International Standards of Training and Supervision in Psychological Therapies Based on Contextual Behavioural Science

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Summary

Contextual Behavioural Science (CBS) is home to a number of psychological therapies, notably Acceptance and Commitment Therapy[1] (ACT), Functional Analytic Psychotherapy[2] (FAP), Clinical Applications of Relational Frame Theory[3-6] (cRFT), and Process Based Therapy (PBT) as a meta model[7] - a framework that organizes therapeutic work around empirically supported processes of change, rather than specific treatment protocols. At present there is limited consensus nor sufficient empirical data on the best methods for training people to be able to deliver CBS oriented therapies. This lack of clarity increases the risk of therapy drift, offers minimal guidance to learners, and makes it challenging for organisations to ensure they provide quality services to their users. This document represents an articulation of minimum training standards in CBS oriented therapies. By necessity, it reflects the current state of knowledge, science and practice of CBS therapies in 2025. It will be

reviewed at a minimum of every five years, and will be particularly sensitive to data-driven developments within the field of CBS training and evaluation. For that reason, we hope that researchers and clinicians use this training standard and the related work of the ACBS Strategic Pillar on Competency and Dissemination[8] to measure and evaluate training in CBS therapies.

The purpose of these standards is to provide guidance on training and supervision to people who wish to learn, teach, research, and quality assure CBS-oriented methods of psychological therapy. These training standards are not intended to be mandatory, or restrictive, but rather they articulate a consensus on fidelity and quality.

Introduction

The field of Contextual Behavioural Science (CBS) has developed steadily since the mid 1980's, with accumulating empirical data supporting the utility of CBS accounts of basic and applied phenomena. A substantial body of evidence now supports several psychological interventions that have arisen from a CBS perspective[9]. The most well-developed of these therapeutic approaches is Acceptance and Commitment Therapy (ACT, said as one word rather than three letters). ACT has also been adapted for specific contexts: for example, the DNA-V model[10], and the ACT Matrix[11]. Other CBS therapies include Functional Analytical Psychotherapy (FAP)[2] and Clinical Relational Frame Theory (RFT)[3-6]. Arising outside of CBS, the fields of Behaviour Analysis[12], Mindfulness[13], Self-Compassion[14] and Compassion Focussed Therapy[15] have also had a strong influence on CBS therapies. Newer developments of each of these approaches have emerged as part of the CBS tradition and have come to play a significant role in CBS, with elements from these traditions often incorporated into CBS-oriented therapies.

CBS-oriented psychotherapies are part of the broader family of Cognitive and Behavioural Therapies, although they vary in their use of cognitive concepts[16]. In general, CBS therapies have used cognitive or linguistic concepts in a pragmatic rather than ontological way. They have also tended to be pragmatic about cognitive approaches to understanding human behaviour and cognitive processes, whilst not relying on post hoc cognitive explanations for strategies that are applied in clinical

settings, especially when behavioural explanations may have greater parsimony or utility.

The Association for Contextual Behavioral Science[17] (ACBS) is a professional organisation that promotes the advancement of human wellbeing and the alleviation of suffering through research and practice grounded in contextual behavioural science. As evidenced by 1375 randomised controlled trials (RCTs) (as of January 2025)[18] and numerous outcome studies, it is clear that contextual behavioural science has progressively advanced psychological therapy, enhancing human well-being, and alleviating suffering across many areas of functioning. ACBS has traditionally encouraged innovation in practice and research in applying CBS related psychotherapies, leading to a very creative, diverse, innovative, and empirically oriented field.

Such a creative and free approach has, however, led to unique challenges. One important aspect is that individuals seeking to learn CBS methods (and organisations wishing to quality assure the delivery of CBS methods in the services provided by their employees) do not have clear guidelines, benchmarks, or frameworks that specify what is deemed competent delivery, or ‘good practice’ in this field. This document articulates standards of training and supervision for therapies closely aligned with the field of CBS, in an effort to provide such guidance.

Training standards serve several essential functions in evidence-based therapeutic approaches. Primarily, they promote the delivery of high-quality, effective interventions grounded in robust empirical research. Additionally, standards often form the foundation for credentialing processes, offering practitioners formal certification that attests to their competence in a specific modality. There exists a nuanced interplay between the demands for scientific and clinical innovation and the constraints of regulatory or legal frameworks. In some countries, certification in specific therapeutic models such as ACT is a legal requirement for practice, while in others, such certification is optional or may even lack relevance within the local professional context.

