness/ACT for the STAFF!
- Did it work?
  - Percentage of observation interval displaying "active treatment"

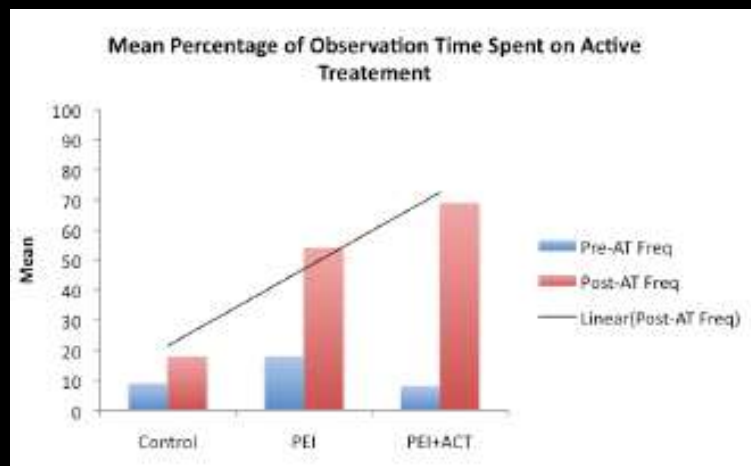
# Dependent Variable

- Active treatment definition: the staff member is running a formal instructional program and/or applying incidental teaching procedures with one or more of their assigned kids

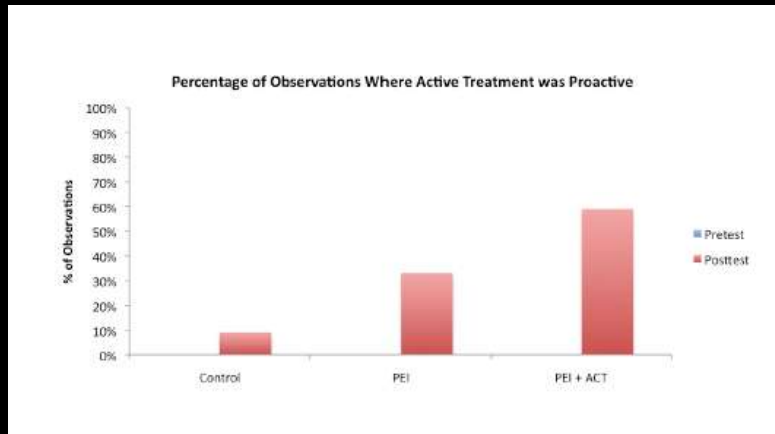




## Taking it SCHOOLWIDE





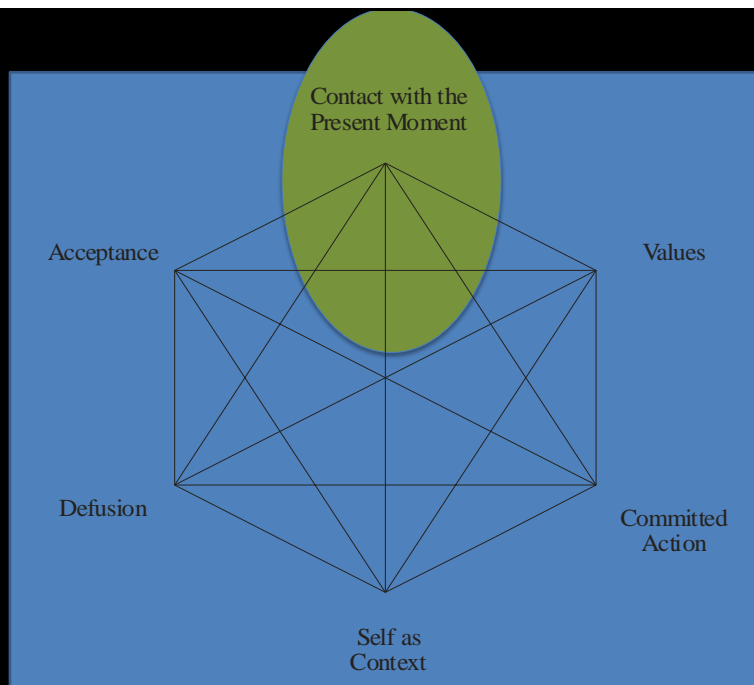


## Meditation for the Masses & Classes

- Decrease in anxiety
- Mood change
- Pre-frontal cortex activation
- Immune response



# Now to Practice



## Contact with the present moment

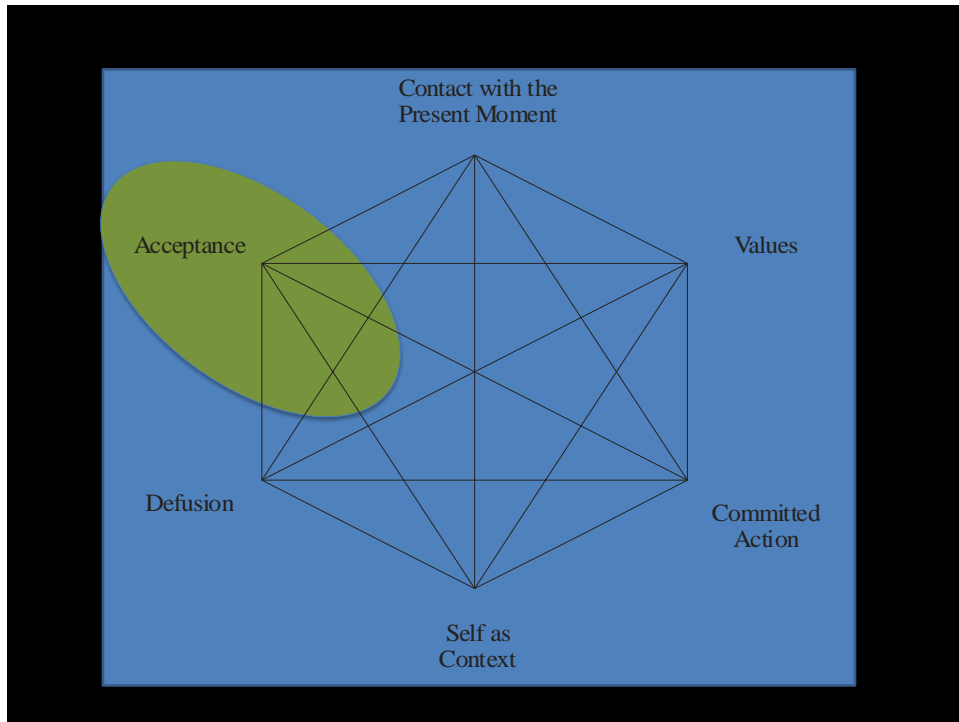
- Basic assumption
  - Living on autopilot
  - Mindless interaction with world within and around us
- ABC's of present moment awareness
  - **A**wareness of what is here
  - **B**eing with what is here
  - **C**hoosing what to do

- Primary goal:
  - Life is occurring RIGHT NOW
  - Making contact with the here and now
  - Experiencing both external and internal events
  - Practice, practice, practice!

