

Development of the Flexibility Index Test (FIT-60)

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Background

Since Acceptance and Commitment Therapy (ACT) does not focus on symptom reduction, there is also a need for a different type of assessment measure. Although there are a number of ACT-questionnaires available, some ACT-components can't be structurally assessed yet. The researchers wanted to develop an ACT-questionnaire that could assess all six ACT-components, as well as the overall psychological flexibility.

Results

Study 1: Development & Reliability FIT (n=529)

The FIT-90 consists of 15 items per subscale. Via inter-item reliability analysis the 10 highest loading items per subscale were selected, resulting in the FIT-60. The Cronbach's α of the total scale (psychological flexibility) was very good (.95). The reliability of the six subscales varied between acceptable (.69) and good (.87).

The subscales that form the acceptance-cluster of ACT, correlated high (.69 - .79). The subscales of the commitment-cluster did not show such high correlation.

An exploratory principal components analysis (PCA) based on eigenvalues, reported 12 factors (58,5% variance). However, these factors were difficult to relate to the ACT-model. It was decided to examine each subscale separately on construct validity (Study 2).

Study 2: Validity FIT-60 (n=1087)

The construct validity of three subscales was assessed by comparison with other questionnaires that measure similar constructs. All three subscales showed acceptable convergent validity (Table 1).

Table 1: Correlation FIT-60 subscales with several ACT-questionnaires.

Scale	AAQ2	CFQ13	MAAS
Total	.85	-.71	-.50
- Acceptance	.91	-.65	-.42
- Defusion	.74	-.61	-.41
- Self-as-context	.59	-.60	-.39
- Present Moment	.60	-.59	-.52
- Values	.52	-.41	-.25
- Commitment	.47	-.39	-.25

Conclusion

The FIT-60 is the first ACT-questionnaire that reports on all six ACT-components. It seems to be a useful instrument for clinical practice. The initial psychometric properties of the FIT-60 are encouraging; the internal consistency is good, and though factor analysis could not confirm the structure the convergent validity is acceptable (Batink, Jansen & De Mey, 2012).

Method

From a pool of 150 theoretically grounded items, 90 were elected by experts and empirically validated. The FIT-90 was administered to 529 students of the Radboud University Nijmegen, for a further selection of items and determination of reliability of the scale. Subsequently, the resulting FIT-60 was completed by 1087 participants prior to an 8-week online ACT-intervention, for a further validation of the subscales of the FIT-60.

The FIT-60 is also sensitive in measuring changes in ACT-skills. Participants of an online ACT-training filled in the FIT-60 before and after the intervention (n=135). Regression analyses showed a significant difference over time ($F(1, 268) = 36.56, p < .001$).

Flexibility Index Test (FIT-60)

The result of this study is the realization of the Flexibility Index Test (FIT-60); a self-report questionnaire consisting of 60 items (7-point Likert-scale) which rates on all six ACT-components and Psychological Flexibility. The outcome can also be visually presented in a flexibility-profile; normative and ipsative (Figure 1a & 1b).