While legal emphasis on certification can enhance quality assurance, safeguard professional standards, and protect the public, it also risks embedding a rigid structure within training frameworks. This rigidity, though protective in nature, may

restrict the adaptive flexibility essential for scientific progress. Excessively prescriptive standards risk limiting the adaptability and openness that are integral to the empirical refinement of therapeutic practices, potentially constraining the iterative process by which knowledge in science evolves and deepens. Certification can also risk individual therapists remaining fixed in specific forms of delivery, unless it is accompanied by regular revalidation and CPD requirements.

This document attempts a consensus-based synthesis of these two perspectives by articulating functionally oriented principles and practices that are benchmarks of quality and fidelity, whilst not proscribing specific topographies of training requirements.

The development of these standards

The authors who participated in the development of the standards are experienced trainers, practitioners, and researchers invested in empiricism, the dissemination of evidence based psychological interventions, and the quality assurance of psychological therapies training that is aligned with the CBS mission. As part of the development process, we drew on various sources from both the CBS field and the broader field of cognitive and behavioural therapies. We recognise that much of the science and practice that is the foundation of this document was produced in countries that correspond with the acronym WEIRD[19] (Western, Educated, Industrial, Rich and Democratic), and that the samples of people that this research was based on may not necessarily reflect the majority of the world's population. Other sources of influence on this work include the work of the ACBS Strategic Pillar on Competency and Dissemination[8], the International Standards of Training, Supervision and Accreditation of the European Association of Behavioural and Cognitive Therapy[20] (EABCT), the CBT Competency Framework by Roth and Pilling[21], and the Report of the Taskforce on the Strategies and Tactics of Contextual Behavioral Science[22]. The authors also consulted with The Strategic Pillar on Competency and Dissemination, and the ACBS Board[23].

Following this consultation and development process, further review was sought from the ACBS Training Committee Chair, The FAP training community, The ACT

Peer Reviewed Trainers Community and the chairs of the Diversity, Equity and Inclusion Committee. These diverse voices led to extensive revisions and improvements to the standards. Still, it is important to note that the authors' perspectives are shaped by their social and professional positions: each author holds a postgraduate degree that is based on training standards in the USA or Europe, with relative privilege in terms of race, socioeconomic status, and access to academic networks. One author identifies as female, and three identify as male. We acknowledge that this identification reflects certain ideological and cultural frameworks in the shaping of this document. The intent to be more inclusive was based on efforts to receive and incorporate feedback from multiple sources and values of inclusivity. However, it is recognized that this may not be reflective of all perspectives.

Scope and Purpose of the Standards

These standards are based on expert consensus and empirical evidence where available. The standards describe good practice for the training and supervision of CBS related psychological therapies. CBS principles are also applied in areas that are related to but not synonymous with psychological therapy, such as in education, coaching, organisational psychology, and psychosocially informed behavioural healthcare. Applications of CBS in these areas may require additional training and adaptation. Whilst these standards may be relevant to work in these areas, these standards are specifically written to apply to CBS oriented psychological therapies.

In many parts of the world, psychological therapies have become synonymous with a psychiatrically defined scope of practice, with its focus on disorder and a latent disease model. Contextual Behavioural Science has never been oriented towards a disorder or disease model of human functioning, and as a result the psychological therapies that are aligned with CBS have not been narrowly defined as therapies for so called disease entities[24]. Many of the applications of CBS in psychological therapies have targeted growth, vitality and living well, rather than reducing ‘symptoms’ of a so-called disease. The training, practice and supervision of CBS oriented therapies is therefore not defined or limited by psychiatric classification or its underlying models.

The purpose of these standards is to enhance professionalism and quality in training and supervision, provide clear guidance about what constitutes good quality, high fidelity training in CBS oriented psychotherapeutic methods, to encourage evidence-based monitoring and evaluation of competency development, and to encourage therapists to develop the skills of scientist practitioner, such that their clinical work will contribute to the evidence base around empirically validated principles and processes that underpin psychological therapies. These standards are not intended to limit innovation or creativity in training or the development of innovative and progressive CBS oriented methods of psychological therapy.

Training standards and resources vary across populations, places and contexts, and these standards are intended to be adaptable to such contextual diversity, different ways of knowing and different methods of transmission of knowledge, whilst remaining faithful to the core principles and purposes of contextual behavioural science.

How to use these standards

These standards can be used to inform the development of training curricula, design learning activities, inform practice placement experience provision, develop knowledge and skill assessments, plan competency evaluations, and provide feedback to learners. They may further inform research and evaluation into training, supervision, and consultation in this field.