- Clinical example:
  - “I think I’ll change my behavior tomorrow”
  - “I can’t allow myself to feel the pain, so I fight to escape it”
  - “I’m noticing that when you say the word “autism”, I feel a rush of heat in my throat”

## Becoming Mindful

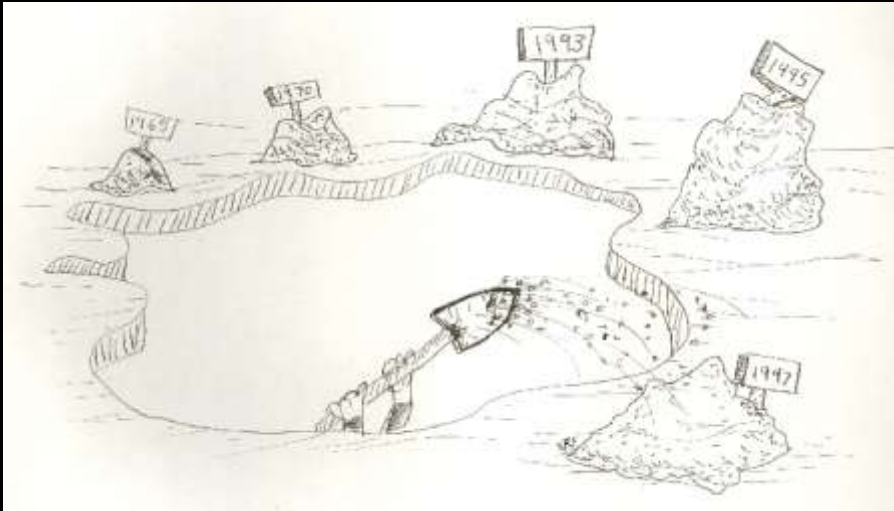
- Sit
- Breath
- Notice the sounds of the room
- Notice your body sensations
- Notice your thoughts
- Why are you here?
- What are you wanting from today, and from your life?



## Acceptance

- Basic assumption
  - Human beings tend to engage in avoidance behaviors
  - When you're not willing to have something, you have it!
  - Control is the problem and willingness is the answer

- Primary goal:
  - Undermine experiential control by identifying solution-focused behaviors
  - Developing creative hopelessness
    - Seeing the hopelessness of experiential avoidance
    - Experiential exercise: Man in hole



Primary goal cont:

- To help clients see willingness as an ALTERNATIVE to control
- Willingness to experience distress

## Willingness

- So what IS willingness?
  - Openness towards WHOLE experience
  - ALTERNATIVE to control
  - Willingness to experience distress
    - Easily embraced in the abstract, but how do you stay committed during difficult experiences?
- Experiential exercise:
  - Joe the Bum



This is Joe the bum



You're having a party, and he decides to show up



## You have 2 choices

**Tell him he's not allowed in, and  
make sure he never comes inside**



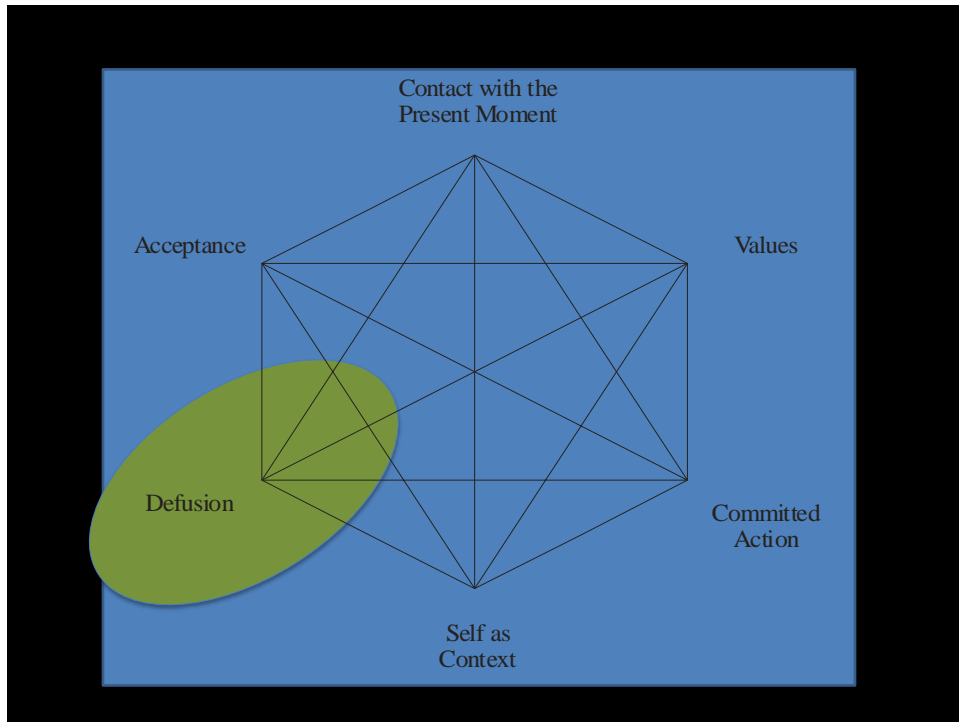
**Be willing to invite him in, even  
though you may feel uncomfortable**



**WHAT DO YOU DO?**

## Passengers on the Bus

- Clinical example:
  - “I don’t like the feeling I get when I get stressed”
    - Unwilling to “be present” with physiological responses to gambling
  - “If I don’t have control over my thoughts, then I know I will get a panic attack”
    - Wanting control in life



