Spanish adaptation of the Comprehensive Assessment of Acceptance and Commitment Therapy processes (COMPACT).

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INTRODUCTION

Psychological flexibility (PF) is the key process and target of intervention in Acceptance and Commitment Therapy. PF is a transdiagnostic dimension that involves being open to experiencing private events in the present moment as a conscious human being, persisting or changing in behavior in response to situational demands in pursuit of personally valued directions (Hayes et al., 2006). In turn, psychological inflexibility (PI) involves a rigid behavioral pattern characterized by persistent avoidance of aversive internal and external events (experiential avoidance: Hayes et al., 1996; Luciano & Hayes, 2001) that interferes with engagement in personally valued actions. PF has been shown to consistently mitigate the detrimental impact of stress on wellbeing and mental health (Gloster et al., 2017) and to predict wellbeing and quality of life, while high PI is consistently associated with distress, psychopathology, and poor mental health (Bond et al., 2011; Gloster et al., 2011; Kashdan & Rottenberg, 2010; McCracken & Gutiérrez-Martínez, 2011; Masuda et al., 2015). The most typically employed unidimensional measures of PF, like the Acceptance and Action Questionnaire II (AAQ-II: Bond et al., 2011) have been criticized in terms of their discriminant validity (Wolgast, 2014; Rochefort , 2018). In recent times, a number of multidimensional measures have been developed that seek to provide a more comprehensive examination of the different PF processes. There is a very limited number of such measures that have been adapted for use with Spanish-speaking population. This study presents an initial attempt to adapt the Comprehensive Assessment of Acceptance and Commitment Therapy processes (CompACT) (Francis et al., 2016) .

METHOD

266 participants recruited through snowball sampling completed an online battery of questionnaires consisting of:

1. Comprehensive Assessment of Acceptance and Commitment Therapy processes (CompACT:): The CompACT is a 23-item instrument with three subscales: openness to experience, behavioral awareness, and valued action.
2. Acceptance and Action Questionnaire II (AAQ-II).
3. Depression, anxiety and stress scales (DASS 21, Henry & Crawford, 2005).
4. Satisfaction with life scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985).
5. Marlowe Crowne Social Desirability Scale (MCSD, Crowne & Marlowe, 1960)

The CompACT was translated and backtranslated, and administered in an online battery with the remaining questionnaires. Confirmatory factor analyses were conducted in order to test the three-factor structure of the original measure.

Table 2. CompACT factor matrix.

	Factors		
	1	2	3
1	0.065	**0.632**	-0.111
2	0.060	-0.093	**0.549**
3	**0.620**	0.100	0.107
4	0.337	-0.066	**0.566**
5	0.229	**0.646**	-0.085
6	**0.652**	0.278	0.151
7	-0.147	**0.642**	0.094
8	0.463	0.005	**0.468**
9	**0.677**	0.155	0.220
10	0.047	**0.570**	-0.083
11	0.186	-0.074	**0.754**
12	**0.827**	0.087	0.083
13	-0.134	0.261	**0.573**
14	-0.160	**0.600**	0.291
15	0.162	-0.121	**0.788**
16	**0.764**	0.029	0.021
17	0.153	**0.607**	0.093
18	0.312	0.134	**0.335**
19	**0.832**	0.007	0.060
20	0.241	**0.301**	0.206
21	0.108	**0.727**	-0.001
22	0.054	0.271	**0.584**
23	0.261	**0.666**	0.043

Table 1. Prychometric properties.

	Item	α	Factor	% variance
CompACT (Francis et al., 2016)	23 items Likert (0-6)	0.87 – 0.91	3	59.60
CompACT (Spanish version)	23 items Likert (0-6)	0.76 – 0.85	3	46.71

Table 3. Spanish CompACT validity.

	AAQ-II	DASS-D	DASS-A	DASS-E	SWLS	MCSD
CompACT	-0.724*	-0.508*	-0.445*	-0.505*	0.391*	0.271*
F1	-0.655*	-0.488*	-0.449*	-0.537*	0.303*	0.229*
F2	-,0447*	-0.313*	-0.183*	-0.189*	0.476*	0.324*
F3	-0.478*	-0.306*	-0.323*	-0.356*	0.113	0.065

*p≤0.05

CONCLUSIONS

1. In the Spanish adaptation of the CompACT: items 6 and 20 load onto different factors than those in the original scale.
2. These results are similar (although lower) to those found with the original version, but with weaker correlations and a weaker support for the original three-factor structure (although the three-factor solution is adequate, it accounts for a smaller amount of variance than the original version).
3. While the original version showed no association with the MCSD, our adaptation correlates positively .
4. It would be possible to reduce the length of the questionnaire by removing the items with the lowest loadings and not clearly loading onto a specific factor.
5. It is possible that the extension of the questionnaire could be shortened, reducing the time necessary to complete it and thus making its application easier.

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