Commissioners or providers of services may use these standards and related documents such as the Strategic Pillar on Competency and Dissemination outputs to specify criteria for the provision of CBS oriented psychological therapies in their organisations, communities, institutions etc. Employers of CBS oriented psychological therapy providers can use these standards to model training needs and requirements for competent practice and supervision / consultation of these methods in their services.

Learners of CBS oriented methods in psychological therapy can use these standards to assess and monitor their own learning and development and to plan their ongoing learning needs and activities.

How the Principles of CBS Influence Standards of Training and Supervision

One aspect of the field of CBS that differs significantly from other examples of cognitive or behavioural therapies is the detailed and explicit articulation between a specific philosophical framework, called Functional Contextualism[25] - a form of Pragmatism - and theoretical and applied dimensions.

In the theoretical domain, concepts from learning theory, such as classical and operant conditioning, have been joined with concepts based on analyses of verbal behaviour, and the study of rule governance, leading to the development of Relational Frame Theory (RFT)[26]. RFT is a behaviour-analytic approach to understanding language, cognition, and their effects.

In the applied domain CBS therapies draw upon concepts such as functional analysis[27], and models such as Psychological Flexibility[28], and methods such as ACT[1, 28], FAP[2], CFT[15], Mindfulness[13], and BA[12]. CBS's development strategy has been to explicitly articulate the relations between these philosophical, theoretical, and applied domains and to develop methods, concepts and theories that are pragmatic, utilitarian, and that lead to behaviour change[29].

Given the emphasis in CBS on function rather than form or topography, and on ideographic rather than aggregate analysis, these standards describe broad functional principles, from which more detailed articulations of content and requirement can be derived according to what is utilitarian to a particular context of application. For example, some countries in the world restrict the professional background of who is legally allowed to practise psychological therapy of any kind, whilst others do not. Based on this, these standards could not specify the background training required to deliver CBS related psychological therapies in all contexts, but rather make broad statements about the types, depth and extent of learning required that would be broadly applicable to many situations.

Similarly, the context of training will influence the exact content to be trained, and therefore these standards articulate typical core content for knowledge, skills and experiential training, though the specific balance, blend, sequencing and methods of

delivery will vary according to the context of training. For example, a workshop to introduce ACT to a group of already accredited CBT therapists will likely differ in the depth of knowledge required around Functional Contextualism in comparison to a yearlong series of classes as part of a post graduate training in Clinical Psychology.

Considerations of Prior Learning and Length of Training

International regulations and laws differ in their consideration of who can practise psychological therapies. Therefore, these standards are adaptable to fit the international context in which CBS-related therapy training is being delivered and is to be practised.

In many countries and nations, the practice of psychological therapy is associated with having additional training, after having completed an undergraduate or Bachelor's degree, usually in a cognate subject such as psychology, nursing, social work, medicine, occupational therapy, physiotherapy, or similar.

Training in CBS related psychotherapies must therefore be delivered to people who will be legally entitled to practise psychological therapy in a specific country or nation. In countries or nations where no such legal regulation exists for the provision of psychological therapy, these standards provide a guide to minimum training criteria for competent practice. Educational institutions that wish to train people who are not already able to practise legally, must ensure that their training will equip graduates with the legal basis to practise within their country. Given the range of different requirements to legally practice in different countries around the globe, describing these is beyond the scope of these standards.

As an educational benchmark, however, in many countries this is operationalised as a minimum of a three-year Bachelor's degree (or equivalent) and a two-year Masters or PG Certificate level of training, or equivalent, depending on the legal requirements of each nation. Some countries will require additional specific training to legally practise as a psychotherapist. Legal practice may also require other content that is not specified in these standards such as standards of ethics and conduct, professional expectations etc.

The context of a person without a professional background, who is learning CBS related methods, is clearly different from an already trained psychological therapist or applied psychologist, licensed clinical social worker, board certified behaviour analyst or similar. Therefore, specifics of training differ according to these contexts. At minimum, prior learning should contain:

- Knowledge and skills in inclusive, culturally-responsive, and affirmative practices, celebration, and valuing of diversity in all forms.
- Knowledge of psychological well-being, physical or mental health.
- Knowledge of wider contextual and social factors and their impacts on psychological health.
- Critical thinking on the limits of diagnostic classification and the potentially helpful and unhelpful consequences of diagnoses.
- Knowledge and assessed skills practise in clinical interviewing, including engaging with people, helping them to feel safe and to participate in a therapeutic conversation.
- Assessed ability to introduce structure into a therapeutic conversation, to deliver strategies to focus the work on aspects such as assessment, case-conceptualisation, and delivery of intervention strategies and techniques.
- Assessment and management of typical risks such as risk of suicide, risk of self-harm, risk of self-neglect, risk to others.