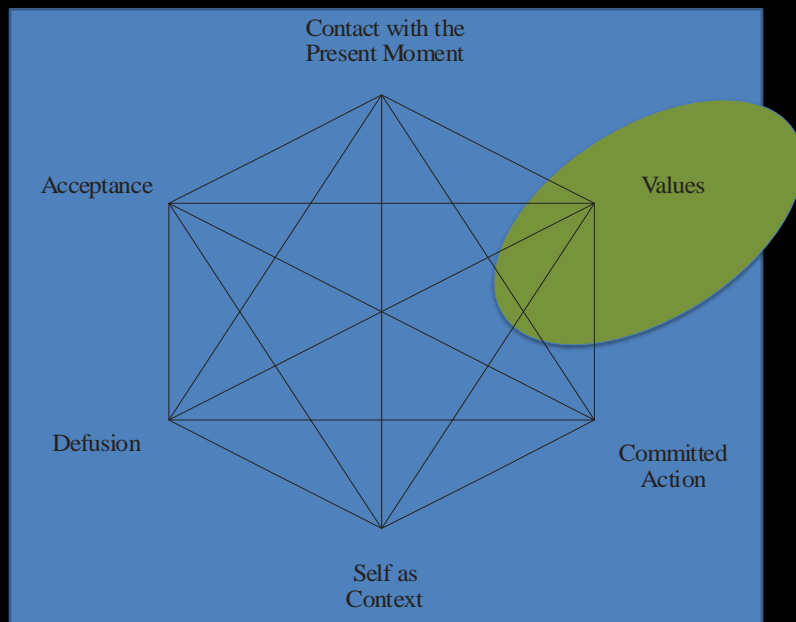
## Defusion

- Basic assumption
  - Human beings become FUSED to the CONTENT of their thoughts
    - Leading to escape/avoidance
  - The problem is not WHAT we think, it is HOW we relate to what we think
- Don't believe me?

- Experiential exercises
  - Fill in the blank:
    - Blondes have more \_\_\_\_\_
    - Eeny, Meeny, Miny, \_\_\_\_\_
    - Little Miss Muffet sat on her \_\_\_\_\_
  - Milk, Milk, Milk
  - I'm having the thought that...

- Primary goal:
  - Interacting with thoughts as WHAT they are
  - Attend to thinking + experiencing as ONGOING process
  - De-emphasizing literality of language

- Clinical example
  - “I can’t stop thinking about what dad did to me”
  - “I want to stop but I know its not possible”
  - “I need to fight somebody to feel important”
  - Others?

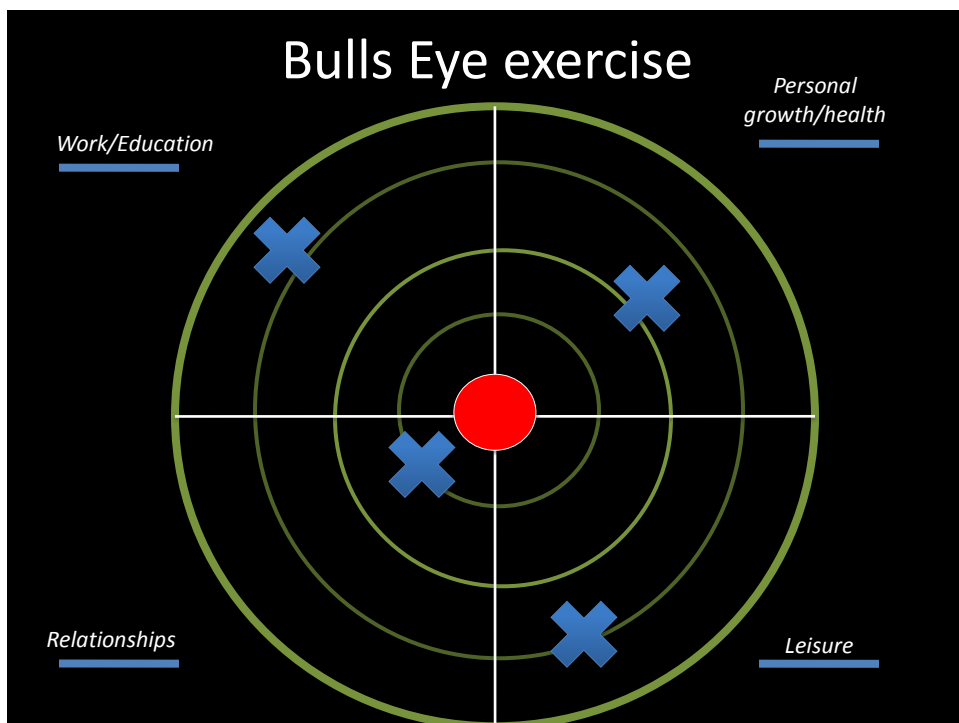
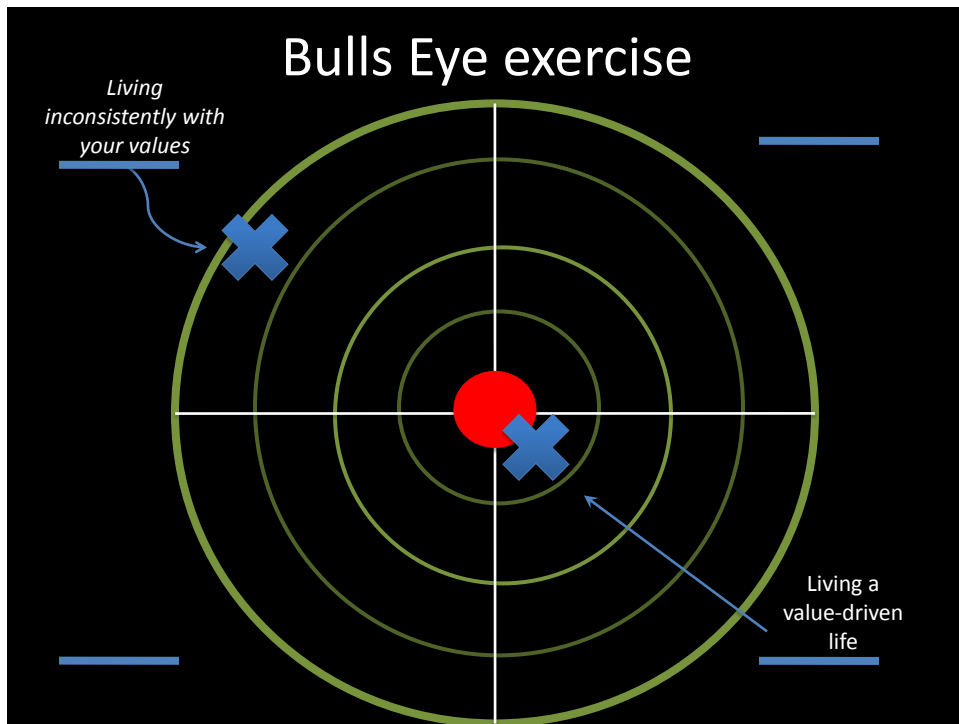


