Training flexible fidelity to an empirica-lly supported treatment model:
An evaluation of training strategies in Acceptance and Commitment Therapy

Jennifer L. Villatte, M.A., University of Nevada, Reno

Matthieu Villatte, PhD, University of Louisiana, Lafayette

Joanne Steinwachs, LCSW, Private Practice, Denver, CO

Steven C. Hayes, PhD, University of Nevada, Reno

Fidelity → Efficacy
Flexibility →Effectiveness

Allows clinicians to adapt treatment to specific clients and settings while maintaining link to evidence base

We need treatment models that specify functionally important processes and guidelines for how to apply them

ACT is intended to do exactly that

Fidelity to a transdiagnostic treatment model that specifies six functionally important processes

- Case conceptualization
- Treatment targeting
- Intervention planning
- Progress monitoring

Flexible use of techniques that target these processes

Training flexible fidelity is complex

- We provide guidelines, not instructions
- The answer is always "it depends"
- It requires practice, not just knowledge

**Traditional two-day workshops
may not be sufficient to produce flexible
fidelity**

So how are we doing?

- Over 50 published RCTs, most with fidelity checks

- Mediational and component studies show that the processes in the model are responsible for treatment gains

- ACT Training even helps clinicians implement *other* EBPs

…But there are no direct tests of ACT training

Current Study Aims

- Evaluate the impact of ACT training on flexible treatment fidelity

- Examine other variables that may impact implementation of ACT

- Collect preliminary data that will inform future training programs

Study Design

- Emphasis on generating implementation strategies

- Therapists recruited from the Association of Contextual Behavioral Science

- Effectiveness open trial:

  - 2-day ACT workshop in Denver
  - 8-week online ACT training group

Participants

- N= 41
- From US, Canada, Europe, Australia
- Female 64%
- Caucasian 92%
- Graduate Student 19%, Professional 81%
- Psychology 60%, Counseling 26%, Social Work 7%
- Mean years of clinical work: 4 (SD 1.6)
- 95% had previous ACT training
- Only 17% considered themselves to be ACT competent prior to the study training

No between group differences at baseline.

Training Interventions

2-day expert-led workshop (16 hours)
- 75 participants (study N=26)
- Led by an ACT treatment developer
- Didactic presentations, experiential exercises, live role plays, video demonstrations
- Cost$450 ($28 per hour)

8 weekly online group training sessions (16 hours)
- 3-5 participants per cohort (study N=15)
- Led by experienced ACT trainers
- Didactic presentations, experiential exercises, live role plays, case consultation
- $400 ($25 per hour)

