

Acceptance and Commitment Therapy for the Neurodivergent Brain

Trainers:
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LOTS of resources available at:
https://drive.google.com/drive/folders/1WljghAh8_RB7Zto8RqhN-IDS7O04-Gsd?usp=drive_link

Learning Goals

- Identify emotional barriers that can lead to emotional dysregulation and emotional avoidance, and intensify shame/guilt/fear cycles and avoidance
- Describe how the hexflex model of ACT can assist clients in making active and meaningful behavioral changes.
- Apply one concrete client-centered skill for each of the six core processes of ACT
- Include considerations for the neurodivergent brain within each core process
- Introduce other considerations for the neurodivergent brain (such as perfectionism and people pleasing) but these are entirely separate presentations for each area

Resources available at:

https://drive.google.com/drive/folders/1WljghAh8_RB7Zto8RqhN-IDS7O04-Gsd?usp=drive_link



Acceptance and Commitment Therapy: What is it and why use it?

- Pronounced “Act”
- Psychological Flexibility+Valued Action
 - Utilize emotions to live effectively
- Experiential/Behavioral (3rd wave)
- Exposure-based model (do/act in session as opposed to talk about)
- Transdiagnostic and Process-based
- Rooted in Relational Frame Theory (RFT)



Acceptance and Commitment Therapy: Another way to define it...

"Taking effective action guided by our deepest values and in which we are fully present and engaged."

Harris 2006 p 2

Acceptance and Commitment Therapy: Research in ADHD and Autism

- ADHD
 - Appears effective in improving behaviors related to impulsivity, inattention, hyperactivity, inflexibility, mood, anxiety, and psychosocial adjustment
 - Also shown to improve upon quality of life, academic procrastination, depression and anxiety symptoms, and psychological maladjustment in group or individual formats
- Autism
 - Appears useful for autistic people in reducing emotional distress and hyperactivity
 - Appears useful for reducing psychological difficulties and improving adaptive functioning
 - Neuroact group protocol: improvement in perceived stress and quality of life, as well as for depressive symptoms, anxiety symptoms, social impairment, psychological inflexibility, insomnia, and cognitive fusion.

Models of ADHD: Medical

- Neurodevelopmental **disorder**
- Brain is defective, dysfunctional, disordered, etc. because it developed abnormally
- This **disorder** is treated by doctors
- Treatment is to take medications to help your brain function “normally”
- Most practitioners and clients get **much** more exposure to medical model than social



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Models of ADHD: Social Construct

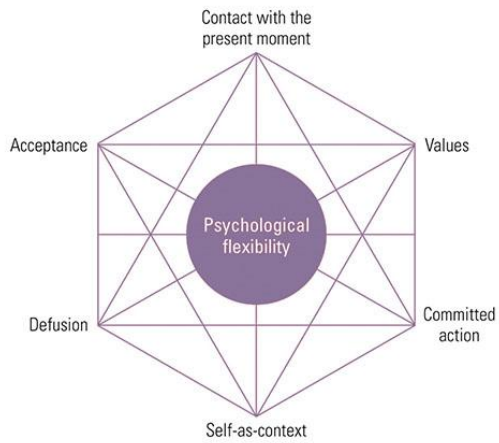
- Not a “neurodevelopmental disorder!”
 - Common human experience pathologized by industrialized societies
- Executive Functioning Distribution
 - Working Memory
 - Cognitive Flexibility
 - Attentional Control
 - Impulse Control
 - Planning and Organizing
 - Task Initiation and Completion
 - Emotional Regulation
- In general population, bell curve



