A SURVEY ON THE STATUS OF ACCEPTANCE AND COMMITMENT TRAINING IN RURAL NORTHERN CALIFORNIA

By

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Abstract

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The interest in acceptance and commitment training (ACT) from within the applied behavior analysis (ABA) community has increased as evidenced by recently published literature addressing the need to examine the acceptability and utilization of ACT within ABA. However, there is limited literature on the perspectives of those working in the field of ABA on the use of ACT. In the present study a survey was conducted of ABA practitioners working in rural northern California to evaluate their level of interest in ACT, their perceptions of ACT being within the scope of practice of ABA, and any perceived challenges in developing their own personal scope of competence in the use of ACT. The results of the survey found that a majority of respondents were interested in research articles and continuing education courses on ACT and indicated a high level of acceptability of ACT as an intervention that is within the scope of practice of ABA. However, when asked about their confidence level in knowledge of ACT procedures and strategies or their confident level in treatment success when incorporating ACT, most reported that their confident level was neither high nor low. Further, a majority of respondents reported that lack of mentorship and training as the main barrier to development of their own personal scope of competence in using ACT in applied settings. Recommendations and suggestions for future research on addressing these barriers to developing one's scope of competence in ACT are discussed.

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Table of Contents

List of Tables

Introduction

Interest in acceptance and commitment training (ACT) from within the applied behavior analysis (ABA) community continues to grow as evidenced by the increase in literature published on the topic of ACT in mainstream ABA journals (Dixon et al., 2020; Enoch & Nicholson, 2020; Tarbox et al., 2020). Some of these articles examined the effectiveness of ACT in applied settings, such as working with inflexible behavior in children with autism (Szabo, 2019), using ACT to increase attention in children, (Enoch & Dixon, 2017), improving novel food choices in preschool students (Kennedy et al., 2014), and the effects of ACT on the overt behavior of parents of children with autism (Gould et al., 2018). Moreover, researchers have recently published articles on the acceptability and utilization of ACT within the practice of behavior analysis, and presentations on ACT at ABA conferences and continuing education opportunities in ACT for Board Certified Behavior Analysts (BCBAs) have also become more available (Dixon et al., 2020; Enoch & Nicholson, 2020; Tarbox et al., 2020).

The interest in ACT within the field of behavior analysis comes from the demand for evidence-based behavioral technologies that address complex behavior repertoires, such as maladaptive behavior linked to private events and rigid rule-governed behavior, that practitioners may face and require a higher level of programing (Dixon et al., 2020; Tarbox et al., 2020). ACT is a contemporary behavior analytic approach which aims to increase adaptive and flexible behavior by addressing aversive private events and problematic rule-following that can influence overt behavior (Dixon et al., 2020; Gould et al., 2018; Hayes, 2004; Szabo, 2019; Tarbox et al., 2020). The goal of ACT is to increase

psychological flexibility which promotes contacting our thoughts, feelings and physical sensations while still engaging in value-driven behaviors rather than short-term impulsive ones (Tarbox et al., 2020). Differences in opinions on the utility of particular behavior technologies and whether a theory is grounded in the science of behavior analysis are often debated among professionals in the field (Anderson et al., 2000; Dixon et al., 2020; Hayes, 2004; Hayes & Hayes, 1992; Hayes & Wilson, 1993; Hoffmann et al., 2016). However, this increase in recent research published on the acceptability and utility of ACT emphasizes the importance of the ABA community to inquire if ACT is perceived to be within a BCBA's scope of practice and what may be the challenges that they face in implementing ACT in applied settings (Dixon et al., 2020; Enoch & Nicholson, 2020; Tarbox et al., 2020).

ACT and Scope of Practice

Scope of practice refers to "the range of activities in which members of a profession are authorized to engage, by virtue of holding a credential or license" (Brodhead et al., 2018, p. 425). The BCBA credential allows a practitioner to operate in professional activities laid out by the Behavior Analyst Certification Board (BACB) (Brodhead et al., 2018; Dixon et al., 2020; Tarbox et al., 2020). The BACB issues a task list, currently in its 4th edition until January 2022, which defines the general competencies expected of a BCBA (Dixon et al., 2020; Tarbox et al., 2020). Further, in the article by Baer et al. (1968), seven dimensions of behavior analytic work are listed to evaluate an applied practice to be behavior analytic and many in the field of ABA often judge the acceptability of a behavior technology on the basis of meeting or exceeding these

