

Development of the Self-Rated Fidelity Measure for Acceptance and Commitment Therapy (SR-FACT)

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Introduction

- Acceptance and Commitment Therapy (ACT) works well when all six core processes are used in sessions and can be used across professions
- Peer-rating tools exist to evaluate the fidelity with which practitioners use these processes (e.g., the Acceptance and Commitment Fidelity Measure – ACT-FM)¹
- There is currently no self-rated fidelity measure in the literature for independent use
- Using fidelity measures can increase treatment effectiveness and client outcomes^{2,3}
- The Early Start Denver Model uses a self- and peer-rating tool with operationalized levels to examine treatment fidelity⁴

Background: SR-FACT Development

- Developed for use by practitioners to self-assess treatment fidelity and share with a mentor to facilitate professional supervision
- SR-FACT items were developed by examining the ESDM fidelity rating system and adapting it (with permission from the authors) to address the use of the ACT processes
- Peer and mentor rating assessment tools were examined to evaluate face validity of SR-FACT rating items
- The practitioner rates the fidelity with which they incorporate each of the six ACT core processes in a specified session using a Likert-type scale, with a range of 0 (process not included) to 5 (process was incorporated with no errors).

Purpose

The purpose of this study was to

- (1) examine whether the newly developed SR-FACT scores were related to psychological flexibility, self-compassion, and knowledge of ACT;
- (2) to understand whether SR-FACT scores were stable over time; and
- (3) to understand whether SR-FACT scores varied by discipline or professional experience.

Method

Participants and Design

- Participants were recruited from social media and list-servs to participate in a two-timepoint survey study including measures of knowledge, psychological flexibility, self-compassion, and the SR-FACT. Survey: Time-2 (T2) occurred two weeks after Survey: Time-1 (T1)
- Of the participants recruited (N=85), 71% (n=61) completed the T1 survey and 45% (n=38) completed the T2 survey
- For those remaining at T2 (n=38), participants identified their professions as psychologist (37%, n=14) and counselors (29%, n=11), and the remaining professions (e.g., physical or occupational therapy, other) were endorsed by fewer than 13% of participants (n<5)

Measures

- The SR-FACT measured self-rated fidelity and scores ranging from 0-30.
- Acceptance and Commitment Therapy Knowledge Questionnaire measured knowledge with scores ranging from 0-16.⁵
- The Short-Compassion Scale measured self-compassion with scores ranging from 12 – 60.⁶
- Work-related was used to measure psychological flexibility with scores ranging from 7-49.⁷

Analyses

- Kendall Rank Order Correlations were conducted examining the relations between the variables of interest and the SR-FACT

Results

Research Purpose 1

Statistically significant relation between SR-FACT score and:

- Psychological flexibility (rT = .257, p <.033, T2)

No statistically significant relation between SR-FACT score and self-compassion or knowledge.

Research Purpose 2

Statistically significant association between SR-FACT score at T1 and T2 (rT = .373, p <.002).

Research Purpose 3

Statistically significant relation between SR-FACT score and:

- Number of years of practice (rT = .337, p <.009, T1) (rT = .323, p <.013, T2)

No statistically significant relation between SR-FACT scores and professional discipline

Discussion

- SR-FACT score was positively related to experience, psychological flexibility, and self-compassion, and remained stable over a two-week interval
- Limitations include small sample size and lack of large-scale reliability and validity studies
- SR-FACT may be a helpful tool for self-evaluation of ACT fidelity in practice
- Future research should examine reliability and validity, including concurrence with mentor- or peer-rated fidelity

References

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