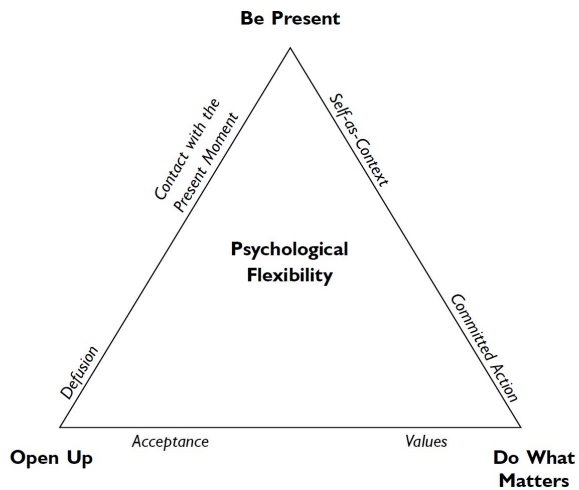
AIMs of ACT

- Create a rich and meaningful life: life led by your values
- Accept pain and suffering is part of living a meaningful life
 - Unpleasant and unwanted thoughts, images, sensations, memories, and urges will be encountered
- Cultivate psychological flexibility (see Triflex and Hexaflex in next few slides)
 - Symptom reduction is not the goal-attempts to eliminate symptoms often cause an increase in symptoms and more harm

The Hexaflex



Triflex





The Six Core Processes

- Defusion
- Acceptance
- Contact with the Present Moment
- Self-as-context
- Values
- Committed Action



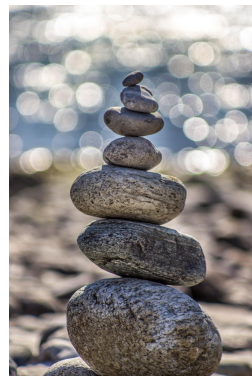
ACT diagnostic system

- Problem: 'the human condition'
- Symptoms:
 - Cognitive Fusion
 - Experiential Avoidance
 - Inflexible Contact with the Present Moment
 - Remoteness from Values
 - Unworkable Action

Core Process: Contact with the Present Moment

Core Process: Contact with the Present Moment

- **Definition:** flexibly notice your experience here and now, more traditional/widely understood definition of “mindfulness”



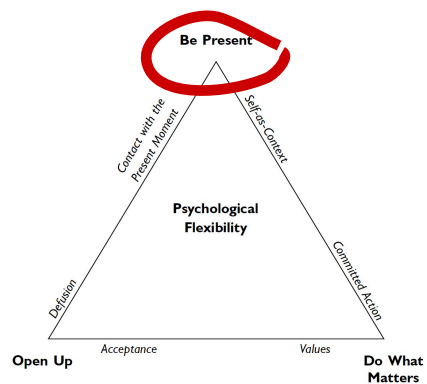
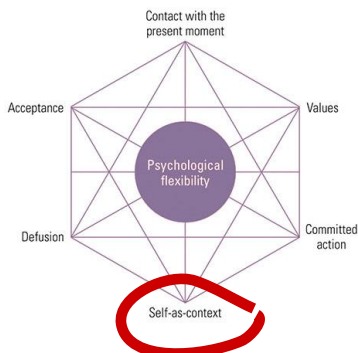
Core Process: Contact with the Present Moment

- **Opposite:** getting stuck in future/past, predictions, memories, etc.



Core Process: Contact with the Present Moment

- **Most related to:** Self-as-Context (Hexaflex) and “Being Present” (Triflex)



Core Process: Contact with the Present Moment

- **Used for:** underpins every other skill; when clients are distracted, disengaged, dissociating, struggling to understand their own thoughts and emotions, need grounding, have low self-awareness, are missing out on important aspects of their life, etc., deepening pleasant/important experiences



Contact with the Present Moment Exercises

- Dropping Anchor (see handout/end of presentation)
- Mindfulness of experiences (eating, nature, more physical experiences, etc.)
- Leaves on a stream (see handout)
- Mindfulness meditation (leaves on a stream, observing thoughts, see handout)
- Emotions wheel (see handout)



Contact with the Present Moment: Applications for the Neurodivergent Brain

- Visualizations may be harder or not helpful/not possible
- Possibly engage in more sensation/body based work first, then label emotions (see ideas in Mindful Awareness Practice in Daily Living)
- Noticing judgment and attention distractions are part of this core process
- Mindfulness of breathing not critical/necessary
 - There is much we can be mindful of, including external/outside experiences especially if dissociation is high
- May need less abstract and more concrete/practical questions:
 - What is your mind telling you right now?
 - What is happening in (begin going through isolated body parts)?
- Self-compassion: a client acknowledging their problems and pain