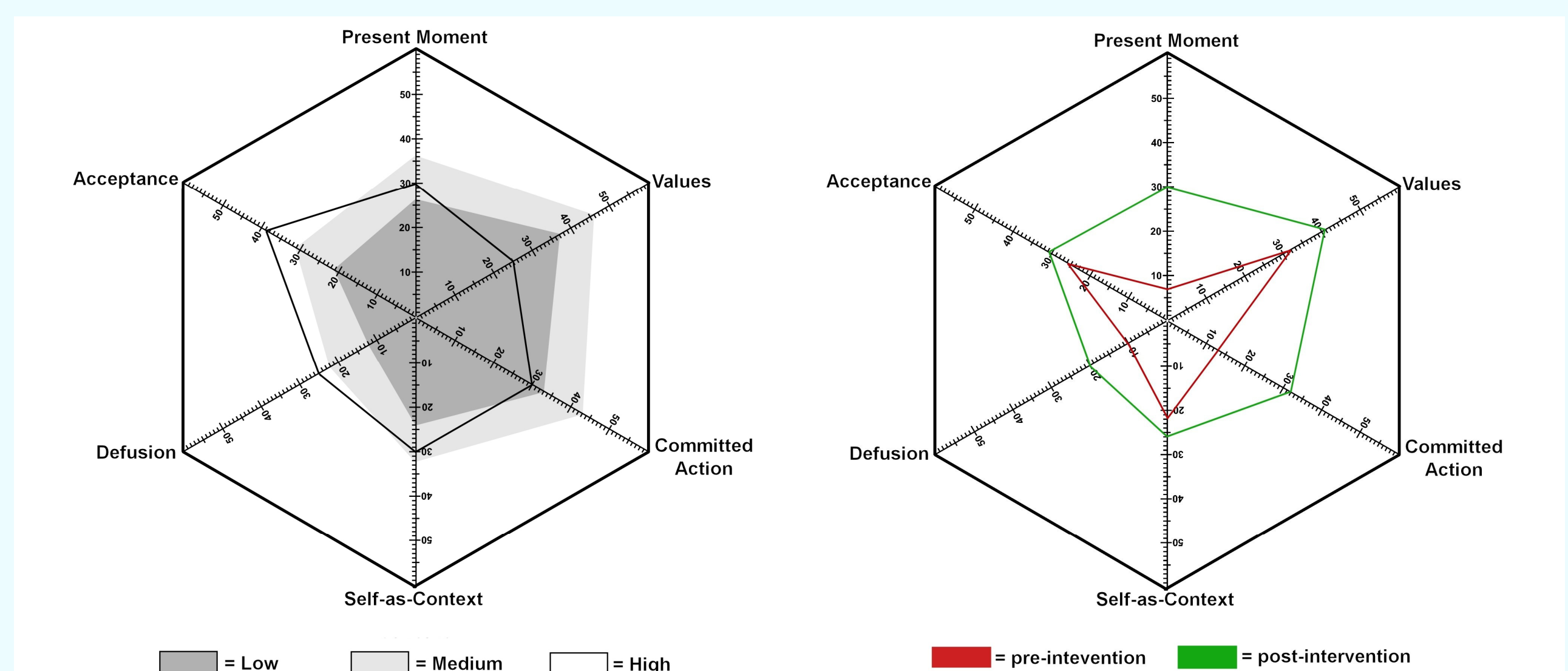
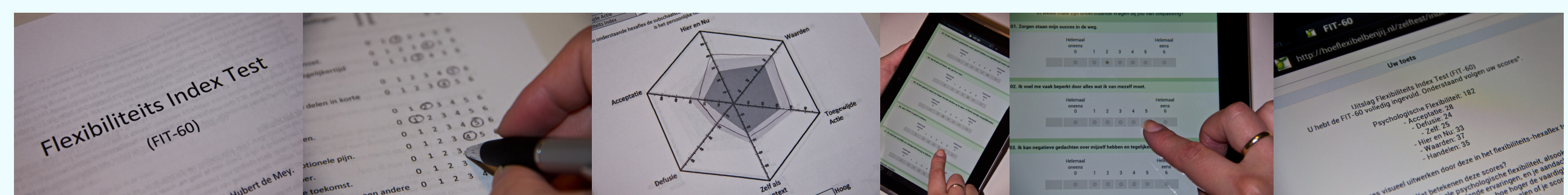


Figure 1a: Flexibilityprofile (normative) | Figure 1b: Flexibilityprofile (ipsative)

The FIT-60 features two norm groups; students and general population. The FIT-60 is *freely available* as a PDF-version (paper and pencil) as well as an online version. The FIT was originally developed and validated in Dutch; an official English translation is also available.



Future Developments

- Currently collecting data to develop inpatient (n=400) & outpatient (n=800) norm groups.
- Further study on validity and reliability (in progress).
- Validation of the English translation of the FIT-60.

We are currently looking for a collaboration to validate the FIT-60 in an English speaking population (Goal; 500 students & 500 patients). Interested? Contact tim.batink@maastrichtuniversity.nl.