dimensions (Dixon et al., 2020; Tarbox et al., 2020). In two recent articles by Dixon et al. (2020) and Tarbox et al. (2020), the authors examined these seven dimensions and discussed how ACT meets all the criteria of Baer et al. (1968) and concluded that using ACT in an applied practice is a behavior analytic method. As more researchers publish articles such as these examples, interest surrounding the acceptability of ACT within the ABA community will continue to grow. Enoch and Nicholson (2020), for example, recently conducted a survey of the perspectives of practicing BCBAs on the acceptability of ACT and relational frame theory (RFT) and found that a majority of BCBAs acknowledged that ACT is within the scope of practice of ABA. However, the survey also found that a majority of BCBAs did not perceive ACT as part of their personal scope of competence which suggest it could be a barrier for practitioners in implementation of ACT in applied settings.

ACT and Scope of Competence

Scope of competence refers to "the range of professional activities of the individual practitioner that are performed at a level that is deemed proficient" (Brodhead et al., 2018, p. 425). The responsibility to determine one's scope of competence arguably falls on the individual practitioner as they are the most informed of the full extent of their training and experience (Brodhead et al., 2018; Dixon et al., 2020). When an individual practitioner is determining their own scope of competence, they must consider their level of confidence and proficiency in each domain of competency, such as procedures and strategies, populations, and settings (Brodhead et al., 2018). Despite recent literature arguing that ACT is within the BCBA professional scope of practice, this does not

suggest it is within a practitioner's personal scope of competence (Dixon et al., 2020; Tarbox et al., 2020). Scope of practice and competence are therefore overlapping but separate concepts.

Dixon et al. (2020) suggest that this shifts the question to two primary issues. First, is there appropriate training available that will help ABA practitioners develop their personal scope of competence in ACT and second, have practitioners engaged in these training opportunities? Training in ACT has become more readily available, for example the Association for Contextual Behavior Science (ACBS) offer free videos on learning and applying ACT and many experienced ACT practitioners offer ACT training bootcamps and workshops, some of which are targeted to behavior analysts. However, several questions remain, such as how many ABA practitioners have engaged in these training opportunities, what amount and model of training, and mentorship produce competence in incorporating ACT into ABA, and what barriers or challenges do individual practitioners perceive stand in their way of establishing their personal scope of competence. For ABA practitioners to utilize ACT effectively and with fidelity, they must seek out extensive, high-quality training, supervision, and mentorship (Dixon et al., 2020; Tarbox et al., 2020).

The Current Study

Taken together, the literature on ACT shows great promise in addressing complex behavior repertoires where direct contingency management procedures alone are not effective. As Enoch and Nicholson (2020) suggest, it is important to investigate the practitioner's perspective not only on whether ACT is within their scope of practice, but

also their perceptions of its utility and challenges that may arise when attempting to incorporate ACT into their practice. In the survey conducted by Enoch and Nicholson (2020), a majority of respondents indicated they did not perceive ACT as being part of their personal scope of competence and the researchers concluded that further investigation was needed "to better understand how BCBAs conceptualize their personal area of competence and whether they perceive it as a challenge that impacts their applied practice" (Enoch & Nicholson, 2020, p. 614).

The purpose of this study was to conduct a survey of ABA practitioners in rural northern California to evaluate their perceptions on the acceptability, utility, and potential barriers to implementing ACT in applied settings. This study aimed to replicate and expand on Enoch and Nicholson (2020) survey and investigated how practitioners perceived their own personal level of competence in ACT and what barriers they felt impede the development of competence with implementing ACT in behavior analytic programing.

Methods

Participants

An email invitation to complete an anonymous online survey was sent out to individuals in Humboldt, Del Norte, Mendocino, and Lake County California, who are currently working in the field of behavior analysis. Participants included BCBAs, BCaBAs, Behavioral Intervention Specialists, Behavior Management Assistants, graduate students in an ABA program, Registered Behavior Technicians (RBT) and behavior skill guides. The survey link was opened by 57 respondents, all of whom agreed to participate. Respondents were excluded from the analyses if they responded to less than 100% of the survey items; 41 respondents met this exclusionary criterion. Thus, 72% (n = 41) of the individuals who consented to participate and completed 100% of the survey items and were included in the study.