Core Process: Self-as-Context



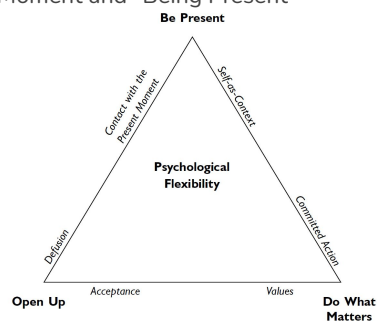
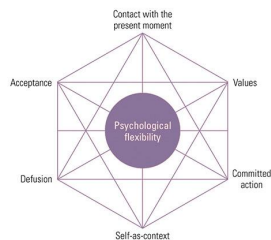
Core Process: Self-as-Context

- **Definition:** awareness, the noticing self, separation between awareness and private experiences, metacognition, the psychological space where you experience your experiences, the continuous you, the observing self
- **Used for:** facilitating acceptance, defusion, and being present, particularly around struggles with identity, experiences, and our sense of self



Core Process: Self-as-Context

- **Opposite:** fusion with your content, private experiences
- **Most related to:** Contact with Present Moment and "Being Present"






Introducing Core Process: Self-as-Context

- Part of perspective taking, observing self, and understanding the difference between:
 - You and I
 - Here and there
 - Now and then
 - Noticing there is a stable sense of "you"
- Can be a problem when there is attachment to the content of our life stories
 - Ex: Loving mother and working professional but life choices made by thoughts, rules, feelings
 - Conceptualized self becomes driving force behind decisions being made
 - Look out for "I am" statements and "This is just who I am"



Talking and Listening Experiential Exercise

- Talking and Listening
 - Example: *For the next thirty seconds, silently listen to what your mind is saying. And if your thoughts stop, just keep listening until they start again. (Pause for thirty seconds). So there you have it: there's a part of your mind that talks-the thinking self-and a part of your mind that listens-the observing self.*
- 



Self-as-Context: Applications for the Neurodivergent Brain

- Bowl Metaphor
 - Bowl is our continuous self; we fill it with different experiences throughout life (see below)
- If a client has a late diagnosis of ADHD, continuous self exercises might be important to reframe experiences from a neurodivergent lens
 - Ex: You didn't choose to suffer then; you coped then in the best way you knew how in that moment and now you have a different understanding of what is happening and how you are responding to what is happening
- If visualization is challenging, utilize language:
 - Notice there is a part of you observing while there is another part talking



Stage Show Metaphor Exercise

- [Stage show metaphor-https://www.youtube.com/watch?v=nBPPr1hsbMM](https://www.youtube.com/watch?v=nBPPr1hsbMM)
 - What did you notice your "spotlight" was focused upon?
 - What did you expand out to include?
 - Where did you notice you wanted your attention to shift to?
 - What was your experience in shifting your attention to where you wanted it to go?
 - How did you keep the initial 'spotlight' in the background?



Self-as-Context Additional Exercises

- Be aware you are noticing (see handout)
- [Sky and weather metaphor](https://www.youtube.com/watch?v=12kq0baUj8U)-<https://www.youtube.com/watch?v=12kq0baUj8U>
- [Continuous You exercise](https://www.youtube.com/watch?v=kTxM7xaVprs)-<https://www.youtube.com/watch?v=kTxM7xaVprs>



Core Process: Defusion

Core Process: Defusion

- **Definition:** separating private experiences from sense of self, “unhooking” from private experiences, seeing experiences in larger context

Thoughts ≠ **Truth**

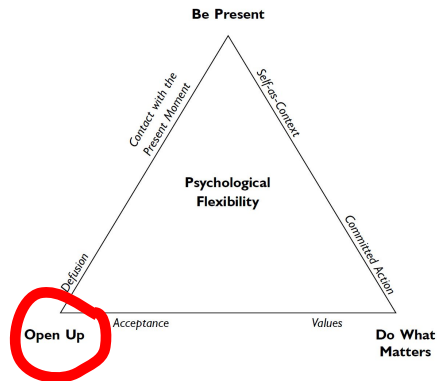
Core Process: Defusion

- **Opposite:** “getting hooked” or fusion
- **Fusion** is similar to being hyper fixated/focused on our private experience(s), *to the detriment of our values*



Core Process: Defusion

- **Most related to:** Acceptance (Hexaflex) and “Opening Up” (Triflex)



Core Process: Defusion

- **Used for:** when cognitions (private experiences) get in the way of values-driven behavior



Defusion: Applications for the Neurodivergent Brain

- Make it concrete:
 - I am having the thought...I am having the image...I am having the memory...
 - Notice, Name, Normalize, Purpose, Workability (NNNPW)
 - Put the thoughts on a computer screen and play around with the fonts
 - Download and record using a voice record changer
 - Naming the Story
 - Pre-empting/writing down distractions (see next exercise)
- Lots and lots and lots of dropping anchor! Very concrete!

