

# The Effects of Acceptance & Commitment Therapy (ACT) Training on Clinicians' Knowledge and Use of ACT within Clinical Practice and Supervision

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# **BACKGROUND INFORMATION**

## ACCEPTANCE & COMMITMENT THERAPY (ACT)

- Evidence-based, transdiagnostic intervention that incorporates acceptance/mindfulness strategies, alongside commitment and behavior change approaches
- Focus of treatment is to increase psychological flexibility, rather than symptom reduction

#### **O**BJECTIVES

- Measure effectiveness of an ACT training in improving clinician use of ACT both in their clinical work and supervision
- Identify whether 8-week supervision group improves use of ACT, beyond the impact of initial didactic training

#### METHODS

#### PARTICIPANTS

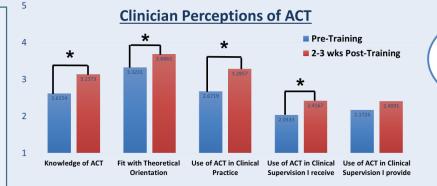
- N = 65, Outpatient staff clinicians, faculty, and trainees at PBH&W
- Multidisciplinary team participation (including Psychology, Social Work, MHC, CAT, MD, and NP)
- Months/years of direct clinical experience ranged from 3mo – 20yrs

# **ACT1: ACT IN ACTION TRAINING**

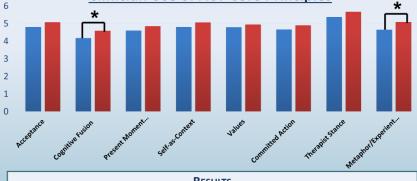
- Two 2-hour training sessions, involving didactic learning of core principles, experiential exercises, and tape review of therapy sessions
- Clinician knowledge, use, and attitudes toward ACT were measured pre-training, 2 weeks post-training, and will be measured 12 weeks post-training

#### **ACT2: SUPERVISION GROUPS**

- ≻ N = 15
- 8-week small supervision groups, with a focus on utilizing the ACT model with current patients and discussing ACT principles in further detail



# **Clinician Use of ACT Core Principles**



#### RESULTS

- Independent samples t-tests were preformed to examine pre-post differences in clinician ratings 2 weeks following the training. Post-training ratings were significantly higher in the expected domains:
  - Knowledge of Act: t(103) = -4.936, p<.001</p>
  - > Theoretical Orientation: t(113) = -2.364, p<.05
  - Use of ACT with patients: t(113) = -3.179, p<.01</p>
  - ➤ Use of ACT in Clinical Supervision received: t(114) = -1.981, p=.05
- Additionally, clinician use of ACT relative to the core principles also increased in all domains measured. This increase was statistically significant in measuring cognitive fusion in particular, t(105) = -2.283, p<.05</p>
- Post-hoc analyses of individual items revealed significant increases in use of metaphors and experiential exercises to demonstrate concepts within treatment, t(107) = -2.698, p < .01</p>

"I have naturally integrated this work in my sessions, look forward to building my skills."

"I loved this training and would be interested in attending more ACT trainings in the future. The information provided was extremely relevant and I see myself using a lot of these skills in my sessions."

# **DISCUSSION & FUTURE DIRECTIONS**

- Preliminary results illustrate ACT training is associated with significant increases in clinicians' knowledge of ACT, fit with ACT theory, use of ACT in clinical practice, and use of ACT within clinical supervision after a period of 2 weeks.
- Specifically, clinicians reported a significant increase in utilizing principles of cognitive fusion with patients, as well as in demonstrating other concepts using experiential exercises and metaphors (a core mode of intervention within ACT).
- Limitations include the use of ACT Core Competency Rating Form (Luoma et al., 2017) to measure use of ACT concepts, a tool that includes some complex language and may have confounded clinician responses.

# **FUTURE DIRECTIONS**

Data from 12 weeks post-training is still being collected. Although overall clinical use and interest was improved 2 weeks post-training, it is likely that continued supervision will result in further increases in use of specific ACT core principles.

# ACKNOWLEDGEMENTS

Many thanks to the outpatient clinicians at PBH&W who participated in this training, supervision groups, and data collection.