# Values

- Basic assumption
  - We put our life on hold while we try to control our suffering
  - We tend to behave in ways that go against what we value
    - Avoidance behavior
- What are values?
  - Chosen life directions
  - Verbally constructed, globally desired life directions
  - Ongoing PROCESS rather than outcome

(Hayes, Barnes-Holmes, & Roche, 2001)

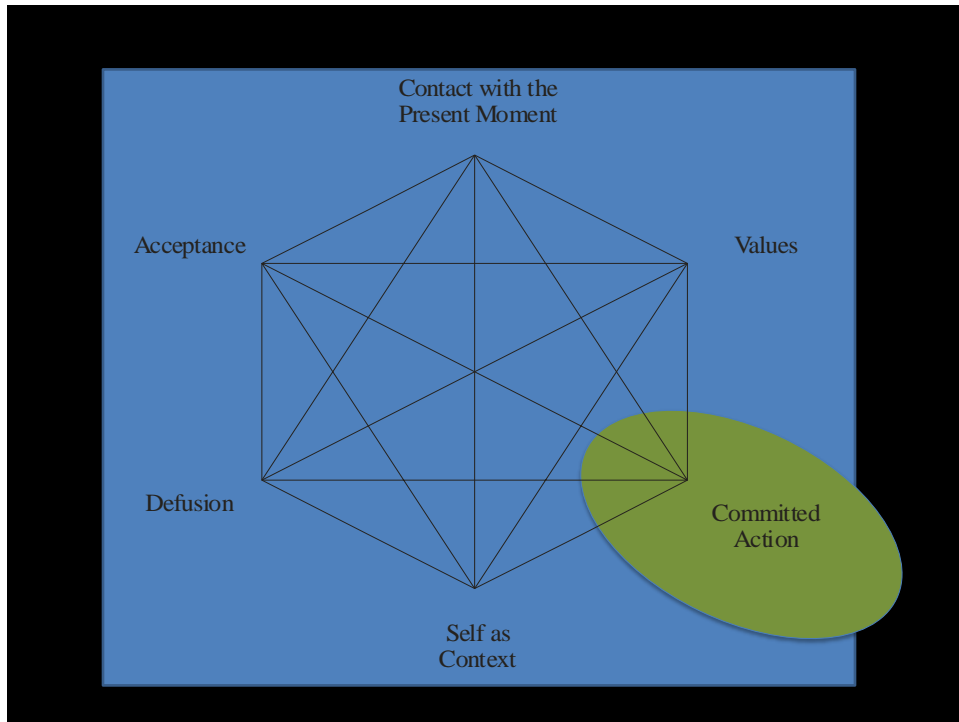
- Primary goals:
  - Clarifying chosen life directions
  - Linking behavior change to those values
  - Willingness to stay on valued path
  - Acceptance and willingness of private events, while remaining committed to values
- Experiential exercise
  - Bulls eye



- How do you know you're not already living a valued life?
- Experiential Exercise:
  - If you died today, what would your tombstone to read?
    - Would would you WANT it to read
    - How are these two different?
- How can you begin to lead a life, where your tombstone would reflect what you WANT?

- Clinical example
  - Identifying values
  - “I value my family, but I don't know how to do things for them”
  - “I can't stop cutting myself, and if my family can't accept it, then maybe I don't need them after all”





## Committed Action

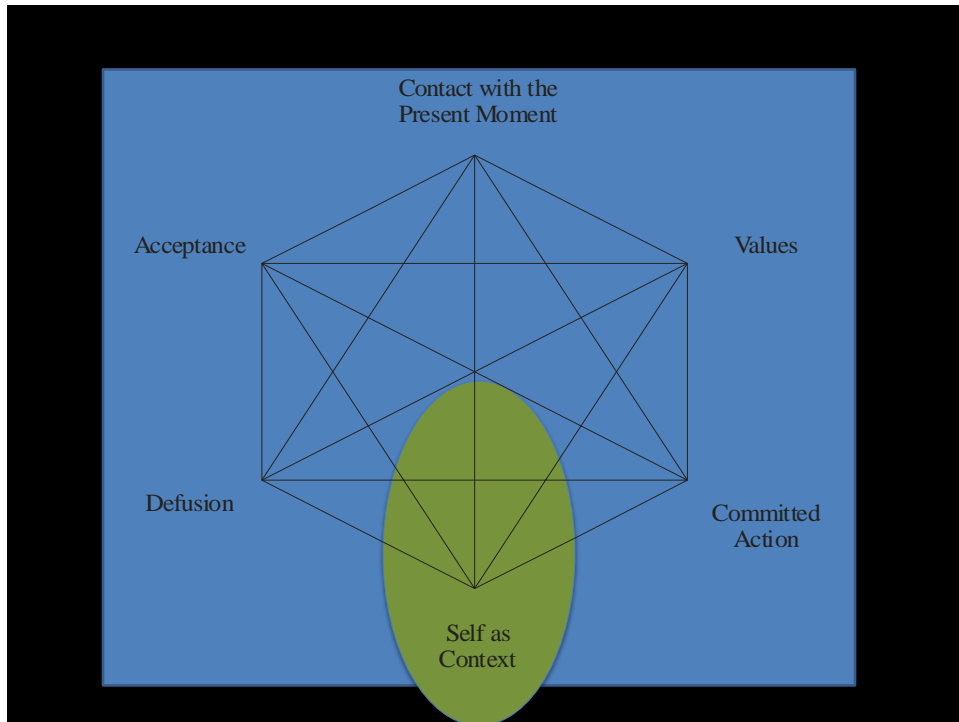
- Basic assumption
  - We know what we want to be about, yet we avoid things that may bring pain or suffering to us
  - “If I do not care, I will not be hurt”
- Are you willing to accept whatever discomfort your mind provides you AND commit to your values?

- Focus on building patterns of committed action
- Primary goal:
  - Work for behavior change
  - Making room for automatic reactions and experiences
  - Taking responsibility for ALL patterns of action

- Difference between values and GOALS
  - Values
    - Verbally constructed and never achieved as an object
  - Goals
    - Values-consistent AND can be achieved
- Patterns of effective action
  - action linked to chosen values.
  - Similar to traditional behavior therapy

- Experiential exercise
  - Eye contact exercise
  - Swamp metaphor
  - SMART goals

- Clinical example
  - Valuing education, yet keeping child at home because of friction with school staff
  - “I want to stop fighting with spouse, but when I see him do something wrong, I cant help myself”
  - “I value my child, so I have to put up with all the problem behaviors because that is just part of his disability.”



