

The Application of Mindfulness Practice with Clients with Autism

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Introduction

“Autism can be defined at three different interdependent levels: as a neurological disorder related to brain development; as a psychological disorder of cognitive, emotional, and behavioral development; or as a relationship disorder in which there is a failure of normal socialization” (Kusch & Petermann, 1995). The way that the minds of children with autism develop is much different from children with normal development. Children with autism sometimes do not develop a sense of other people, and may not be able to sense the feelings or minds of others around them. In this sense, small children develop a sense of social development where they acquire concepts about people’s beliefs, intentions, thoughts, and so on (Hobson). The concept of ‘mindfulness’ may not develop as naturally in children with autism.

This paper takes a look at the current research on mindfulness practice and its implementation in working with an autistic population. This paper proposes that mindfulness-based practices could be useful with an autistic population, but that further research needs to be conducted to validate and empirically support any mindfulness-based programs with this population.

Current Research on Mindfulness and Autism

There is very little research on the subject of working with mindfulness with clients on the autistic spectrum, and so this paper will propose some of the benefits and obstacles of hypothetically integrating mindfulness into a program meant for working with clients on the autistic spectrum, based on current empirical research. There is not

much research that has been done with people with autism themselves, but there have been studies done with the parents of people with autism and their participation in mindfulness training and practice leading to more positive parenting experiences. In one study by Singh (2007), parents reported more positive and mindful parenting practices after being trained in the philosophy and practice of mindfulness. The question is: could a modified version of mindfulness training benefit clients with autism?

It seems from the current research that mindfulness practice could be beneficial to those on the higher functioning end of the autistic spectrum, for example Asperger's syndrome. Chris Mitchell (2009) writes about his journey and experience using Buddhist meditation to provide a sense of routine and a parallel to his diagnosis of Asperger's. Mitchell looks at his mindfulness practice from the perspective of Buddha's teachings. This may not be the viewpoint of every person diagnosed on the autistic spectrum, but it is clear from Mitchell's thorough account that meditation and mindfulness practice have been beneficial for him to find a peace of mind.

There have also been some studies by Singh et al. (2007) looking at meditation training and moderate mental retardation. This study looked at the implementation and effectiveness of a 'meditation on the soles of the feet' and 'recreation of the scene' mindfulness practice that were intended to reduce anger and maladaptive behavior for residential clients with moderate mental retardation. The team used stimulus on the soles of the feet to help clients redirect anger in a stressful situation. This seemed to prove effective for at least one client in the community who displayed aggression-free behavior for 6 months while using the technique, and for a year following. As a leading researcher in the area of developmental disabilities and mindfulness practice, Singh even states that

there is “nascent literature on the use of mindfulness techniques in developmental disabilities” (Singh, et al. 2007). The literature is growing, however, on self-control strategies, particularly for anger management. Singh goes on to state that individuals with mild mental retardation are taught to use many cognitive-behavioral strategies, including relaxation training, self-instructional training, and problem solving (e.g., Benson 1992, 1994; Benson et. al., 1986; Moore et al., 1997; Rose et al., 2000). An important note in regards to Singh’s research is that the team found that even those clients who were assumed to be incapable of learning self-management procedures were able to learn them and use them successfully to some degree (Singh, et al. 2007). Included in the appendix is an example of the ‘meditation on the soles of the feet training’.

Current Practice for Working with Clients with Autistic Spectrum Disorders

Behavioral Interventions, including 1:1 intensive behavioral interventions and pivotal response training (PRT) are currently typical interventions for working with clients with ASDs. PRT uses the client’s preferred activities to teach and reinforce skills in their natural environment and daily lives. Psychopharmacological interventions are being used increasingly in the treatment of autism. Medication can help with hyperactivity, inattention, restlessness, and impulsivity. Cognitive-behavioral interventions are used frequently by school professionals working with students on the autistic spectrum. Cognitive-behavioral interventions are being shown effective in promoting social functioning (Kasari & Rotheram-Fuller, 2005; White, Keonig & Scahill, in press).

These cognitive-behavioral interventions include a blend of direct instruction, modeling, role-playing, performance feedback, and/or reinforcement. Group formats are

also common, and preliminary findings show that cognitive-behavioral methods could be very successful with this population. Volker and Lopata (2008) also advocate for more intensive individualized interventions based on genetic subtypes. Using cognitive-behavioral interventions could be the jumping off point for including mindfulness practices (e.g., sole of the feet meditation, Appendix A) in behavior plans for autistic clients.

Current Practice in Mindfulness

Working with mindfulness based cognitive therapy (MBCT) and mindfulness based stress reduction (MBSR), a program could be modified for clients with ASDs. The program could use Singh's mindfulness techniques to bring a client's awareness to the moment, use a concrete idea such as the sole of the feet, and provide homework for clients taken and modified from Kabat-Zinn (1990) and Segal et al. (2002). Pleasant events calendars could be used, with the help of a therapist, caregiver, or parent. Teaching breathing exercises and teaching clients how to stay present, including labeling feelings and expressing those feelings in the moment, could be helpful for an autistic population.

Much of the cognitive-behavioral based therapies contain an element of mindfulness inherently. It would be important for clients to create some kind of breathing space practice, where they could come into awareness, redirect their attention, and then expand their attention (Segal, et al., 2002. Handout 10.2. Appendix B). I could imagine that many of the handouts and homework assignments in Segal's book for depression could be translated to many other populations. There may be some trial and error, and research would need to be done to find which exercises would be most helpful for which

types of clients on the spectrum. Asperger's clients may have more success with completing the homework components and using the guided meditations to become more aware of their thought processes. Clients on the other end of the spectrum, or lower functioning, may also benefit from the breathing space directions, with the help of a caregiver, parent, or therapist.