Instrumentation

To evaluate the perceptions of ACT among the participants, a survey was developed using the online survey platform Survey Monkey that consisted of three sections. The first section asked participants to provide demographic information that included the following: (a) age and gender, (b) highest degree held, (c) certification held (e.g., BCBA, RBT), (d) years worked in the field of ABA, (e) primary work setting, (f) current professional role (g) age demographic served, and (h) client population served.

The next section of the survey contained questions regarding perceptions on the acceptability of the use of ACT in ABA. The survey asked participants questions regarding (a) interest in reading peer-reviewed research and books on ACT, (b)

coursework during graduate education, (c) interest and participation in ACT-based continuing education opportunities, (d) incorporation of ACT into ABA interventions, (e) acceptability of ACT as a behavior technology that is within their scope of practice, and (f) challenges to implementing ACT.

The third section of the survey contained questions regarding perceptions on personal scope of competence and ACT. The survey asked participants questions regarding (a) confidence level in knowledge of procedures and strategies of ACT, (b) confidence level in treatment success when incorporating ACT into an intervention, (c) access to well-trained supervisor or mentor, and (d) barriers to developing competence in ACT.

Procedures

Before conducting the survey, approval was obtained from the Human Subjects Institutional Review Board for Humboldt State University (HSU). The survey was distributed via email to participants through the online survey platform Survey Monkey. Emails were obtained by contacting the clinical or executive directors of local ABA Agencies, the Redwood Coast Regional Center (RCRC) and the Special Education Local Plan Area (SELPA) for Humboldt County and request to have them forward an invite with a link to the online survey to their staff to complete. Respondents were also asked to forward it to other professionals they may know that are currently working in the field of behavior analysis.

Results

Respondent Demographics

Only the data from the participants that completed 100% of the survey (n=41) were used to calculate the results. The sample consisted of 68.3% female, 26.8% male, 2.4% gender nonconforming, and 2.4% of individuals who identified as bigender. The mean age of respondents was 35 years (range 21 to 73 years). A majority of respondents reported not holding a certification (*n* = 25, 60.9%) followed by participants with a BCBA credential (*n* = 13, 31.7%). Respondents reported working in the field of applied behavior analysis somewhere between 0-10 years, with under 5 years (*n* = 19, 47.5%) and 6-10 years (*n* = 10, 25%) being the most common. The level of education most reported was a bachelor's degree (*n* = 20, 48.8%) followed by a master's degree (*n* = 18, 43.9%) and a majority reported applied behavior analysis (*n* = 14, 34.2%) or psychology (*n* = 12, 29.3%) as their degree area of study. When asked about their current professional roles, most respondents indicated being in the role of direct behavioral intervention delivery (*n* = 19, 46.3%). When asked about the setting in which their current practice took place, a large majority of respondents indicated working in a home-based setting (*n* = 35, 85.4%). Respondents' current client age demographics served were early childhood (*n* = 32, 78.1%), primary-aged children (*n* = 35, 85.4%), adolescents (*n* = 80.5%), adults (*n* = 23, 56.1%), and older adults (*n* = 2, 4.9%). The respondents indicated a range of client populations served, with a large majority serving individuals with autism spectrum disorder (*n* = 38, 92.7%). Table 1 summarizes the demographic information in more detail.

Perceptions on the Acceptability of the Use of ACT in ABA

A majority of respondents indicated that they were very interested in reading peer-reviewed research on ACT (*n* = 21, 51.2%) and about half of respondents reported reading books on ACT (*n* = 20, 48.8%). Additionally, a majority of respondents indicated they were extremely interested (*n* = 11, 26.8%) or very interested (*n* = 16, 39%) in participating in continuing education opportunities regarding ACT. However, 60% of respondents indicated that they had not participated in continuing education (*n* = 24) and 58.5% of respondents also reported that coursework during their graduate education did not cover the use of ACT in ABA (*n* = 24). When asked about the potential of ACT to inform their current behavior-analytic practices a majority indicated it to be likely (n = 27, 67.5%), and 58.5% of respondents also indicated that they currently incorporate ACT into the implementation of behavior-analytic interventions in their applied settings (*n* = 24). When asked about the acceptability of ACT as an intervention within the scope practice of ABA, respondents selected very high (*n* = 6, 14.6%), high (*n* = 28, 68.3%), low (*n* = 5, 12.2%) and none (*n* = 2, 4.9%). Respondents were asked if they foresaw any challenges to implementing ACT in their applied settings; a majority of respondents indicated no (*n* = 31, 75.6%), and 24.4% of respondents indicated yes (*n* =11). Further, respondents who indicated that they did foresee challenges were asked to indicate specifically what those challenges were using an open-ended format. Out of the 11 unique responses specifying possible challenges, variability of client skillset and client applicability was identified as posing the biggest challenge (*n* = 5, 45.5%), followed by lack of adequate training (*n* = 3, 27.3%) and concerns that ACT interventions may cross

over into psychotherapy practices and out of the BCBA scope of practice (*n* = 3, 27.3%). Table 2 summarizes the perceptions on the acceptability of the use of ACT in ABA.