## Self as context

- Basic assumption:
  - Taking thoughts out of context
  - Thought become entangled as evaluations and self-conceptualizations
    - Taken as literal truth
- Focus on distinguishing conceptualized self from self as context

- Experiential exercise:
  - Fill in the blank
    - I am a person who \_\_\_\_\_
    - I am a person who does not \_\_\_\_\_
    - My favorite thing about me is \_\_\_\_\_
    - My least favorite thing about me is \_\_\_\_\_
- Are you really those things? Could it be your mind telling you that you are?

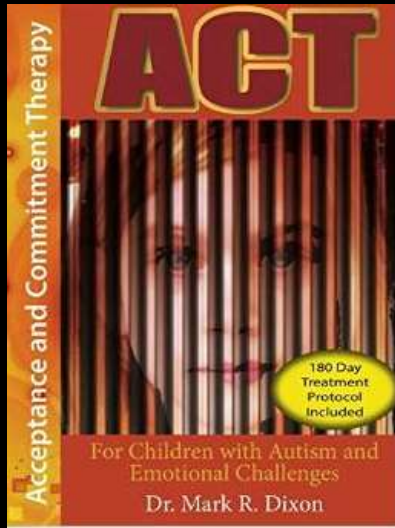
- Primary goal:
  - Making contact with self that is continuous and consistent
  - Differentiate between self as CONTEXT from self as CONTENT
  - Understand the self as distinct from private events
- What is the “self”?
  - Continuity of consciousness itself (Hayes, 1984)

- Experiential exercise:
  - House and furniture exercise



- Clinical example:
  - “I am a rotten person for what I have done to my family”
  - “I am unlovable”
  - “Nobody likes me”
  - “Although I have struggled in the past, I see that my family will always be there for me”
  - “I’m noticing that my mind is telling me that my life will never be the same because of X”

# 180 Days of Activities



- 5 Years in Development
- Over 300 kids statewide have had the curriculum
- Research undergoing across the country
- Often done with both parent and child together

## Day 1: Everyone feels bad!



Sometimes our friends seem to:

- Have cooler clothes or toys than we do.
- Have better parents or friends than we do.
- Be smarter or funnier than we are.
- Have less pain or don't feel bad like we do.

Want to know a secret?

**EVERYONE YOU KNOW HAS PAINFUL EXPERIENCES!**



Even your mom, dad, and friends feel bad sometimes. *What is it like to know you are just like them?*

Grades K-4

Your mom, dad, best friend, and every other person you have ever met feels bad sometimes. *How does it feel knowing you are just like everyone else?*

Intermediate

We all experience pain. Everyone you have ever met has felt or will feel both emotional and physical pain. This means you are not alone! *How do you feel, knowing that you are not alone with your struggle with pain?*

Middle/High School

### Day 1: Everyone gets sad or has pain!



If your sadness/pain was an animal, which one would it be? Draw it below. Share with the class you animal. Was it like or different than other's in the class?

### Day 2: Sad/ Painful Experiences



## Sad/Painful Experiences

Sad or painful experiences are a normal part of life, one that every person experiences at some point. These may include things that happen at home, at school, with your friends or family, or anything else that is difficult for you.

Some things that make me feel bad:

Write down a list of some memories, feelings, or thoughts that make you feel bad.

Write down a list of some painful memories, feelings, or thoughts that you experience during your day.

---

---

---

---

---

How long have you experienced them?

---

---

---

Grades K-4

Intermediate Grades

Middle/High School



## Day 2: Painful Experiences



## Painful Experiences

Put the things that make you feel bad in order based on how they have changed your life. Next, draw arrows between things that happen together.



## Day 5: Everything Can Be Related!

Words can be tricky! In school, teachers make you learn how to read them, write them, and use them properly. By learning all we can about language, we learn how to RELATE anything with anything else!

What word do you like the most?

What word do you like the least?

**Grades K-4**

What word do you like the most?

What word do you like the least?

How is your favorite word like your least favorite word?

**Intermediate Grades**

What is your favorite line from a song?

What is your least favorite line from a song? (maybe your parent's music)

How are the two sets of lyrics the same? How are they the opposite? How are they both like a lawn mower?

**Middle/High School**

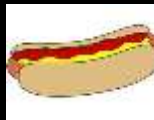
### Day 5: Everything Can Be Related!



Circle your favorite animal.



Circle your favorite food.



How is the animal like your favorite food? \_\_\_\_\_

How is the animal better than the food? \_\_\_\_\_

How is the animal the PARENT of the food? \_\_\_\_\_

### Day 6: The Language Game



Language has advantages and disadvantages. Let's play a game to understand them. See if you can notice what your mind does when you do this.



<p>Twinkle, twinkle _____</p> <p>Hickory Dickory _____</p> <p>Clean up, clean up, everybody _____</p> <p>Did you know the answers before I got to the end?</p>	<p>Eney, Meeny, Miny _____</p> <p>Hickory Dickory _____</p> <p>Little Miss Muffit sat on her _____</p> <p>Was it hard to fill these in? Do you know what a tuffet is?</p>	<p>Eney, Meeny, Miny _____</p> <p>Hickory Dickory _____</p> <p>Little Miss Muffit sat on her _____</p> <p>Was it hard to fill these in? Do you know what a tuffet is? _____</p> <p>What did your mind do as you filled these in? _____</p>
Grades K-4	Intermediate Grades	Middle/High School

### Day 6: The Language Game

A good thing about words is it lets us talk about our experiences. But, what happens when the sentences are more important to you?



The worst thing about me is that I'm \_\_\_\_\_

\_\_\_\_\_

I'm not a good person, I'm \_\_\_\_\_

\_\_\_\_\_

Deep down, I'm afraid I'm \_\_\_\_\_

\_\_\_\_\_

Notice how much harder these were for you. Why do you think that is?

### Day 7: Getting Rid of Our Thoughts



What happens when you don't want to have an upsetting thought? Sometimes when you are not willing to experience something, you do. Let's play a game to see if we can get rid of our thoughts. See if you can imagine a bright purple airplane. For 3 minutes try as hard as you can NOT to think about the purple plane.

Did you think about the purple plane?

How did you try to not think about the plane?

Did it work?

**Grades K-4**

How many times did you think about the purple plane?

For 3 minutes, think about whatever you want. How many times did you think about the plane?

Yikes! We thought a lot about that purple plane, didn't we?!

**Intermediate Grades**

Did you think about a purple plane last week?

