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Empirical research

Evaluating the effects of Acceptance and Commitment Training on the overt behavior of parents of children with autism[☆]

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ABSTRACT

Behavioral parent training is a critical component of treatment for children with autism, however, engaging parents effectively can be challenging. Despite evidence that private events can strongly influence parent behavior and training outcomes, the topic has received minimal attention in the behavioral literature thus far. Acceptance and Commitment Training (ACT) is a contemporary behavioral approach to increasing adaptive, flexible repertoires of behavior, by reducing control by problematic rule-deriving and rule-following. This study is the first to examine the effects of ACT on values-directed overt behavior in parents of children with ASD. A nonconcurrent multiple baseline design across participants was used to evaluate treatment effectiveness. Notable increases in overt values-directed parent behavior were observed for all participants. Gains maintained post-training, with the greatest effects observed more than 6 months post-training. Exploratory data suggested possible decreases in parental experiential avoidance and increases in self-compassion.

1. Introduction

Raising a child with autism involves chronic challenges consistently associated with high levels of psychological distress in parents (Eikeseth, Klintwall, Hayward, & Gale, 2015; Estes et al., 2009; Grindle, Kovshoff, Hastings, & Remington, 2009; Hayes & Watson, 2013). Such distress can significantly impact a parent's ability to manage their child's behavior and reduce the effectiveness of behavioral interventions (Osborne, McHugh, Saunders, & Reed, 2008; Robbins, Dunlap, & Plienis, 1991; Strauss et al., 2012). From a behavior analytic perspective, “psychological distress” might be conceptualized as experiencing high levels of aversive private events evoked by environmental stressors. The term “private events” refers to any covert stimulus (e.g., thought, image, physical sensation, emotion) or response (thinking, visualizing, remembering) (Skinner, 1974). Private events, like public events, can have an impact on future behavior and are undoubtedly an important aspect of parent experience. The role of private events in parenting, however, has been largely ignored in the parent training literature thus far (Coyne & Wilson, 2004; Snyder, Lambert, & Twohig, 2011).

2. Private events and parenting

Whereas contingency-shaped behavior is controlled by direct exposure to environmental contingencies (e.g., burning one's hand when touching a hot stove), rule-governed behavior (RGB) is under the control of contingencies that are verbally described. Put simply, the person engages in a particular behavior because they were told to do so, rather than learning by consequences. Previous research suggests that RGB can be problematic, since it is much less sensitive to environmental contingencies than contingency-shaped behavior, and can override or modify control by programmed contingencies (e.g., Hayes, Brownstein, Zettle, Rosenfarb, & Korn, 1986; Rosenfarb, Newland, Brannon, & Howey, 1992). Humans (including parents) can thus continue to behave in narrow, inflexible ways, in accordance with a verbal rule, even when environmental contingencies indicate that their behavior is ineffective or even harmful. For example, when faced with their child engaging in a highly disruptive tantrum in public, a parent may fail to implement a planned ignoring procedure due to the influence of verbal rules regarding social disapproval (e.g., “They'll think I'm a bad parent if I don't do anything”), their parenting abilities (e.g., “Good parents don't have children who behave like this”) or ability to face the challenge (e.g., “I can't stand this!”), all of which are likely

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occurring in the presence of accompanying aversive emotional states (e.g., anxiety, embarrassment). The presence of such private verbal and emotional stimuli may lead to the parent not following through with an effective intervention.

Another verbal process that may play a role in maladaptive parent behavior is referred to in the ACT literature as *cognitive fusion* (Coyne & Wilson, 2004; Murrell, Wilson, LaBorde, Drake, & Rogers, 2009). A parent who is “fused” with their thoughts will respond to them as if they are literal, rather than “just thoughts.” For example, if a parent is fused with the thought “I’m not good enough,” they will experience the thought literally (i.e., “I” = “not good enough”). The literal content of this thought may dominate the parent’s behavior (e.g., “I can’t do this [behavior procedure] because I’m not good enough”). In addition to insensitivity to direct contingencies, cognitive fusion may increase experiential avoidance, further narrowing the parents behavioral repertoire, resulting in increasingly “unworkable” patterns of behavior over time (Coyne & Wilson, 2004).

Behaviors that attempt to avoid or terminate aversive private events are referred to as *experiential avoidance* in the ACT literature (Hayes, Strosahl, & Wilson, 2003). In effort to escape contact with aversive thoughts and feelings, a parent may avoid doing things that are important to them and their child. For example, to avoid feeling anxious, a parent may increasingly avoid meeting with their child’s clinical team. Parent involvement or compliance issues might thus be related to parental avoidance of uncomfortable emotions or self-generated rules that accompany engagement in treatment. Previous research suggests that excessive experiential avoidance is associated with higher levels of parent stress and mental health issues in parents of children with autism (Hastings et al., 2005; Lloyd & Hastings, 2008).