Primary Measures

Assessed at pre-, post-, and 3-month follow up

- ACT Treatment Fidelity
  - Case conceptualization
  - Intervention adherence
  - Intervention flexibility
  - Global Fidelity Score
- Maslach Burnout Inventory
- Working Alliance Inventory
- Therapist Psychological Flexibility- TAAQ
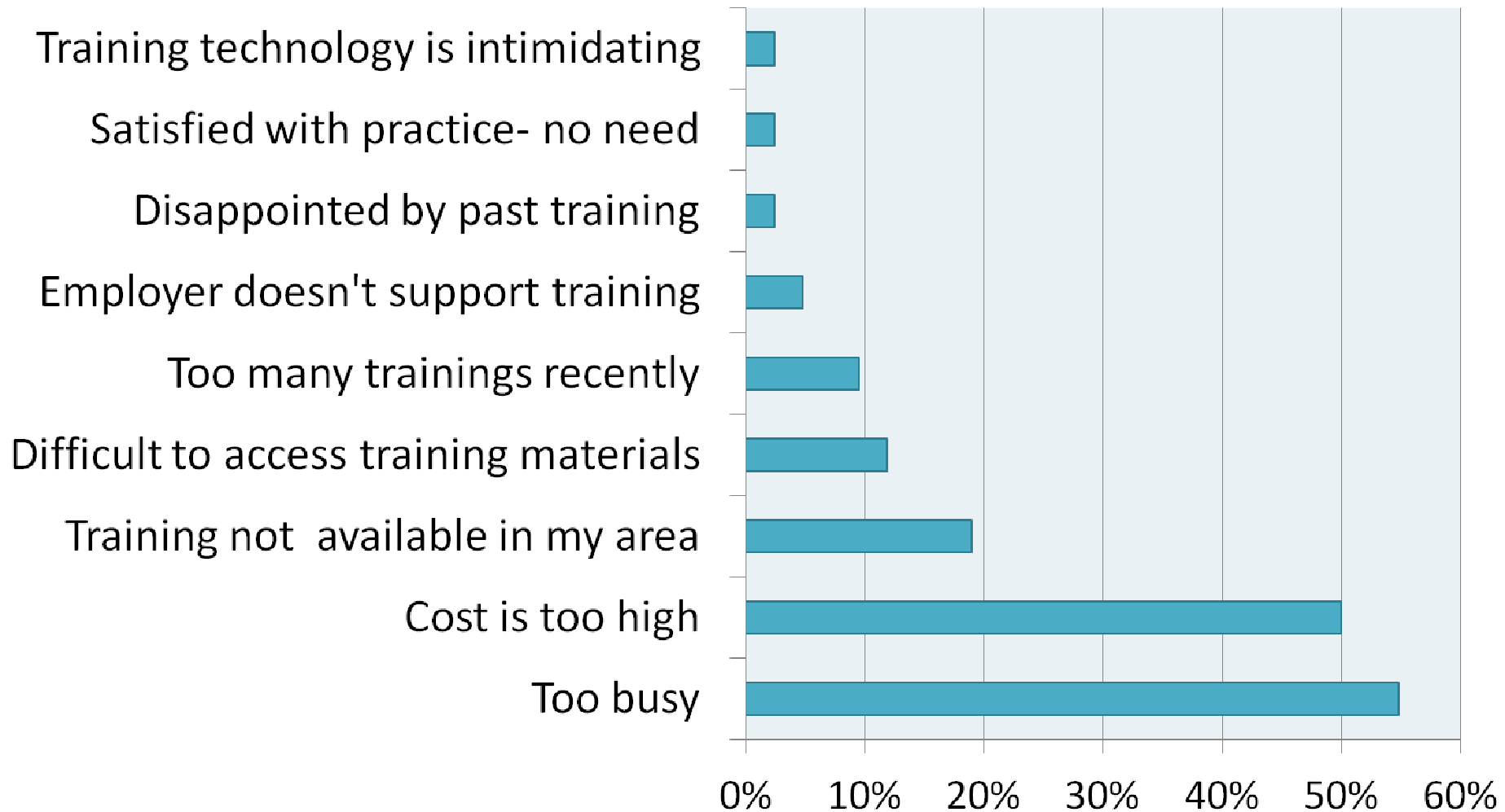
Secondary Measures

- Checklist of training interests and barriers

- Evaluation of trainers and training

- Self-report questionnaire based on Proctor's recommended implementation outcomes