Defusion Experiential Exercise: Pre-empting/Writing Distractions

- Pick an activity you believe you will get distracted from (work task, chore, homework, etc.)
- Write down what internal distractions you believe will show up
 - Other things you need to do
 - Other things you'd prefer to do
 - Worries about how well you're doing
 - Other concerns, problems, worries
- Once it's written down in black and white: "I'll review that later. Right now, I've doing this and I need to focus"
- If the same things come up again, give it a checkmark, then go back to the activity at hand
- Start this in session and the have them continue outside of session





Defusion Additional Exercises

- I am having the thought
- Thoughts as weather
- Hands as Thoughts (see handout)
- Thoughts as text
- Memories on a tv/phone/computer monitor
- Naming the Story (see handout)
- Dropping Anchor (see handout)



Core Process: Acceptance



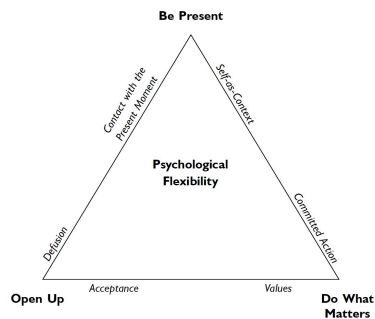
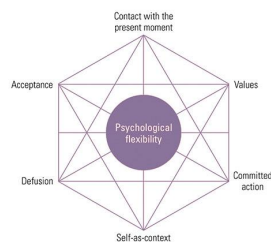
Core Process: Acceptance

- **Definition:** dropping the struggle, curiosity, openness, acknowledgement
 - NOT the same thing as “tolerating”
 - The word Acceptance: lots of baggage
- **Used for:** when experiential avoidance is disconnecting client from values



Core Process: Acceptance

- **Opposite:** Experiential Avoidance
- **Most related to:** Defusion and “Opening Up”



Creative Hopelessness

- Definition: Creatively approaching the hopelessness of emotional control with something new
 - Acceptance, aka Willingness, Openness, etc.
- Opposite: Avoidance through emotional control, rigid adherence to certain internal rules:
 - "Some internal experiences are bad"
 - "I can start working on quality of life once some internal experiences are lessened"
- Generally don't challenge internal rules directly
- Lead clients to being more flexible with internal rules



Creative Hopelessness Process

1. Find the target inner experience
2. How long has the client struggled with this inner experience?
3. What has the client done to control this inner experience?
4. How well has it been controlled short term?
5. How well has it been controlled long term?
6. How is this working for the client, based on their lived experience?

Creative Hopelessness Example Questions

1. What have you tried so far to (reduce, control, eliminate) ___? How has (control effort) worked for you (short vs long-term)?
2. Have there been any costs to your efforts (health, relationships, finances, work, education, recreation, time, neglected values)?
3. Has your (target of elimination) improved, worsened, or stayed the same? Have new painful thoughts/feelings emerged?
4. Given these costs, are you open to a different approach?



Acceptance: Applications for the Neurodivergent Brain

- Most common reason for lack of task initiation is experiential avoidance (avoiding unpleasant feelings and thoughts)
- Use choice point visualization exercises (see slides at end)
- Changing the problem to one we can solve
 - We can't eliminate challenging thoughts and feelings; we can choose how to respond to them
- Loads and loads of self compassion work (which can be done at any point in the ACT hexaflex; example slide at end of presentation!)
 - Holding a memory of when used one's hands for kindness and extending that same kindness to oneself
 - Making room and space for challenging feelings; find neutral or safe places in the body in addition to points of tension
 - Am I willing to make room for these difficult feelings in order to do this task?
 - Integrating kindness, connection to humanity, and mindfulness in moments of mistakes and challenges!