How many times did you think about a purple plane?

For 3 minutes, think about whatever you want. How many times did you think about that plane?

Yikes! We thought a lot about that purple plane, didn't we?!

**Middle/High School**

### Day 7: Getting Rid of Our Thoughts



Right down a word or a thought of something you do not like to think about usually. Like monsters, someone who is mean to you, a food that makes you sick.

Now write down how you usually try and get rid of that thought in your head?

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Say the word / thought to yourself 5 times fast, then 5 times slow, and then 5 times really slow. Does that word/thought seem as bad anymore?

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### Day 34. Hamburger Mind



Picture a hamburger in your mind. Picture each layer of it—the meat, cheese, onions, lettuce, tomato, pickles. What if your mind was like this hamburger and stacked full of thoughts? Some good and some bad.



Draw what each layer of your hamburger would be.

Grades K-4

What would each layer of your hamburger be?

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Intermediate Grades

What would each layer of your hamburger be?

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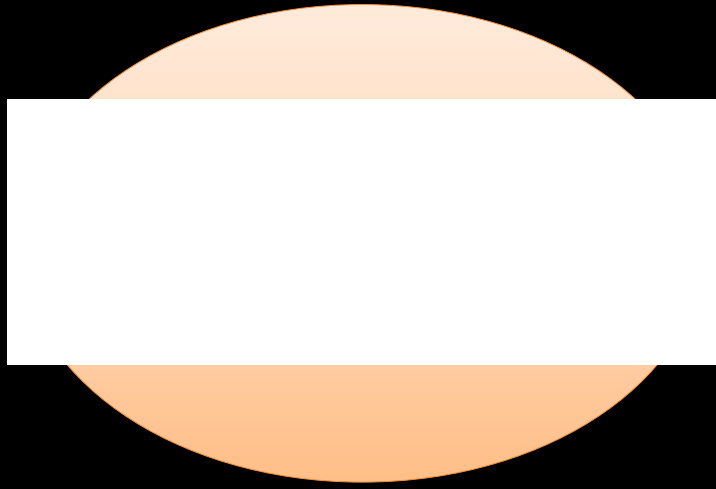
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Middle/High School

## Day 34: Hamburger Mind



Draw your mind hamburger on various colored sheets of paper. Glue them together below to complete the burger!



## Day 35: Mindfulness Silence



Let's play the silent game for the next 10 minutes. Breathe in your nose and out of your mouth. Take deep long breaths. Stay quiet and notice your body for as long as you can. Ready, set, go...

What did you notice in your body? Did your thoughts wander sometimes?

What did you notice feeling in your body? Was it difficult to keep your mind on your body?

What did you notice feeling in your body? Was it difficult to keep your mind on your body? What thoughts did you have?

Grades K-4

Intermediate Grades

Middle/High School

## Day 35: Mindfulness Silence



Write down a thought you have that is something you don't like to have.

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Now, for the next 5 minutes, think about this thought, stare at it written above, and notice all the body sensations you have as you sit and notice this thought. Watch how your mind comes and goes from this thought over the next 5 minutes.

## Day 36: Purple Dinosaur



Picture that famous purple dinosaur in your head. What does he look like? What does his voice sound like? Now repeat his name over and over again for 2-3 minutes.



What happened to the picture of him when you were saying the word?

What happened to the picture of him when you were saying the word?

What happened to the picture of him when you were saying the word?

Did he get more or less present in your head?

Did he get more or less present in your head?

Can you still hear his creepy song?

Can you still hear his creepy song?

Grades K-4

Intermediate Grades

Middle/High School

## Day 36: Purple Dinosaur



Draw the purple dinosaur below, but....attach to him a pizza for a head, a bird for one foot, a TV for one of his feet, and a lamp for one of his arms. See how he still is a dinosaur, but drawing him differently makes you think about him differently!

## Day 37: Mindful eating



Often times we just eat and don't even think about what we are eating. Maybe that is sometimes why we eat too much some times and feel sick. Eat your snack and think about the food you are eating. Where did it come from? How far did it travel? How many people touched it before it reached your hands?

Eat  $\frac{1}{2}$  of your snack now?  
Was it good?

Eat the other  $\frac{1}{2}$  of your snack really slow. Count to 10 before every chew you make. Which part of your snack tasted better?

Grades K-4

Take  $\frac{1}{2}$  of your snack and eat it like you always do. Write 2 things about your snack (taste, smell, etc.)

Eat your next  $\frac{1}{2}$  of your snack very slowly. So slow you have to stare at every piece for 1 minute before you eat it. Then, you need to keep each piece in your mouth for 1 minute before you swallow.

Intermediate Grades

Take  $\frac{1}{2}$  of your snack and eat it like you always do. Write 2 things about your snack (taste, smell, etc.)

Eat your next  $\frac{1}{2}$  of your snack very slowly. So slow you have to stare at every piece for 1 minute before you eat it. Then, you need to keep each piece in your mouth for 1 minute before you swallow.

Middle/High School

## Day 37: Mindful Eating



Get on the computer and become a snack detective. Find out where your favorite snack came from. Where did it come from (city and state)? How far did it travel (miles to your table)? How many people touched it before it reached your hands (guess)? Was it grown in the earth or made by chemicals and machines? Draw the path of your food from its "birthplace" to your mouth below.

## Day 38: Paper Dragon



The word "dragon" makes people think of very big scary fire breathing beasts that are powerful. Some of your thoughts are like dragons. These dragon-thoughts control you and have lots of power. Yet, not all dragons are powerful. Putting the word "paper" in front of dragon makes this mean powerful beast seem a bit silly. He has no more power.



What is a dragon thought you have?

How can you make this dragon into a "paper" dragon? Can you call this thought another silly name?

Grades K-4

What are two dragon thoughts you have that control you?

Rename these thoughts so they seem almost as weak as a paper dragon.

Intermediate Grades

What are two dragon thoughts you have that control you?