Providers of CBS-related psychological therapy training programmes should consider carefully whether their entrants meet these expected areas of prior learning and consider how to ensure that their students are ready to begin safe, inclusive, effective practice, by addressing these areas.

A learner who is already a member of a core profession, such as an applied psychologist (Clinical or Counselling etc.) or a cognitive behavioural therapist, will be able to *begin practising* CBS informed therapies with only a few days of intensive workshop-based training (or equivalent), combined with self-study. These initial stages of development for a newly trained CBS oriented therapist are likely to be considered ‘emerging’ rather than fully competent to practice. Learners who do not have the background knowledge and competence described above will require proportionately longer training before they are likely to be able to deliver CBS aligned

psychological therapies effectively. It is further recommended that practitioners arrange supervision/consultation with an experienced and skilled supervisor in CBS oriented psychotherapy to maximise the likelihood of consistent and competent application.

Knowledge Based Training Standards

As described above, the exact balance of content will vary according to the purpose and context of training, the background of the learners, etc. With respect to content areas, training should equip learners to understand and apply the following areas:

- Understanding of the philosophy of Functional Contextualism and the practical implications of such a worldview, in contrast with other philosophical perspectives.
- An accessible understanding of how modern contextually focused approaches have grown out of the history of behavioural science, including the development of behavioural psychology, methodological behaviourism, radical behaviourism, traditional operationism[30] and early efforts to ground psychology in observable processes. This background supports an appreciation for how our understanding of human suffering and flourishing has evolved toward more compassionate, flexible, and person-centred approaches.
- Understanding of the development of the three 'waves' of behavioural therapy.
- Understanding of the principles of classical and operant conditioning.
- Understanding of the broad principles of rule-governed behaviour.
- Knowledge of the broad principles and development of Relational Frame Theory.
- Knowledge of the principles of functional analysis and functional assessment as applied to psychological health, wellbeing and adaptive or maladaptive behaviours.
- Understanding of 'mid-level' models such as Psychological Flexibility, and its component processes at different levels. For example, Open, Aware, and Engaged, or Present Moment, Willingness, Cognitive Fusion, Self as Context,

Values and Committed Action. Other examples of mid-level models include Awareness, Courage and Love (ACL)[31], the five rules of Functional Analytic Psychotherapy, The Three Drive Systems of Compassion Focused Therapy, and the DNA-V model. Clinical tools such as the ACT Matrix can also operationalise the mid-level CBS models and function almost like models themselves. Depending on the training context, such tools should link their use to the relevant CBS models and principles that they operationalise.

- Understanding, with critical reflection on, the positioning of CBS aligned therapies within Evolution Science, and the principles of the Extended Evolutionary Meta Model as a model of models[32].
- Understanding of, with critical reflection on, the direction of development of CBS aligned therapies and progress or innovation in the field. For example, innovations such as Process Based Therapy [7], not as a specific therapeutic model, but as a different view of what evidence-based therapy should be. Process Based Therapy is a meta-model informing and organizing diverse therapeutic approaches around core processes of change rather than diagnostic categories or fixed treatment protocols. It provides a way of thinking about specific theoretical models and overarching principles of change, and supports their communication within an overall multidimensional, multilevel, evolutionary science approach.
- Understanding of the wide range of empirically supported principles and processes of change, the range of methods that can be applied and a framework for bringing these diverse principles and processes into a coherent model that is functionally and contextually oriented.
- Understanding of the context specific variations in CBS knowledge that are required to adapt CBS therapies to a specific socio-political context. For example, the adaptation of CBS principles for young people as exemplified by the DNA-V model, and inclusive of additional sociodemographic and political contexts such that the therapeutic application is culturally responsive.
- Awareness of the main methods of evidence-based assessment, with an understanding of their strengths and limitations, including an appreciation that traditional standardized psychometric assessments, while useful, are based on assumptions that may not align fully with contextual behavioural principles. Learners should also be aware of alternative methods, such as ecological

momentary assessment and idiographic, functionally validated approaches that better capture individual patterns over time.

