Empirical Research

On the efficacy of mindfulness, defusion, and behavioral skills training on job interviewing skills in dually-diagnosed adults with developmental disorders

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ABSTRACT

The current study evaluated the efficacy of mindfulness and defusion to help reduce anxiety experienced during practice job interviews with three individuals diagnosed with developmental disabilities. A multiple baseline across participants design was used to evaluate the efficacy of the interventions. Participants’ performance during practice interviews was evaluated using an interview checklist created specifically for this study. Behavioral skills training, consisting of instructions, modeling, rehearsal, and feedback, was also implemented for two of the three participants to facilitate skill acquisition. Two of the three participants showed substantial improvements in performance during the practice interview sessions, and all participants reported feeling favorable about the interventions in which they participated.

Obtaining competitive employment is a challenge for many adults diagnosed with developmental disabilities, despite the fact that many such individuals may possess the intellectual and physical skills to be successful in a variety of employment positions. Deficient or unusual social skills has been identified as a common obstacle to securing meaningful employment for this population (Siperstein, Heyman, & Stokes, 2014), with successful performance on a job interview being particularly trying. Several studies have shown that a behavior analytic instructional procedure known as Behavioral Skills Training (BST), which typically consists of instructions, modeling, role rehearsal, and feedback (Miltenberger, 2004, p. 558) is an effective way to teach interviewing skills, both in a group format and one-on-one (see Haring & Breen, 1992). For example, Kelly, Wildman, and Berler (1980) showed that group BST was effective in teaching specific interview skills to adults with intellectual disabilities, including, for example, providing relevant information to the interviewer, asking questions, and expressing interest in the job. Hall, Sheldon-Wildgen, and Sherman (1980) similarly showed the efficacy of BST in increasing specific job interview skills, including introducing oneself to a receptionist, stating the purpose for one's visit, completing an application, and interviewing. Interview skill curricula have been developed based on findings such as these and are often adopted for use by vocational facilities (see Morgan, Leatzow, Clark, & Siller, 2014).

Although instructional procedures such as BST are effective in enhancing skill deficits in interviewing, needed are approaches that target the private emotional experiences of adults diagnosed with developmental disabilities when interviewing for jobs. Substantial numbers of persons diagnosed with developmental disabilities have comorbid anxiety disorders, and greater anxiety appears to be associated with higher levels of cognitive functioning (Davis, Saeed, & Antonacci, 2008). De Bruin, Verheij, Wiegman, and Ferdinand (2006), for example, reported that more than 55% of individuals with autism spectrum disorder met the criteria for at least one anxiety disorder. Lack of social skills and difficulties in social interaction may well contribute to one's experience of anxiety in social situations, as many individuals with autism spectrum disorder are keenly aware of their social deficits. Adults with learning disabilities often display similar social deficits, showing deficits in such skills as taking turns in conversation, using appropriate facial expressions and eye contact, staying on topic during conversations, and sharing only relevant information (Gresham & Elliott, 1989; Swanson & Malone, 1992). Even if not officially diagnosed with an anxiety disorder, a cognitively and verbally sophisticated adult diagnosed with a developmental disorder may come to avoid anxiety-provoking social situations where one's deficient or unusual social skills are evident (White, Oswald, Oilendick, & Scabill, 2009). Thus, interventions that address one's private emotional experience during real or practice job interviews may be a useful supplement to behavior analytic teaching.
procedures such as BST.