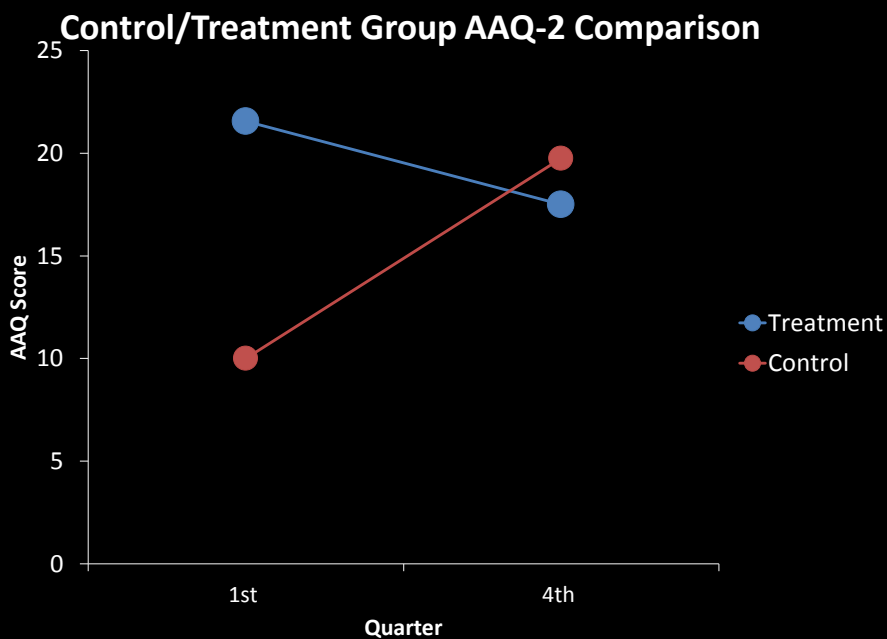
Rename these thoughts so they seem almost as weak as a paper dragon.

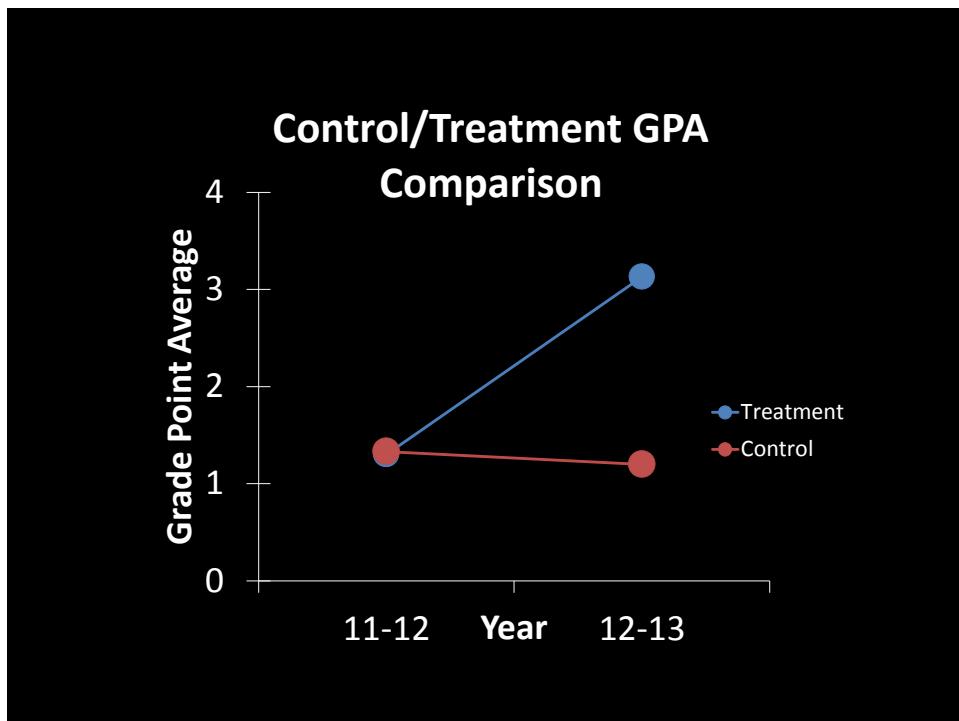
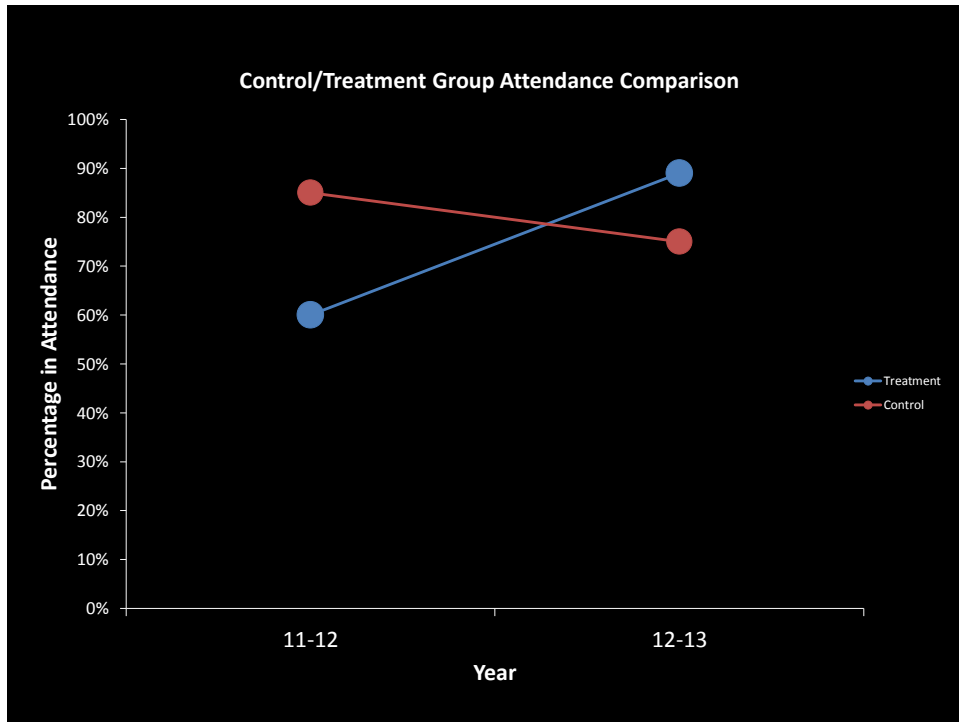
Middle/High School