- Awareness of structured assessment of CBS related principles, such as standardised self-report measures of CBS processes (e.g., psychological flexibility, ACL[31], self-compassion, therapy competency, etc) with critical reflection on the assessment methods available and the critiques of the aggregate analysis methods inherent in psychometrics[22].
- A working understanding of how to use elements of single-case experimental designs in clinical practice to monitor progress, evaluate interventions, and refine functional analyses. This knowledge standard is intended to also support practitioners to contribute to the evidence base describing and testing empirically supported processes of change, should they wish to.

As stated above – specific trainings will vary according to which of these standards are covered in more or less depth, according to the context of the training. Each standard does not need to be included in every training.

Skills Based Training Standards

Training should equip learners with:

- The ability to assess client behaviour and experience in context, including relevant historical, cultural, and socio-political factors, using functional assessment principles.
- The cultural knowledge and humility to develop a functional analysis that incorporates the understanding that culture and identity shape a person's context.
- The ability to integrate information from historical records, interview, direct observation, respondent report and standardised assessment tools to inform a CBS based case conceptualisation of presenting issues.
- The ability to develop such case conceptualisations in a collaborative way with clients, using metaphor or other non-technical language to develop

shared meaning and understanding of how an issue is maintained and how intervention is intended to influence those maintenance factors.

- The ability to apply a range of CBS consistent methods to influence client's behaviour, in the service of their chosen goals.
- The ability to use a range of methods for working with cognitive, emotional, historical and sociocultural influences on behaviour.
- The ability to continually evaluate the impact of interventions using a range of methods including direct observation of in-session responding, client feedback, standardised self-report or respondent reported measures.
- The ability to assess treatment progress or lack of progress. Learners should have the ability to assess when people are not responding to intervention, and to look creatively at how to tailor intervention to the most relevant processes for that person.
- When learners identify non response, they should have skills of understanding the potential iatrogenic consequences of further intervention. When further intervention is unlikely to be helpful, they must have skills to be able to end treatment and / or refer onwards to appropriate other services in a way that is sensitive, containing and non-blaming.

Experiential and Personal Quality Based Standards

Training should equip learners with:

- Contexts that allow the learner to experience CBS processes such as psychological flexibility, ACL, self-compassion, mindfulness, etc., for themselves, in a way that prioritises consent, safety and choice.
- The ability to monitor and use their own experience of CBS related processes to inform their own interactions with clients, for example noticing when they have the urge to avoid more challenging content.
- The ability to use their own experience of CBS related processes as a source of influence with the client, such as through appropriate self-disclosure in the service of the client's chosen goals.

Supervision and Consultation Standards

Supervision and consultation of CBS aligned therapies should be provided by people who have extensive expertise and experience of using these therapies. This is hard to define in a precise way, given the variety of contexts in which supervision of CBS related therapies operate. As a general guide, however, supervisors should have a minimum of five years of experience in using CBS related therapies, including extensive training and supervised practice hours, before considering themselves as experienced enough to provide supervision of these methods. Some models, such as FAP, have developed existing standards and criteria to determine rigorous thresholds for certification as trainers and supervisors[33].

In some contexts, a distinction between supervision and consultation is helpful, though this distinction is not universal. For the purpose of these standards, supervision entails a certain level of the supervisor's responsibility for the practice of the learner. This is often associated with learners who are in a training, student, or unlicensed role. In contrast, a consultant provides expert consultation and support of a learner's clinical development, but the learner is entirely responsible for their own clinical work. This usually describes where a supervisor or consultant is providing these services to a person already qualified in their own domain of practice. This distinction is not universal and in some countries the term supervision is used to refer to both of these learning contexts. In addition, some countries and nations do not use the term supervision or consultation, instead their meetings are more community-based or informal (e.g., between an Elder and a learner), and therefore these regulations are adaptable to a given context. For clarity, this document uses the term 'supervision and consultation'.

Training should provide learners with:

- Recognition of the importance of, and commitment to ongoing supervision / consultation to support their development as a CBS practitioner and to assure the quality of the CBS aligned therapies that they provide to clients.

