

# ACT SKILLS AMONG NOVICE THERAPISTS – ASSOCIATION TO TREATMENT OUTCOME IN A BRIEF INTERVENTION FOR DEPRESSION

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# Competence, adherence and outcome

- There are relatively few studies on competence-outcome and adherence-outcome associations in psychotherapy research literature
- Based on the available studies, competence and adherence do not seem to be important factors when explaining treatment outcome
- A meta-analysis from 2010 found 36 studies therapist competence and adherence in relation to treatment results in various settings (Webb, DeRubeis & Barber, 2010)
  - *Adherence and competence variance is not related to treatment outcome*
  - *Highest effect was observed in treatment of depression*
  - *Controlling for alliance decreased effect of competence/adherence*

# Reporting treatment integrity (TI)

- It is generally accepted that studies should include TI evaluation
  - *Level of competence and adherence among therapists*
  - *Differences in c/a between treatment groups/methods*
- Demonstrating the therapists' competence and adherence is not proof of competence and adherence's significance to outcome, however
- For ACT, only studies reporting level of competence/adherence were found
- For CBT, only few studies explore the significance on competence/adherence
- Also, there is no consensus on what should be rated for competence!

# CBT-competence and outcome

- No association between competence/adherence and outcome (CTS\*; Branson, Shafran & Myles, 2015)
  - *In anxiety symptoms top 10 % different from low 10 %*
- Alliance is a significant predictor, not CBT-competence in preventing depression relapse (CTS; Weck et al. 2013)
- **Early** competence/adherence's is associated with outcome in the treatment of anxiety disorders (Haug et al. 2016)
  - *Higher early c/a → superior treatment results for panic disorder*
  - *Lower early c/a → higher drop-out rate for social anxiety*
- Higher competence in novice therapists improves treatment outcome in anxiety disorders (Brown et al. 2013)

\* CTS; Cognitive Therapy Scale, Young & Beck 1980; CTS-R; Revised Cognitive Therapy Scale, Blackburn et al. 2001

# Competence and adherence in ACT

1. The Drexel University ACT/CT Scale (DUACRS; Webb, 2012)
  - *5 minute interval coding for 33 therapist actions (Y/N) + competence 1 to 5*
  - *Very good IRR*
  - *Novice competence 4-5 for 92 % (Forman et al. 2007)*
2. The ACT Adherence Scale\* (Plumb & Vilaradaga, 2010)
  - *Whole session coded for 13 items on a scale of 1 to 5*
  - *Good to very good IRR*
  - *Allows ratings for specific processes/skills*
  - *Novice competence  $M = 3.31$  (Keinonen et al., in preparation)*

\*Developed from Adherence Raters' Manual (Gifford et al., 2003)

# Aim of the current study

Is novice therapist competence and adherence associated with treatment outcome in a brief ACT intervention for diagnosed depression?

# METHOD

# Participants and therapists

- Participants were volunteers diagnosed with MDD (n=60)
- Therapists were students of psychology without any clinical experience (n=37)
- Therapists received four days of training in ACT and building a case conceptualisation and weekly group supervision (á 2 hours) with an expert in ACT
- Intervention was a semi-structured six-session intervention
  - *First two sessions were highly structured, last four more individualised*
  - *All therapists prepared a case conceptualisation for the second session and planned the intervention with the help of the supervisor*
  - *The intervention included mandatory excersises*



# Rating procedure

- Two randomly selected video recorded sessions from 37 novice therapists were coded using the ACT Adherence Scale
- Sample was balance to have equal numbers of session 2 to 6 (14-16)
- 100 % of novice therapists represented, 25 % of sessions 2 to 6 (n=74/300)
- One master-rater coded all sessions with three additional raters coding for IRR
  - *IRR was good for each pair (average measure ICC = .80 - .84)*

# ACT Adherence Scale

## ACT items

- 1) Deliteralization/Defusion
- 2) Willingness/Acceptance
- 3) Creative hopelessness/Workability/Control is Problem
- 4) Values & Goals
- 5) Committed Actions

## Other items (own scale)

- 9) General Assessment

## Anti-ACT Items

- 10) Challenging Cognitions
- 11) Experiential Avoidant Change Strategies
- 12) Cognitive Therapy Rational
- 13) Thoughts and Feelings Cause Action
- 14) In session exposure

## Global Rating of Adherence (own scale)

- 15) Overall Adherence to Project Manual
- 16) Overall Competence of Therapist

# ACT and anti-ACT items

- 1 = Not at all      The variable never explicitly occurred.
- 2 = A little      The variable occurred at least once (and may have occurred a few times) and was not addressed in an in-depth manner.
- 3 = Somewhat      The variable occurred several times and was addressed at least once by the therapist in a moderately in-depth manner.
- 4 = Considerably      The variable occurred with relatively high frequency and was addressed by the therapist in a moderately in-depth manner.
- 5 = Extensively      The variable occurred with great frequency and was addressed by the therapist in a very in-depth manner.

# Adherence

1 = Not at all

The session was entirely off topic or focused entirely on general assessment without addressing any of the other processes outlined in the therapist manual.

5 = Extensively

The therapist spent most of the session doing a general assessment of functioning and applied more than one of the therapy processes in an extremely in-depth manner.

# Competence

1 = Not at all

The therapist did not competently address any of the client's needs, did not attend to the client's responses to treatment targets, and did not apply any of the processes outlined in the manual.

5 = Extensively

The therapist consistently addressed the client's needs, consistently attended to the client's response to treatment targets, and applied the processes outlined in the manual very clearly and in-depth.

# Rating results

Item	Min – Max	M	SD
Defusion	1 – 5	2,82	1,01
Acceptance	1 – 5	3,19	0,96
Creative hopelessness	1 – 4	1,51	0,73
Values	1 – 5	2,53	0,95
Committed action	1 – 5	2,47	1,08
General assessment	1 – 4	2,30	0,92
Global adherece	2 – 5	3,24	0,87
Global competence	2 – 5	3,32	0,99

All anti-ACT item means were < 1,30 suggesting only ACT methods were used

# Competence and adherence and correlation with outcome

- Change in depression outcome (pre-post; BDI-II)

- *Competence*  $r= 0.32, p=0.029$
- *Adherence to project manual*  $r= 0.34, p=0.022$
- *Applying defusion*  $r= 0.42, p=0.005$
- *Applying acceptance*  $r= 0.30, p=0.040$
- *Applying commitment to valued action*  $r= 0.45, p=0.003$
  
- *Creative hopelessness and values work do not correlate with outcome*

# Competence and adherence and correlation with outcome

- Change in psychological flexibility (pre-post; AAQ-2, 10-item)
  - *Applying commitment to valued action*  $r= 0.34, p=0.022$
  - *None of the other subscales correlate with changes in flexibility*



# Conclusions

- Very few studies have investigated the impact of competence in ACT to outcome
- Competence in ACT and adherence to project manual were associated with treatment outcome in depression in a brief ACT intervention
- The frequency and depth of applying defusion, acceptance and committed action methods were associated with treatment outcome in depression
- The frequency and depth of applying committed action methods were associated with treatment outcome in psychological flexibility
- The results can be generalized to novice therapists receiving brief training (32 hours) and regular supervision
- More discussion is needed to understand how competence and adherence should be measured in ACT

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