3. Acceptance and Commitment Therapy

ACT (Hayes et al., 2003) is a contemporary behavior analytic approach to addressing problematic private events, founded in radical behaviorism, functional contextualism, Relational Frame Theory (RFT; Barnes-Holmes, Hayes, Barnes-Holmes, & Roche, 2002), and Applied Behavior Analysis (ABA). The goal of ACT is to create psychological flexibility in service of valued living. Psychological flexibility can be considered a behavioral repertoire that is sensitive to the presence and function of private events, but that is characterized by adaptive, flexible, and creative responding with respect to those private events (Blackledge & Drake, 2013). Recent research has suggested that parenting-specific psychological flexibility may be related to more adaptive parenting behaviors associated with lower levels of child problem behavior (Brassell et al., 2016; Williams, Ciarrochi, & Heaven, 2012). A number of behavioral repertoires described in the ACT literature as core processes may be particularly relevant to parents of children with autism.

3.1. Values identification

From a behavioral standpoint, values can be conceptualized as verbal statements that alter the degree to which consequences function as reinforcers or punishers (Hayes et al., 2003). Values exercises in ACT are thus designed to support rule-following repertoires that are oriented toward larger, longer-term positive reinforcers (e.g., “being a supportive father”), versus smaller, shorter-term experiential avoidance (Blackledge & Drake, 2013). For example, the presence of the value, “Being an advocate for my family” may increase the likelihood that a parent will attend and participate in clinic meetings, even if doing so involves experiencing uncomfortable private events.

3.2. Mindfulness

Mindfulness training in ACT is intended to reduce contingency insensitivity and control by previously established verbal rules, by

strengthening one’s repertoire of attending to stimuli in the present moment environment (McHugh, Procter, Herzog, Schock, & Reed, 2012; McHugh, Simpson, & Reed, 2010). Mindfulness training may help parents observe and respond more effectively to difficult private events, decreasing the likelihood that they will continue to repeat unhelpful patterns of parent behavior (Cachia, Anderson, & Moore, 2016; Duncan, Coatsworth, & Greenberg, 2009; Singh et al., 2006, 2014). Increasing attention to present moment stimuli may also help adaptive parent behaviors be reinforced by natural consequences (e.g., child smiles or attempts at communication), that might otherwise be missed if most of the parent’s attending is oriented toward avoiding or problem-solving their own difficult private events.

3.3. Defusion

Defusion procedures aim to reduce cognitive fusion by disrupting the narrow, rigid functions that one’s thoughts currently have and establish a broader, more flexible repertoire of responding to one’s own thoughts as private stimuli (Snyder et al., 2011). For example, rather than always turning on the television in response to the thought, “I can’t deal with my child right now,” a parent might play with, read to, or engage their child in an educational activity.

3.4. Acceptance

Acceptance can be conceptualized as “an approach response and/or the absence of an escape response in respect to aversive stimulation – unconditioned, conditioned, or derived” (Blackledge & Drake, 2013). In parent training, acceptance exercises would aim to decrease control by problematic private events by supporting a parent’s behavior of contacting uncomfortable thoughts and emotions, when necessary to execute overt behaviors that contribute to valued longer-term outcomes (Hayes et al., 2003). The process of acceptance may be particularly relevant for parents of children with autism, since the challenges they face are often chronic (Blackledge & Hayes, 2006; Grindle et al., 2009).

3.5. Committed action

The ultimate goal of ACT for parents of children with autism would be to increase adaptive parent behaviors, in the service of parent values. While values provide the incentive for action, committed action is achieved through skill acquisition, shaping, self-management, behavior contracts, goal-setting, etc. (Coyne, McHugh, & Martinez, 2011). The behavioral practitioner would assist parents in identifying specific overt behaviors (e.g., playing with their child for 10 min a day) that would move them in the direction of their own parenting values (“Providing a loving, fun life for my child.”) They would then support parents to use their newly acquired ACT skills when difficult private events arise that might otherwise derail their action plan.

A substantial body of research supports the application of ACT across a diverse range of populations and issues (see Gaudio, 2011, for a recent review), however, research examining the use of ACT with parents, especially those with children with autism, remains in its infancy (Coyne et al., 2011). One study, by Blackledge and Hayes (2006), used a within-subject, repeated measures design to evaluate the effects of a two-day ACT workshop for parents of children with autism. Results indicated small but statistically significant reductions in parental stress, depression and improvements in mental health from pre- to post-intervention, and 3-months later at follow-up. Statistically significant improvements in psychological flexibility were also observed at 3-months follow-up. This study suggests that a brief ACT intervention may benefit the psychological wellbeing of parents of children with autism.

A small number of recent studies have highlighted the potential additive benefits of combining ACT with traditional behavioral parent-training programs for parents of children with other health conditions.

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