The goal of Acceptance and Commitment Therapy (ACT), which has been used extensively with individuals experiencing anxiety, is to increase psychological flexibility, or the ability to contact the present moment more fully. Psychological inflexibility, on the other hand, involves responding rigidly to one’s internal experiences to the point where an individual is not living a life in accordance with what he or she values. ACT is based upon six core processes to produce psychological flexibility. Mindfulness, which stems from Eastern spirituality and focuses upon noticing and observing one’s thoughts and not evaluating them, is not a specific core component of ACT per se, but is recognized as a vehicle for obtaining four of the six components, including cognitive defusion, acceptance, self as context, and present moment awareness (Hayes & Wilson, 2003). Acceptance is defined as making full contact with internal experiences without trying to change, alter, avoid, escape, or control those events (Stoddard & Afari, 2014). Cognitive defusion can help an individual distance himself or herself from his or her thoughts and deliteralize the content of those thoughts, making acceptance more possible because negative thoughts or feelings are taken less literally (Fletcher & Hayes, 2005). Contact with the present moment focuses upon living in the present moment, which means that an individual is psychologically present, consciously connecting and engaged in what is happening at a given moment (Hayes, Strosahl, & Wilson, 2011). Present moment awareness may likewise facilitate defusion and acceptance because it allows thoughts to be observed as what they are (Fletcher & Hayes, 2005). Self as context is defined as helping people to see that although their thoughts may change and they may notice those changes, they themselves are more stable than the thoughts they may notice. A number of studies have shown ACT to be effective in treating anxiety in adults without developmental disabilities, with outcomes typically evaluated on standardized assessment questionnaires (e.g., Codd, Twohig, Crosby, & Enne, 2011) and performance during structured role play sessions (e.g., Dalrymple & Herbert, 2007). Very little research has been conducted on ACT or its components with participants with developmental disabilities, which is surprising, given the high likelihood that verbally sophisticated persons diagnosed with developmental disabilities may experience comorbid psychiatric diagnoses. Pioneering research by Singh and colleagues has shown that teaching individuals diagnosed with developmental disabilities to use mindfulness can produce clinically significant reductions in challenging behavior. Singh, Wahler, Adkins, and Myers (2003) reported a decrease in aggression displayed by school-age adolescents with conduct disorder after participants were taught to use mindfulness, and Singh, Wahler, Adkins, Myers, and Mindfulness Research Group (2003) reported a decrease in low frequency, high intensity challenging behavior in an individual diagnosed with an intellectual disability and mental illness following the participant’s acquisition of mindfulness skills. These studies illustrate that individuals diagnosed with developmental disabilities, potentially accompanied by mild cognitive impairments and language delays, can successfully acquire and practice mindfulness skills, with serious behavioral challenges overcome as a result. More recently, Eilers and Hayes (2015) examined the effects of exposure, response prevention, and cognitive defusion on a variety of challenging behaviors exhibited by children with autism spectrum disorders. Challenging behaviors included repetitive behaviors, crying, aggression, disruption, and perseverative speech. Defusion exercises included a combination of word repetition exercises and saying thoughts in a silly voice. In their first experiment, the authors found that defusion when used in combination with response blocking and exposure was effective, and a second experiment, in which an alternating treatment design was used to compare the effects of defusion plus a control condition to defusion plus exposure, showed that the defusion may have enhanced the effects of exposure in reducing challenging behavior in three of the four participants. Together these results point to a potential role for ACT or the components thereof when used to treat behavioral excesses or deficits in individuals diagnosed with developmental disabilities.

The purpose of this study was to use single-subject research methodology to evaluate a functional relationship between mindfulness and defusion and the performance of three adults diagnosed with developmental disabilities, two of whom were dually diagnosed with comorbid psychiatric disorders, during practice job interviews. All individuals reportedly experienced extreme levels of anxiety even during practice interviews, such that their responses to their anxiety prevented their skilled completion of a practice interview. We examined the efficacy of mindfulness and defusion along with behavioral skills training in improving participants’ overall performance during the interviews.

1. Method
1.1. Participants

Participants were three young adults with developmental disabilities who were receiving services from a vocational and residential program at the time of the study. The participants were recommended for the study due to the behavioral indicators of anxiety that they had exhibited during practice job interviews, or to their own expression of feeling anxious about real and practice job interviews. All of the participants engaged in a variety of vocational preparation activities at the facility, including creating resumes, participating in mock interviews, and volunteering with local businesses. The process for obtaining informed consent was as follows: Each participant met individually with a member of the research team. The university-approved consent form was read aloud to the participant, and any questions were addressed by the researcher. The participants were told that the purpose of the study was to teach them about ways to reduce their anxiety during job interviews. Each participant was informed that their participation in the study was completely voluntary and that their participation in the study was not a condition of receiving services at the facility. The participants were informed that they could withdraw from the study at any time. The interventions that would be used in the study were described in detail to the participants, as were the practice interview sessions in which they would be participating. All of the participants were deemed to have the capacity to consent in their own right under the current U.S. law and thus provided written consent to participate in the study. They were assigned a pseudonym shortly thereafter, which would be used to link participants to their data throughout the study.

Christina was a 21-year old female diagnosed with a specific learning disorder and Attention Deficit Disorder (ADD). She had a reported general intellectual ability score of 73. Mark was a 20-year old male diagnosed with Tourette’s Syndrome, Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), and Generalized Anxiety Disorder (GAD). Mark had a reported general intellectual ability score of 89. Owen was a 20-year old male who was diagnosed with autism spectrum disorder (ASD), bipolar disorder, and ADHD. His general intellectual ability score was reported to be 77. Participants’ intellectual functioning had been evaluated at the agency in which the study was conducted using the Woodcock-Johnson III Normative Update Tests of Cognitive Abilities, which are a battery of tests used to measure level of achievement in reading, mathematics, written language, and knowledge. Individual tests are organized into clusters which measure different aspects of each subject area. These tests can be scored based on age norms or grade norms (McGrew & Woodcock, 2001).

All participants showed a range of overt indicators of anxiety during practice interview sessions conducted at the facility. Mark fidgeted in his seat and shook his feet and hands. When asked a question, he repeated the question before answering and excessively cleared his throat. Christina made minimal eye contact and looked at the ground or at a specific spot on the table. She also repeatedly touched her face and
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