- Post training self-assessment

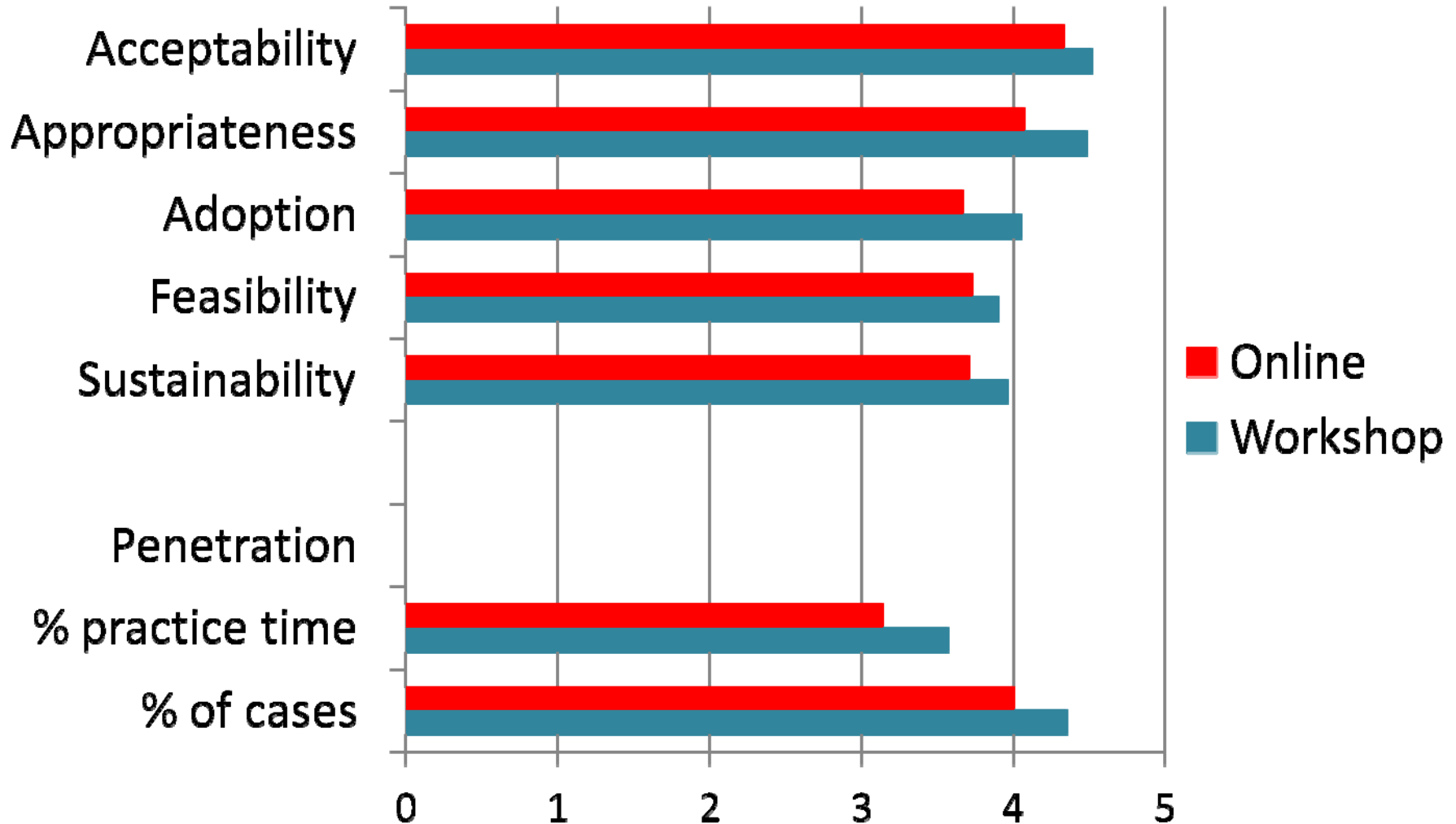# Training Evaluation, Implementation Outcomes, Training Needs Assessment

Clinician are interested in a variety of training experiences.

Training Experience	Percentage
Reading group	~24%
Email Listserv	~27%
Online consultation group	~33%
Pre-conference workshop	~35%
Online training course	~38%
5 day training institute	~41%
Peer supervision group	~41%
Read peer-reviewed articles	~41%
1 hour webinar	~45%
Access resources from website	~52%
Case consultation	~57%
Read manuals or self-help books	~60%
Workshop in driving distance	~64%

Time, cost, and access are the primary barriers to training engagement.

Bar chart of barriers to training engagement:

Barrier	Percentage
Too busy	~55%
Cost is too high	~50%
Training not available in my area	~19%
Difficult to access training materials	~12%
Too many trainings recently	~9%
Employer doesn't support training	~5%
Disappointed by past training	~2%
Satisfied with practice- no need	~2%
Training technology is intimidating	~2%

Both training formats had good self-reported implementation outcomes.