Acceptance Experiential Example Exercise

- Compassion-Kind Bowl Exercise
 - Exercise for acceptance and willingness
 - Questions to ponder:
 - What did compassion look like for you?
 - What did it feel like?
 - What shifts for you when compassion is present?
 - What were your reactions when receiving it?
 - How did it shift over time?
 - How difficult was it to access?



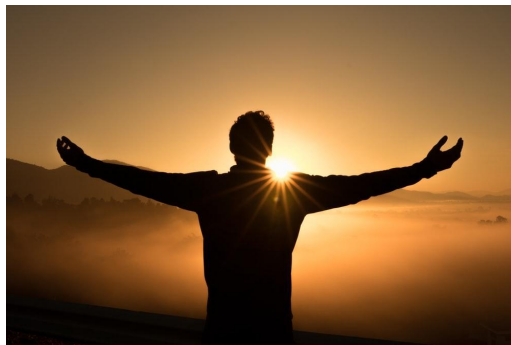
Acceptance Additional Exercises

- More compassion (Robyn Walsh exercise in handouts)
- [Sushi Train](https://www.youtube.com/watch?v=tzUoXJVl0wo)-<https://www.youtube.com/watch?v=tzUoXJVl0wo>
- Data sheets can be found in participant handouts (expansion and opening up)

Core Process: Values

Core Process: Values

- **Definition:** words that define how you want to act, the future you want, the kind of person you want to become, the qualities you want to exhibit with your actions



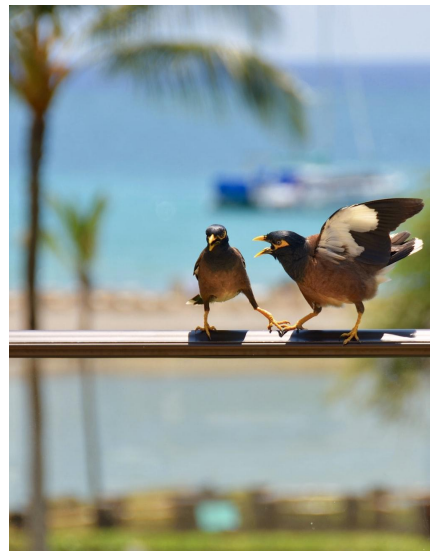
Core Process: Values

- Global concepts, flexible guideposts, think of a compass not google maps
- Ex: Wedding vs Intimacy



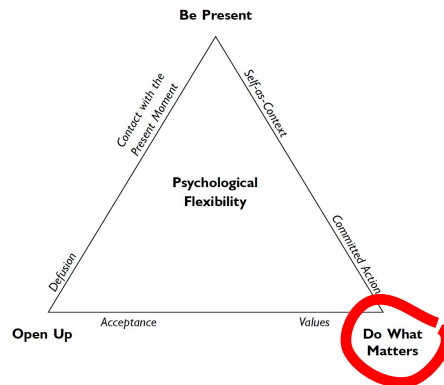
Core Process: Values

- **Opposite:** acting in ways that do not serve your values (not the same as values conflicts)



Core Process: Values

- **Most related to:** Committed Action (Hexaflex) and “Doing what matters” (Triflex)



Core Process: Values

- **Used for:** motivation, meaning, guidance for actions, goal-setting, fulfillment



Values: Applications for the Neurodivergent Brain

- Help clients connect their actions to purpose
 - How will this impact me in 1 minute, 1 hour, 1 day, 1 week, 1 month, and 1 year from now?
- Help clients engage in values oriented language
 - Given the situation, how do I want to treat myself? How do I want to treat others?
- Values are by design abstract! Make them more concrete!
 - Help to make them more concrete; discuss important values and immediately engage in SMART goals in session or develop SMART goals so client can see how they are engaging in their values

Values Experiential Exercise: The 80th Birthday Question





Values Exercises

- Values checklist (see handout)
- Values bouquet
- Values card sort
- 80th birthday exercise
- Bull's Eye (see handout)
- Lots and lots of values resources online!