Behavioral outbursts could be expected and should be anticipated with clients with limited expressive capacities. It can be frustrating for autistic clients to sit with feelings that cannot be expressed. Hopefully, the calming quality of breath work and the emphasis on the present moment would help them relax. Also, it should be noted that clients may need to progress with the process slowly, as with any behavioral intervention, to assess for appropriateness and contraindications.

Why Mindfulness for Clients on the Autistic Spectrum?

Mindfulness practice can be beneficial for treating inattention, restlessness, and impulsivity. It is also closely tied to cognitive-behavioral interventions that seem to work well with clients on the Autistic Spectrum. Because autism is a deficit in connections of all kinds, emotional, social, and neurological, it would make sense that there would be room for a mindfulness protocol that would encourage new connections to be made. Mindfulness practice could include a guided meditation practice, or a relaxation practice in which the client would be interacting with the therapist to create a social connection with another person.

It would be expected that from the preliminary research and the proposed modified program for MBCT for working with clients with ASDs, further research could be done to further support the integration of mindfulness into clinical practice with clients

on the spectrum. There are still many questions that need to be answered concerning the implementation of mindfulness with this population. Some questions may include: whether or not clients on the spectrum can develop a sense of ‘mind’ or ‘mindfulness’; whether or not these practices can improve behavior modification techniques; and if there are practicing clinicians interested in implementing these new concepts into the treatment of their clients.

Appendix A

Meditation on the Soles of the Feet Training (From Singh, et al. 2007).

Skill:

Controlling the urge to be physically or verbally aggressive. (This practice could potentially be modified for use with an autistic population, with a similar goal of reducing acting out behavior, controlling impulsive physical responses and calming the person down in a stressful situation, social or otherwise.)

Rationale

When an incident occurs or a situation arises that typically makes you angry and you feel like either verbally threatening or hitting someone, it is important to control these feelings. We try not to threaten or hurt people when we disagree with them. There is a simple way of quickly calming yourself.

Steps of the Skill

1. If you are standing, stand in a natural rather than an aggressive posture, with the soles of your feet flat on the floor.
2. If you are sitting, sit comfortably with the soles of you feet on the floor.
3. Breathe naturally, and do nothing.
4. Cast your mind back to an incident that made you very angry. Stay with the anger.
5. You are feeling angry, and angry thoughts are flowing through your mind. Let them flow naturally, without restriction. Stay with the anger. Your body may show signs of anger (e.g., rapid breathing).

6. Now, shift all your attention to the soles of your feet.
7. Slowly, move your toes, feel your shoes covering your feet, feel the texture of your socks or hose, the curve of your arch, and the heels of your feet against the back of your shoes. If you do not have shoes on, feel the floor or carpet with the soles of your feet.
8. Keep breathing naturally and focus on the soles of your feet until you feel calm.
9. Practice this mindfulness exercise until you can use it wherever you are and whenever an incident occurs that may lead to you being verbally or physically aggressive.
10. Remember that once you are calm, you can walk away from the incident or situation with a smile on your face because you controlled your anger. Alternatively, if you need to, you can respond to the incident or situation with a calm and clear mind without verbal threats or physical aggression.

Scenes to Use in Role Plays

1. Responding to someone who is saying something that offends you.
2. Responding to a peer who threatens to hit you.
3. Responding to a staff member or co-worker who is not nice to you.
4. Responding to someone who pushes you around.

Special Considerations When Teaching This Skill

1. Angry thoughts occur to all of us but not all of us act on all of them. In addition, anger can be justifiable and necessary depending on the context. Therefore, we do not want to eliminate anger entirely.

2. Anger is a strength because it provides us with information about the situation we are in, and alerts us to do something positive to change the situation.
3. Do not ask the individual to actively stop angry thoughts. The thoughts stop by themselves when the focus of attention shifts to the soles of the feet.
4. Remind the individual to breathe naturally. It is not necessary to take deep breaths.
5. This type of meditation can be done while standing, sitting, or walking slowly. Of course, with some modifications, it can be done while lying down but may not be convenient in the rush of daily activities.

Appendix B

Using the Breathing Space- Extended Instructions (From Segal, et al. 2002)

When you are troubled in thoughts or feelings:

1. Awareness

Observe- bring the focus of awareness to your inner experience and notice what is happening in your thoughts, feelings, and bodily sensations.

Describe, acknowledge, identify- put experiences into words, for example, say in your mind, “A feeling of anger is arising” or “Self-critical thoughts are here.”

2. Redirecting Attention

Gently *redirect* your full attention to the breath.

Follow the breath all the way in and all the way out.

Try noting “at the back of your mind, “Breathing in... breathing out” or counting, “Inhaling one...exhaling one; inhaling, two...etc.”

3. Expanding Attention

Allow your attention to expand to the whole body- especially to any sense of discomfort, tension, or resistance. If these sensations are there, then take your awareness there by “breathing into them” on the inbreath. Then, breathe out from those sensations, softening and opening with the outbreath. Say to yourself on the outbreath, “It’s OK. Whatever it is, it’s OK. Let me feel it.”

Become aware of and adjust your posture and facial expression.

As best you can, bring this expanded awareness to the next moments of your day.

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