Perceptions on Personal Scope of Competence and ACT

When asked on a forced Likert scale regarding their understanding of ACT as a behavior-analytic intervention for complex verbal behavior, most respondents selected neither high nor low (*n* = 20, 48.8%) or low (*n* = 8, 19.5%) with only 14.6% selecting high (*n* = 6). When asked about their confidence level in their knowledge of ACT procedures and strategies most respondents indicated it was neither high nor low (*n* = 19, 46.3%) or low (*n* = 12, 29.3%). A majority of respondents indicated that their confidence level in treatment success when incorporating ACT into an intervention was neither high nor low (*n* = 16, 39%) or low (*n* = 11, 26.8%). A larger majority of respondents reported having access to a well-trained supervisor or mentor who is familiar with ACT (*n* = 29, 70.8%). Respondents were asked if they foresaw any barriers to developing their personal scope of competence in ACT; a majority of respondents indicated no (*n* = 26, 63.4%), and 36.6% of respondents indicated yes (*n* =15). Further, respondents who indicated that they did anticipate barriers were asked to indicate specifically what those barriers were using an open-ended format. Out of the 15 unique responses specifying possible barriers, access to in depth training was identified as posing the biggest challenge (*n* = 7, 50%), followed by lack of supervision or mentorship (*n* = 5, 35.7%) and lack of time to learn the complex concepts of ACT (*n* = 2, 14.3%). Table 3 summarizes the perceptions on development of personal scope of competence and ACT.

Tables

Table 1

Demographic Information

Demographic Item	*n*	*%*
Gender		
Female	28	68.3
Male	11	26.8
Gender Variant/Non-conforming	1	2.4
Other	1	2.4
Age		
M	35.5	
Range	21-73	
Highest degree or level of education		
High School	2	4.9
Bachelor's degree	20	48.8
Master's degree	18	43.9
Trade school	1	2.4
Degree area of study		
Applied behavior analysis	14	34.2
Education	2	4.9
Psychology	12	29.3
Child development	4	9.8
Other	9	21.9
Certification Held		
BCBA	13	31.7
BCaBA	2	4.9
RBT	1	2.4
None of the above	25	60.9
Number of years working in ABA		
0-5	19	47.5
6-10	10	25

Demographic Item	*n*	*%*
11-15	8	20
More than 15	3	7.5
Primary setting of current practice		
Educational	2	4.8
Home-base	35	85.4
Residential	1	2.4
Consulting	3	7.3
Primary professional role		
Supervision/management	7	17.1
Assessment/program development	10	24.4
Direct behavioral intervention delivery	19	46.3
Applied research/academic	0	0
Other	5	12.2
Client demographic served		
Early-childhood	32	78.1
Primary-aged children	35	85.4
Adolescents	33	80.5
Adults	23	56.1
Older adults	2	4.9
Client population served		
Autism spectrum disorder	38	92.7
Developmental disabilities (excluding ASD)	28	68.3
Behavioral disorders	21	51.2
Emotional disorders	14	34.2
Mental health disorders	15	36.6
Other	2	4.9

Table 2

Perceptions on the acceptability of the use of ACT in ABA

Characteristic	*n*	*%*
Interest in reading research articles on ACT		
Extremely interested	7	17.1
Very interested	21	51.2
Somewhat interested	12	29.3
Not so interested	1	2.4
Not at all interested	0	0
Read books on ACT		
Yes	20	48.8
No	21	51.2
Interest in ACT-based continuing education courses		
Extremely interested	11	26.8
Very interested	16	39
Somewhat interested	13	31.7
Not so interested	1	2.4
Not at all interested	0	0
Participated in ACT-based continuing education courses		
Yes	16	40
No	24	60
Graduate studies coursework covered ACT		
Yes	6	14.6
No	24	58.5
Not applicable	11	26.8
Potential of ACT to inform current practices		
Very likely	11	27.5
Likely	27	67.5
Unlikely	2	5
Very unlikely	0	0
Incorporate ACT into applied behavior analysis interventions		