Core Process: Committed Action

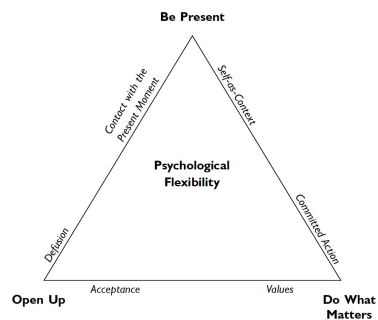
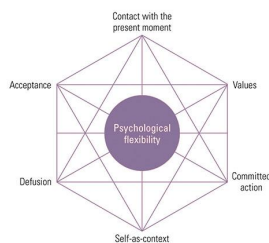
Core Process: Committed Action

- **Definition:** values in action, application of mindfulness skills with values
- **Opposite:** actions not guided by values usually due to aforementioned barriers (fusion, experiential avoidance, disconnection from values, etc.)



Core Process: Committed Action

- **Most related to:** Values and “Doing what matters”
- **Used for:** translating values into a fulfilling life through actions, skills training, problem solving, exposures, behavioral activation, goal setting, action planning






Core Process: Committed Action

- ACT in action!
- Anytime you discuss practicing a new mindfulness skill = Committed Action
- Tx planning = Committed Action
- Coming to therapy = Committed Action
- Skills training dependent on client
 - E.g. Anxiety/OCD: exposures, Social problems: social skills training



Introducing Committed Action

- Exploring costs of trying something different
 - Ask what barriers may come up
 - Problem solve those barriers
 - Use the ACT Case conceptualization to explore barriers
 - Framing ACT/therapy as a process that requires practice and feedback
 - Moving *towards values*, as opposed to *controlling emotions*
- 



SMART Goals

- Specific: behavioral, implicit (internal) or explicit (external)
- Motivated by values: check with your values
- Adaptive: will it improve your life?
- Realistic: given your resources?
- Time-framed: define a specific day/time
- Assess the goal!
 - Plan B?



The Challenge Formula

- Three core options:
 - Leave
 - Stay and live by your values: try to change what you can to improve situation and make room for discomfort
 - Stay and give up acting effectively: do things that probably won't make a difference or will make things worse



Committed Action: Applications for the Neurodivergent Brain

- Skills such as assertiveness, negotiation/compromise, make requests, decline requests, and ask for what one wants may need to be taught
- Ensure the client knows their authentic values and values they engage in via masking (a trauma response)
 - Authentic values and ways of acting can be important for the value of safety
 - Assess a client's current safety-who are they around at home/workplace/etc? How safe is it to engage in certain meaningful actions? What impact will these actions have on a client? How can a client increase safety within their situation?
 - Work on 7 R skill building for clients (see handout) for lasting change



Committed Action Additional Exercises

- Choice Point (see handout)
- SMART Goal sheet planning (see handout)
- The Challenge Formula (see handout)
- Miracle Question (small steps/solutions!)
 - What is the smallest step you can take?
 - What's an action that is readily available to you and in line with your values?
 - What would you like to be doing differently?
 - If a miracle happened tomorrow and everything was different in your circumstances, what would be different?
- The 7 R's of behavioral change (reminders, records, rewards, routines, relationships, reflecting, restructuring)

Exercises That Pull It All Together

- The Choice Point
- Dropping Anchor (we will do together, recording and handout are available)
- Leaves on a Stream (handout)
- Pushing Paper-
https://www.actmindfully.com.au/upimages/Pushing_Away_Paper_-_2017_version.pdf
- ACT Toolkit (handout)