Supervision and consultation should:

- Combine case discussion, skills practice and experiential exercises in a way that supports the learner's development of CBS aligned therapy competencies and supports effective client intervention.
- Be mindful that the ratio of supervision hours to client interaction hours will vary with the development of the CBS aligned therapist and setting. For example, during initial training weekly supervision of one hour for every ten hours of client contact would be usual. After further training monthly frequency of supervision might be appropriate. These ratios are broad guides and can be adapted according to context. Some jurisdictions may have required ratios of supervision to practice that need to be maintained by law.
- Use a range of methods for evaluating learner development such as discussion, direct or recorded observation of practice, journaling, self-report measures, and use of competency measures as both self-report and observed assessment.
- Help practitioners of CBS oriented therapies to understand how their own learning history impacts their therapies.
- Help practitioners to engage in open self-reflection about their own skill level and actively seek out guidance and/or supervision when needed.
- Encourage CBS oriented practitioners to share innovations in practice with the larger CBS community in order to further advance the science and application of CBS-based interventions.

Trainer Expertise and Experience Standards

Similar to the standards for providing supervision and consultation, people who train others in CBS aligned psychological therapies should have substantial experience and expertise of delivering these therapies. This may vary, but should be interpreted as a minimum of five years of practice using CBS aligned therapies before people are competent to deliver extensive independent training to other learners.

There are however, countries where no one with such a background in CBS oriented psychological therapies exists. Under these circumstances there is an important role

for peer networks, for self-study groups, and to begin by beginning with trust and faith. If possible, learners in this situation should try to reach out to more experienced trainers internationally to try to support their developing skills.

In addition, a number of CBS aligned psychological therapies have pathways to becoming recognised as a high-quality, high-fidelity trainer. For example, the ACT Peer Review Trainer Process[34] and the Recognised FAP Trainer Process[33]. Trainers are **not required** to undertake these routes, though they do represent robust methods of ensuring the ongoing quality of dissemination and training standards.

Trainers should:

- Seek to continually maintain their skills as a trainer through regular continual professional development and self-reflection.
- Operate at high standards of professionalism, ethics, culturally inclusive and responsive practice, respect of others, and appropriate maintenance of personal boundaries for the training context.
- Train others only in methods that they are competent to practise, as outlined in the general statement for this section.
- Adapt their training methods to the context of the training, whilst remaining aligned to the field of CBS and the psychological therapy model(s) they are training.
- Balance innovation (in training and methods) with principles of CBS in ways that are functional, utilitarian and progressive.
- Seek to evaluate training provided using a range of methods such as learner satisfaction, experience, knowledge, skill, and personal qualities of the learner (e.g., psychological flexibility).
- Be open to questions and critical analysis of CBS and its aligned psychological therapies in ways that facilitate the learner's understanding and encourages balanced perspective taking.
- Give serious consideration to undertaking a recognised trainer competency route, to ensure high-quality dissemination of CBS-aligned therapies, where such routes exist (e.g., Peer Reviewed ACT Trainer, Recognised FAP trainer).

- Explicitly adopt a non-proprietary approach to training development, such that they do not attempt to restrict access to innovations in training.
- Share training methods and innovations in CBS aligned therapies, in the spirit of collegiate, open source scientific and practice development, that is a hallmark of the CBS community.
- Give careful consideration to how the structure of their training can support learners to regularly monitor their ongoing learning and development of knowledge and competency. For example, using context appropriate tools and strategies, providing longitudinal follow ups, offering supervision and consultation after training, strongly encouraging engagement in ongoing monitoring and evaluation of competency.

The ACBS Strategic Pillar on Competency & Dissemination

In 2019 ACBS formed a number of strategic pillars to further the organisation's vision and professional work, one of which is focussed on Competency and Dissemination. This international volunteer committee's aim is to provide detailed guidance on the empirical evidence around competency in different CBS aligned therapies, and to make measurement tools more readily available for learners to evaluate their progress.

The outputs of that pillar can be used to further specify criteria for competent practise of CBS therapies and can be seen here:

https://contextualscience.org/competency_and_dissemination_working_group_home page

Implementation

People seeking to implement these standards in the context of training, practice, supervision, consultation, research or the development of services should consult and follow best practices in implementation. These include fit to the local system in which care is provided, structured implementation planning, meaningful inclusion of relevant community partners, implementation strategies, and with clear and

measurable implementation outcomes. Consultation with diverse voices in a given community may contribute to better implementation of these standards.

Future Development

The intended scope and function of these standards is to provide a guide to quality and fidelity in training, without being overly prescriptive or inflexible. As consensus and empirical evaluation continues to build in this field, these standards should change to reflect that knowledge and evidence. These standards should be subject to review at least every five years and modification by a panel of experts appointed by and reporting to the board of ACBS. These standards seek to encourage empirical evaluation of training and skill development, with the aspiration that data will help us as a community to understand principles and processes of learning, and that this will lead to better functional outcomes for the clients and communities that we serve.

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