Characteristic	*n*	*%*
Yes	24	58.5
No	17	41.5
Acceptability of ACT within the scope of practice of ABA		
Very high	6	14.6
High	28	68.3
Low	5	12.2
None	2	4.9
Challenges to implementing ACT in applied setting		
Yes	10	24.4
No	31	75.6
Specific challenges		
Client applicability	5	45.5
Lack of adequate training	3	27.3
BCBA scope of practice	3	27.3

Table 3

Perceptions on personal scope of competence and ACT

Characteristic	*n*	*%*
Level of understanding of ACT as a behavior-analytic intervention		
Very high	0	0
High	6	14.6
Neither high nor low	20	48.8
Low	8	19.5
Very low	7	17.1
Confidence level in knowledge of ACT procedures and strategies		
Very high	0	0
High	4	9.8
Neither high nor low	19	46.3
Low	12	29.3
Very low	6	14.6
Confidence level in treatment success when incorporating ACT		
High	8	19.5
Neither high nor low	16	39
Low	11	26.8
Very low	6	14.6
Access to supervisor or mentor familiar with ACT		
Yes	29	70.7
No	12	29.3
Any barriers to developing scope of competence in ACT		
Yes	15	36.6
No	26	63.4
Specific barriers		
Access to training	7	50
Lack of supervisor or mentor	5	35.7
Time to learn concepts	2	14.3

Discussion

The current project contributes to the literature by replicating and extending findings from survey research on the perceptions of ACT by ABA professionals. Some of the findings were similar to Enoch and Nicholson (2020), including respondents' interest in reading peer-reviewed research and attending continuing education on ACT. Additionally, in both surveys a majority of respondents considered ACT to be within the scope of ABA practice and indicated that a lack of adequate training and mentorship was a challenge to implement ACT in an applied setting. However, there are also some notable differences. For example, Enoch and Nicholson (2020) found that a large majority of respondents did not incorporate ACT into the development or implementation of behavior-analytic interventions compared to the current study where a majority of respondents indicated they currently incorporate ACT into their interventions. This may be related to respondents' view of the level of acceptability of ACT within ABA. In the current study a large majority of respondents indicated that ACT had a very high or high level of acceptability within the scope of practice compared to a small majority in Enoch and Nicholson (2020). Future research should examine this further and see if there is a relationship between perspectives on acceptability of ACT within the scope of practice of ABA and the number of respondents who indicate that they incorporate ACT into their behavior-analytic interventions.

The current project also examined how practitioners perceived their personal scope of competence in using ACT within their behavior-analytic interventions. Participants were asked about their understanding of ACT and their confidence level with

ACT procedures, strategies, and treatment success, and most respondents indicated that their confident level was neither high nor low. Of the respondents that indicated having high levels of understanding and confidence, almost all of these participants reported that they had participated in continuing education courses in ACT. However, there were respondents that reported that they had participated in continuing education in ACT but also indicated low levels of understanding and confidence with ACT. Most of these participants indicated that a lack of mentorship was a barrier to development of their personal scope of competence. These results not only suggest the important for effective training but also the need for adequate supervision by an ACT mentor to develop one's personal scope of competence in ACT.

The Professional and Ethical Compliance Code for Behavior Analysts (BACB, 2014) provides guidelines for effective supervision practices. Sellers et al. (2016) examined each section of the supervision code (Code 5.0) with the goal of obtaining a better understanding of these guidelines and enhancing supervisory skills. During the discussion on supervisory competence (Code 5.01) the researchers identified several factors regarding the importance of supervisors being competent in all areas in which they work with their supervisees, such as being able to properly assist supervisees and to ensure the integrity of the field of ABA (Sellers et al., 2016). The results of the current survey found that a large majority of respondents indicated that they had access to a well-trained supervisor that was familiar with ACT; however, the survey asked if the respondent's supervisor was familiar with ACT and did not ask about their competency level. Future research should explore this further as the findings of this study indicated

access to a mentor that is proficient in ACT is a barrier to developing one's personal scope of competence and has ethical implications. Sellers et al. (2016) concluded that supervisory competence provides future protection to consumers from receiving services from individual supervisees who are not adequately trained to practice in a given area. Additionally, the BACB ethical compliance code requires BCBAs to work within their boundaries of competence (Code 1.02) and maintain competence through attending conferences, completing continuing education, and maintaining knowledge of current scientific and professional information by reading the appropriate literature (Code 1.03).