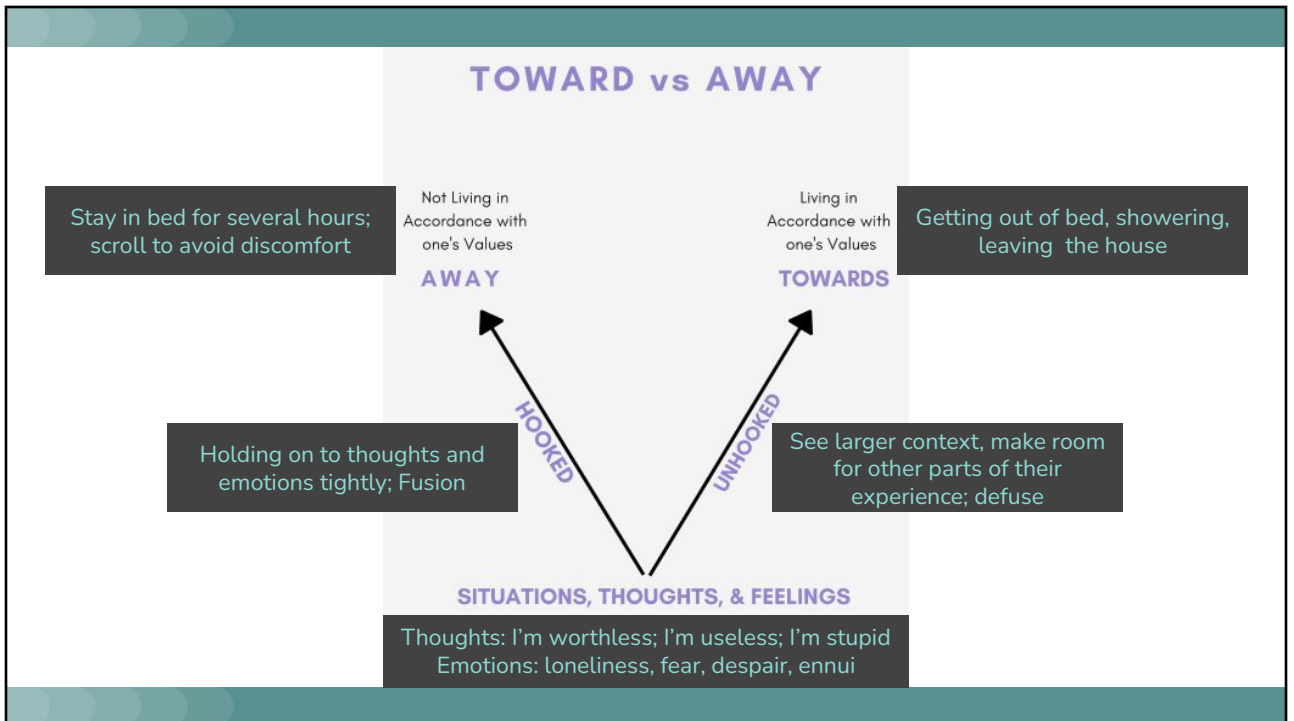
Dropping Anchor

- **ACE**
 - **Acknowledge** your inner experience (thoughts, emotions, etc.)
 - **Connect** with your body (physical action)
 - **Engage** with your environment and/or what you're doing
- Be flexible!
 - How you introduce/practice each step
 - Length of exercise
- Lots of free resources in our [shared Google Drive folder](#)
 - Recordings, handouts for clinicians and clients, etc.



The Choice Point

A concrete and conceptual tool to introduce the Hexaflex



Choice Point Additional Materials:

- Importance to determining function of behavior
 - See Pulling It All Together (Functional Analysis w/The Choice Point)
 - What maintains the behavior? What reinforces the behavior? What are the costs to the behavior?
 - Explore both immediate and long-term consequences
 - We're offering an alternative to emotional control agenda

Compassion can be brought in throughout!





Summary

- Be thoughtful on neurodivergent approaches for each area of the hexaflex
 - Ensure neurodivergent strengths are noticed throughout the therapy such as spontaneity, courage, energy, hyperfocus, sociability, resilience, and creativity!
- Build psychological flexibility using mindfulness concepts
 - Defusion
 - Acceptance
 - Being present
 - Self-as-context
- Use psychological flexibility to fulfill values through actions
 - Values
 - Committed Action



Other Considerations for the Neurodivergent brain:

- Guilt/shame/fears of rejection
 - Great news! Already directly addressed in this presentation=) Just apply for these specific emotions
- Developmental trauma
 - Check out ACT for Trauma by Russ Harris
- People pleasing
- Perfectionism
- Giftedness
- Learning differences (dyslexia, aphasia, etc)

**Each area might need specific skills building such as assertiveness training, planning/organization/prioritization skills, and/or accommodations in learning (such as increased visuals, less visualizations, session follow-up summaries, etc)



Q&A

- Ask us stuff!
- Also great additional ACT trainings through Contextual Consulting, Praxis, PsychWire
- Jennifer Kemp has many free resources around applying ACT for those that are neurodivergent: <https://jenniferkemp.com.au/>
- Resources available at: https://drive.google.com/drive/folders/1WljghAh8_RB7Zto8RghN-IDS7O04-Gsd?usp=drive_link



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