Perceived implementation barriers diminished over time.
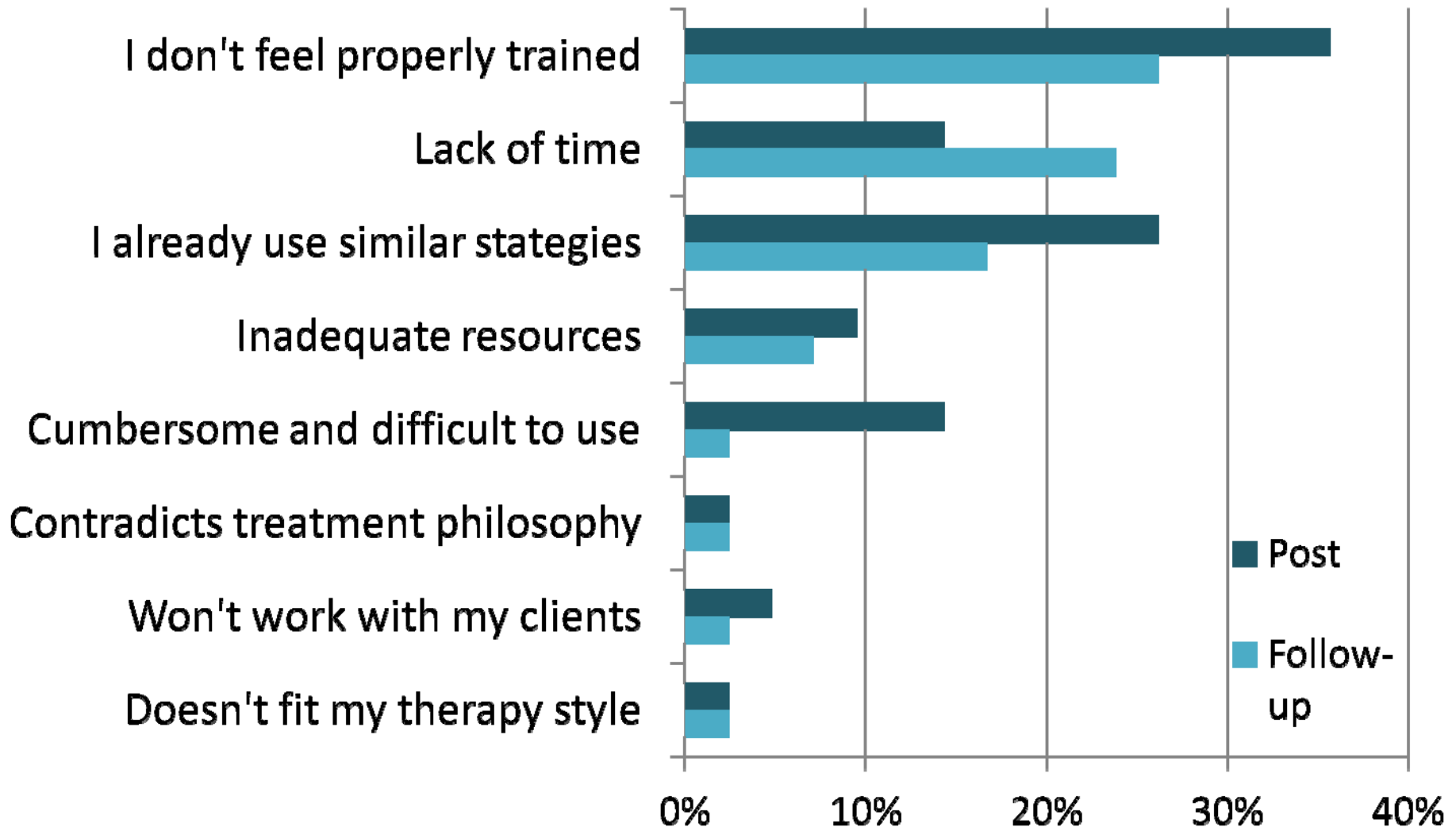
Treatment Fidelity, Burnout, Working Alliance

Spaced online training reduced emotional exhaustion and depersonalization of clients

Maslach Burnout Inventory (PRE-FU)	Workshop (N=26)		Online (N=14)				
	M	SD	M	SD	F (df =1, 38)	p	partial η^2
emotional exhaustion	25.56	6.850	19.57	4.783	**6.921**	**.01****	**.16**
depersonalization	8.76	2.332	5.86	1.099	**14.682**	**.00****	**.29**
personal accomplishment	45.04	4.587	46.07	4.922	.339	.56	.09

Spaced online training produced greater improvements in working alliance

Working Alliance Inventory (PRE-FU)	Workshop (N=26)		Spaced Online (N=14)				partial η^2
	M	SD	M	SD	F (df =1, 38)	p	
therapeutic bond	23.96	1.989	23.21	2.665	1.553	.22	.04
task agreement	21.36	2.782	23.86	2.713	**10.299**	**.03***	**.22**
shared goals	20.64	3.094	22.64	2.437	**5.795**	**.02***	**.14**