The results of the current study and Enoch and Nicholson (2020) indicated a strong interest within the ABA community in reading research on ACT. However, a large majority of respondents in this study indicated that ACT research was not covered in their graduate studies which suggests a real need to determine how we begin disseminating and training ABA practitioners to understand the research in order to effectively implement ACT technologies into their practice (Dixon et al., 2020; Enoch & Nicholson, 2020; Tarbox et al., 2020). Enoch and Nicholson (2020) recommended a systematic investigation to determine whether ACT and RFT research are included within ABA graduate programs and put out a call to action among graduate programs and supervisors to include the research conducted in these areas when training and supervising graduate students or newly minted BCBAs. Future investigation into graduate level ABA education and training would be a great first step in determining what is needed to develop one's personal scope of competence with ACT.

Recently published literature also highlighted the need for continuing research on the amount and type of training that is needed to establish higher competency levels in the use of ACT by ABA practitioners (Dixon et al., 2020; Enoch & Nicholson, 2020; Tarbox et al., 2020). Though the results of this survey found that there is a high level of interest in training opportunities, the results also suggest that not all training in ACT results in high levels of proficiency or confident in using ACT in ABA programing.

Most of the literature on ACT skills training was completed within the field of psychotherapy and the results of these studies suggest that ACT trainings can be effective at increasing the skills level of therapists in the use of ACT in applied settings (Dixon et al., 2020; Long & Hayes, 2018; Plumb & Vilardaga, 2010; Schoendorff & Steinwachs, 2012; Walser et al., 2013). Long and Hayes (2018) found that therapists who reported that they had read books, attended training sessions and received supervision were able to detect interventions that were consistent with ACT verses intervention steps that were inconsistent with ACT (Dixon et al., 2020). Further, Plumb & Vilardaga (2010) discussed the development of a treatment integrity coding system for the use of the ACT model in psychotherapy sessions and O'Neill et al., (2019) performed a delphi study and field test of an ACT fidelity measure (ACT-FM) which is a 25-item measure that aims at capturing key and observable therapist behaviors while implementing ACT across multiple therapy contexts. However, there is no literature specifically examining training ACT to behavior analysts or what methods of training would be the most effective on improving the skill level or treatment fidelity in using ACT within the context of ABA.

Within the field of ABA there is a substantial amount of research on effective competency-based training methods for conventional behavior analytic concepts and procedures to ABA practitioners (Drifke et al., 2017; Fisher et al., 2014; LeBlanc et al., 2012; Macurik et al., 2008; Nigro-Bruzzi & Sturmey, 2010; Parsons et al., 2012). Specifically, Behavioral Skills Training (BST) is among the most scientifically supported procedures for training a variety of ABA skills to staff (Little et al., 2020; Parsons et al., 2012; Rios et al., 2020; Sarokoff & Sturmey, 2004; Weston et al., 2020). For example, Sarokoff and Sturmey (2004) evaluated the use of BST to train three special education teachers working with a child with ASD to implement discrete trial training (DTT). Parsons et al. (2012) used BST to teach staff to implement most-to-least prompting, as well as how to use manual signs for communication with clients (Little et al., 2020). Considering that there is strong empirical support for the use of BST for training a variety of ABA skills to staff, it would be important for future research to examine a BST model specifically for the training of ABA professionals in increasing their skill level in the implementation of ACT in traditional ABA settings (Dixon et al, 2020; Little et al., 2020; Parsons et al., 2012; Rios et al., 2020; Sarokoff & Sturmey, 2004; Tarbox et al., 2020; Weston et al., 2020).

Limitations and Future Directions

To allow for adequate interpretation of the data, a number of limitations need to be acknowledged. First, the results of the survey represent the perspectives within a subset of ABA practitioners who work primarily in home-based settings and with individuals with developmental and intellectual disabilities. Second, this survey was

conducted only within the area of rural northern California and the data is limited in scope and sample size and are not representative of the entire field of behavior analysis and therefore should be interpreted with caution. Third, the use of a forced-choice methodology may inherently lead to some biases, as individuals may select a response that they do not agree with completely; however, the chosen methodology controlled for central-tendency bias.