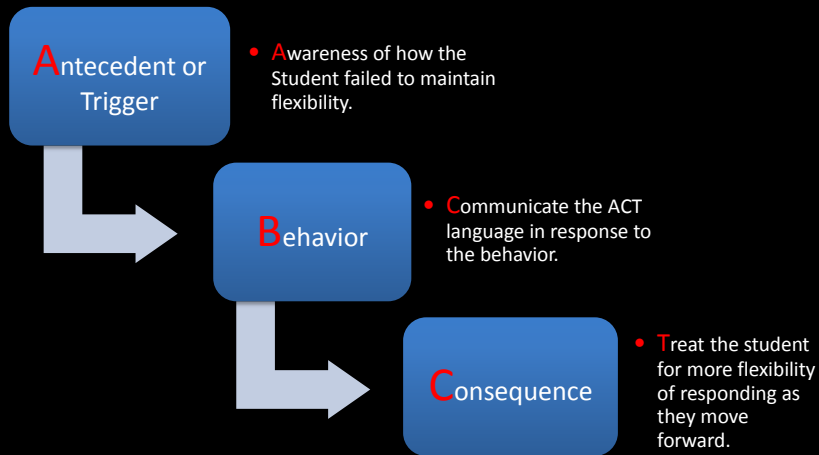
# History of Journeys

- 2010-2012
  - ACT for Children with Autism and Emotional Challenges was piloted in ED/BD classrooms for students to difficult for typical school settings to handle. Population was made up of multiple-district students that were combined into an intensive self-contained learning environment.
- 2012
  - Commitment of an entire school building by Jerseyville, IL school district to hold a larger-scale program for children 5-12<sup>th</sup> grade.
  - K-4 would remain in prior locations
  - ACT would be delivered every day at the start of the day. 30 minutes group setting. Each of the 180 days found in Dixon's book was delivered in order
  - Educational coursework done via PSI (computerized self-paced; target at level of each individual learner). Teachers served as coaches, facilitators, and therapists throughout the day.
- 2013
  - Outcome study of 9 students that attended program from day 1-180.
  - Control group of matched disability and SES level which remained in "typical" district classrooms
  - Disabilities included autism, emotional disorder, conduct disorder, and behavioral disorder
- 2012-15
  - Population growth from 14 to 40 students
  - Graduation rate 100 percent of seniors
  - Doubling of GPA
  - Increased attendance
  - Decrease in psychological inflexibility
  - Multiple replication sites have been developed statewide

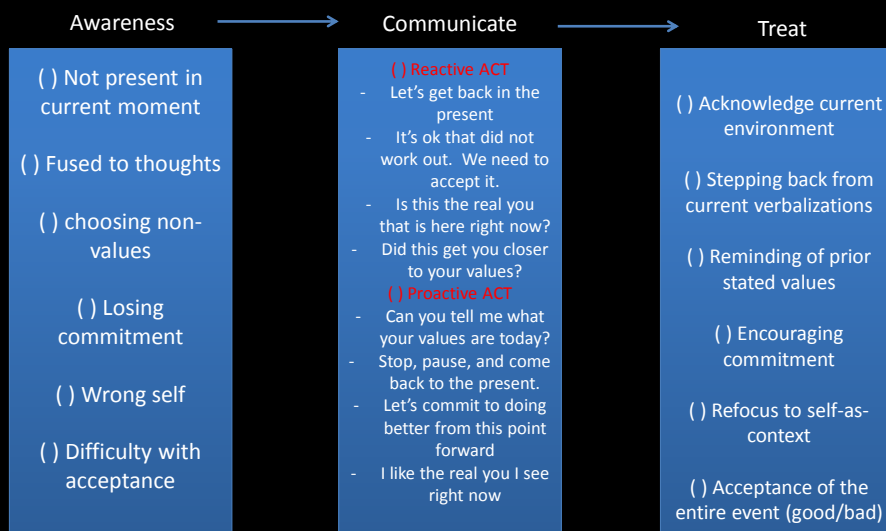




# The Flow of the Behavioral Event



## ACT within ABC



Kelly, was a 12 year- old girl who was diagnosed with autism at age 5 and since her diagnosis has been receiving home-based behavioral intervention. She currently receives home based ABA therapy once a week for 2 hours. The focus of these sessions is teaching social and independence skills. Kelly is in an integrated grade 7 class and has a personal education assistant for 20% of her school day. Kelly's extracurricular activities include Girl Guides, piano lessons, youth group at her church, and swimming. Kelly's parents are concerned about her low self-esteem which is exhibited through Kelly saying negative things about herself. Often these negative self comments take the form of statements such as "I'm so stupid," "I'm fat," or "I'm an idiot." Kelly found out within the last year that she has autism, and her parents report that she is sensitive about her diagnosis.

Jake, a 8-year-old boy who was diagnosed with autism at age 5 and since then has been receiving home-based behavioral intervention services. Jake is in an integrated grade 2 class and has a personal education assistant for 100% of his school day. Jake's extra-curricular activities includes being part of a bowling league. Based on his school's academic assessments Jake has been diagnosed with being gifted and is above grade level in all subjects except English which he is currently functioning at a grade level. The behavior that is of concern to Jake's mother is the tantrums that he displays in her presence following having something not go his way. Jake's parents describe him as a "perfectionist." The tantrums that Jake has are operationally defined as any of the following behaviors in isolation or combination: yelling, throwing items, running away, dropping to the floor and/or crying. In order to be considered more than one tantrum, Jake must be calm (e.g., no yelling, throwing items, running away, dropping to the floor and/or crying) for 5 five minutes between the two tantrums. If Jake has a tantrum at home following not being able to get his way the consequences that are provided by Jake's mother are one or some combination of loss of computer time (a highly preferred activity), a time-out, or being required to finish the task he wants to escape (e.g., homework).

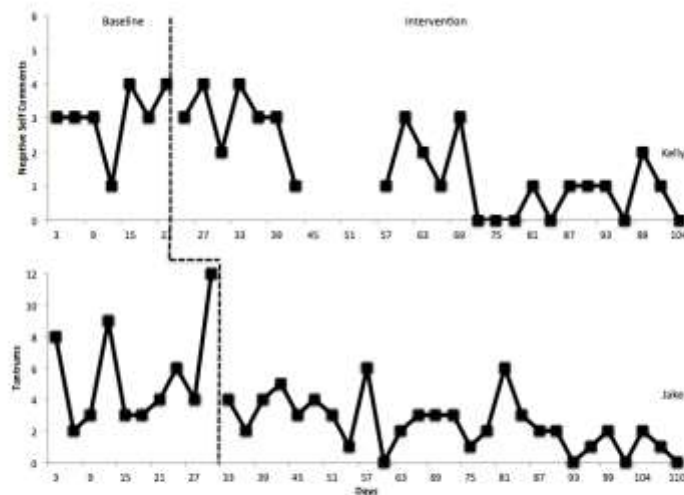


Figure 10. Frequency of behavior for Kelly and Jake during baseline and intervention phases. Note: from days 43 to 56 Kelly was on vacation and data was not taken.



# Acceptance and Commitment Therapy

For Parents of Children with Autism

Dr. Mark R. Dixon