Spaced online training produced greater improvements in treatment fidelity.
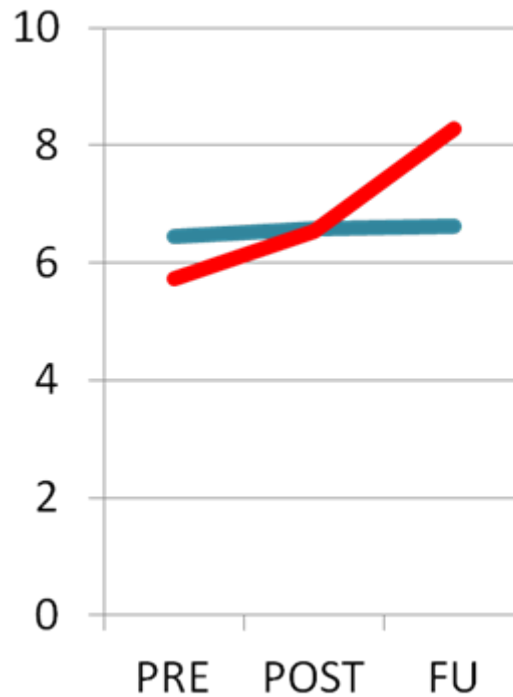
Case Conceptualization	Intervention Adherence	Intervention Flexibility
(F=8.727, p= .04*, partial η^2=.19)	(F=.18.470, p= .00**, partial η^2 =.39)	(F=4.717, p= .04*, partial η^2 =.12)
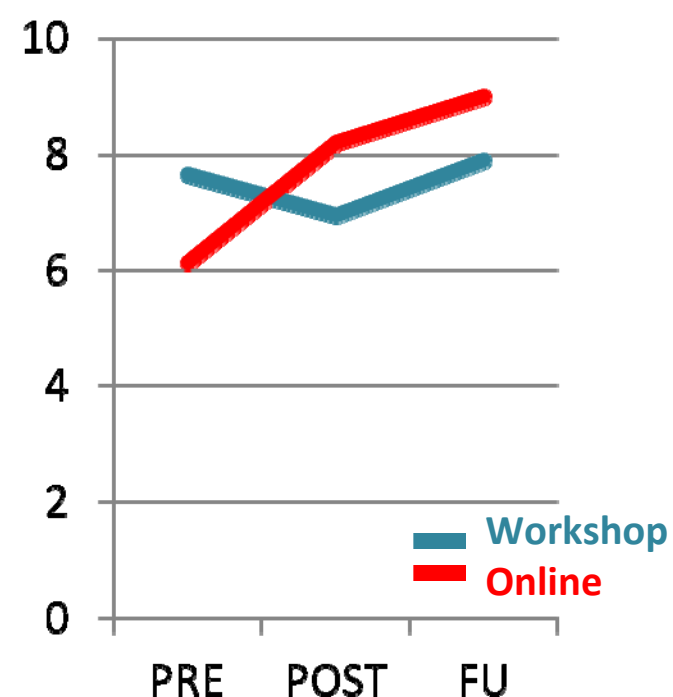
Flexibility is related to greater fidelity, lower burnout and better working alliance.

FLEXIBILITY INDICES	Burnout			Working Allaince				
	Emo Exhaust	De-personal	Pers. Achieve	Task	Bond	Goal	Global Fidelity	Therapist Flexibility
	↓ good	↓good	↑good	↑good	↑good	↑good	↑good	↑good
Flexible Fidelity	-.082	**-.457****	**.357***	**.304***	**.304***	**.348***	**.880****	**.424****
Therapist Flexibility	-.015	**-.683****	**.530****	**.435****	**.616****	**.461****	**.369***	--

Points for Discussion

- Gold standard workshop
  - Failed to improve treatment fidelity
- Spaced online training
  - Significant, sustained fidelity improvements, even with experienced therapists
- Spaced online training may be more effective than traditional workshops at reducing burnout and improving alliance
  - Gains at follow-up, but not post
- Flexibility is related to lower burnout, better working alliance, and greater treatment fidelity.

And perhaps over coffee (or email)...

- Challenges in recruitment and retention
- Assessment Issues
  - developing fidelity measures
  - lack of standardized and universally applicable measures for many implementation outcomes
  - linking therapist and client outcomes
- Implementation models for small organizations and private practitioners

Jennifer Villatte
jlvillatte@gmail.com

Assessing flexible fidelity is complex

- Adherence
  - Was this element present or absent?
- Competence
  - How well was each element implemented?
- Domains
  - Case conceptualization, intervention, adaptability

ACT uses typical dissemination strategies…

Format	Manuals, session-by-session protocols
Methods	Workshops and consultations that include didactics, video demonstrations, role-plays

…and a few that are "unique"

Format	Workbooks in core competencies, yearly training institutes, active email listservs
Methods	Experiential practices, self-reflection, self-practice