Lastly, future research may want to consider not only collecting survey data on participants confidence level in ACT procedures and strategies but also collecting data on individual's confidence level in common ABA procedures such as prompting hierarchies and functional communication training (FCT). Collection of such data would allow for a point of comparison to identify those respondents that generally rate their confident level either high or low in all skill areas.

Conclusion

The current study replicated the finding that a majority of ABA practitioners perceive ACT to be within the scope of practice of ABA; however, questions still remain regarding the development of one's scope of competence in ACT**.** Enoch and Nicholson (2020) stated that it would be negligent to encourage ABA practitioners to practice outside their perceived area of competence even if there is empirical support for the effectiveness of ACT and it is clear there are still many questions to be answered on the proper amount and method of training that effectively increases a behavior analyst's personal scope of competence in ACT. ABA professionals can pursue several avenues to acquire knowledge and increase their confidence in ACT skills, such as contacting

empirical behavioral literature and other published resources on ACT, pursuing available continuing education opportunities that are targeted towards ABA professionals, and seeking effective mentorship through the Association for Contextual Behavior Science (ACBS) mentorship connection or through the Association for Behavior Analysis International (ABAI) ACT special interest group which can provide a platform for mentorship, information on training opportunities and support for research. Further, presentations on ACT have become a regular occurrence at behavior-analytic conferences. For example, during the 2021 ABAI conference there were several presentations given by researchers examining ways to increase competency in ACT as well as several studies looking at using a BST model for ACT training specifically designed for ABA professionals. It is promising to see that future research has already begun to address some of the challenges associated with implementation of ACT within ABA. Hopefully going forward, we will find solutions that may strengthen the acceptability and utilization of ACT within mainstream ABA and help grow our field by including evidence-based behavioral technologies that help address complex behavior repertoires and yield positive outcomes for the clients with which we work.

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Appendix

Copy of Survey

1. **Do you agree to the above terms? By clicking Yes, you consent that you are willing to answer the questions in this survey.**

Yes

No

2. To which gender identity do you most identify?

Female

Male

Transgender Female

Transgender Male

Gender Variant/Non-conforming

Prefer Not to Answer

Other (please specify)

3. What is your age?

4. What is the highest degree or level of education you have completed?

Some High School

High School

Bachelor's Degree

Master's Degree

Ph.D.

5. Degree area of study

Applied Behavior Analysis

Education

Psychology

Child Development

Other (please specify)

6. What certification do you hold?

BCBA-D

BCBA

BCaBA

RBT

None of the above

7. How many years have you worked in ABA

0-5

6-10

11-15

more than 15

8. What is the primary setting in which your current practice takes place?

Educational

Home Based

Residential

Consulting

9. What is your primary professional role?

Supervision/Management

Assessment/Program Development

Direct Behavioral Intervention Delivery

Applied Researcher/Academic

Other (please specify)

10. What client demographic do you serve? (select all that apply)

Early-childhood

Primary-aged children

Adolescents

Adults

Older Adults

11. What client population do you serve? (select all that apply)

Autism Spectrum Disorder

Developmental Disabilities (excluding ASD)

Behavioral Disorders

Emotional Disorders

Mental Health Disorders

Other (please specify)

12. Have you read any books on ACT?

Yes

No

13. How interested are you in reading research articles on ACT?

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

14. How interested are you in ACT continuing education courses?

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

15. Have you participated in any continuing education courses in ACT?

Yes

No

16. During your graduate studies did any of your coursework cover ACT?

Yes

No

Not Applicable

17. What is the potential of ACT to inform your current behavior-analytic practices in applied settings?

Very likely

Likely

Unlikely

Very unlikely

18. Do you currently incorporate ACT into any of your ABA intervention programs?

Yes

No

19. What level of acceptability is ACT as an intervention within the scope of practice of applied behavior analysis?

Very High

High

Low

None

20. Do you foresee any challenges to implementing ACT in an applied setting?

No

Yes

If yes (please specify)

21. What is your current level of understanding of ACT as a behavior-analytic intervention for complex verbal behavior?

Very high

High

Neither high nor low

Low

Very low

22. What is your current confidence level in your knowledge of ACT procedures and strategies?

Very high

High

Neither high nor low

Low

Very low

23. What is your current confidence level in treatment success when incorporating ACT into an intervention?

Very High

High

Neither High nor Low

Low

Very Low

24. Do you have access to a well-trained supervisor or mentor who is familiar with ACT?

Yes

No

25. Do you foresee any barriers in developing your personal scope of competence in ACT?

No

Yes

If yes (please specify)