Journal of Contextual Behavioral Science (xxxx) xxxx–xxxx

Contents lists available at ScienceDirect

Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs

Empirical research

Showing up for class: Training graduate students in acceptance and commitment therapy

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ARTICLE INFO

Keywords:
Acceptance and commitment therapy
Graduate students
Training
Psychological flexibility
Experiential learning

ABSTRACT

Growing use of acceptance and commitment therapy (ACT) increases the need for quality training of graduate students in professional psychology. This pilot study examined the impact of a semester long ACT course among 10 clinical and counseling psychology doctoral students. Reliable change index scores were used to evaluate individual changes in psychological flexibility and stress, which were measured pre-class, post-class, and 4 months following the class. Overall trends support increases in ACT knowledge appropriate to the nature of the course and modest improvements in personal growth over time. However, positive results were not consistent across all students or all measurements. A description of course components is included, and the clinical implications of these results are explored.

Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012) is a third-wave cognitive behavioral approach to psychotherapy. The primary goal of ACT is to increase quality of life by minimizing the impact of ineffective control strategies and supporting values-oriented behavior change. This is accomplished using experiential exercises to target six processes, collectively referred to as psychological flexibility: present moment attention, experiential acceptance, cognitive defusion, flexible perspective taking, values, and committed actions (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). ACT is recognized as having research support for chronic pain, depression, anxiety, obsessive-compulsive disorder, and psychosis (American Psychological Association Division 12, 2016). Over 150 randomized controlled trials evaluating ACT have been published since 1986, 75% of which occurred in the last six years (Association for Contextual Behavioral Science, 2016). Rising interest and support for ACT increases the need for quality training, and more research is needed on the effectiveness of various training opportunities.

ACT workshops have resulted in improved knowledge (Richards et al., 2011), and increased psychological flexibility (Luoma & Vilardaga, 2013) among qualified psychologists and student trainees across a variety of specialties. Among drug and alcohol abuse counselors in particular, workshops have also resulted in decreased burnout (Hayes et al., 2004), and increased willingness to use evidence-based treatments (Varra, Hayes, Roget, & Fisher, 2008). Positive results have been partially attributed to an emphasis on experiential exercises, which teach psychological flexibility by having participants personally experience mindfulness and acceptance based activities (Luoma & Vilardaga, 2013). Experiential training methods can improve understanding of therapeutic techniques, self-efficacy, and personal growth (Bennett-Levy et al., 2001). Although concerns have been raised about workshop participants feeling anxious or pressured during these exercises, evidence suggests participants do not typically feel threatened or pressured to disclose (Richards et al., 2011).

ACT trainings can lead to improved self-care and clinical practice both among qualified psychologists and psychologists in training (Wardley, Flaxman, Willig, & Gillanders, 2016), but less is known about educational training for graduate students in psychology. Among psychology graduate students in Australia, ACT processes were correlated with life satisfaction, clinical training satisfaction, and decreased stress (Pakenham, 2015b). Furthermore, a four-week ACT based stress management workshop led to increased psychological flexibility, life satisfaction, counseling self-efficacy, and therapeutic alliance (Pakenham & Stafford-Brown, 2013; Stafford-Brown & Pakenham, 2012). Students described this workshop as personally and professionally useful and supported adding it to the curriculum. Similar improvements were seen following a longer 12-week 2-h ACT course on therapist competency skills (Pakenham, 2015a, pp. 1924) and self-care (Pakenham, 2015).

To our knowledge, no additional research beyond Pakenham and colleagues has been published on ACT training for graduate students in professional psychology, although the use of broader CBT-based experiential courses have resulted in increased wellbeing and self-care among graduate students (e.g., Shapiro, Brown, & Biegel, 2007). This pilot study explored the implications of a semester long ACT course

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http://dx.doi.org/10.1016/j.jcbs.2016.12.001
Received 25 May 2016; Received in revised form 26 November 2016; Accepted 15 December 2016

taught by a peer-reviewed ACT trainer and associate professor in the U.S. Although tasks were not assigned with the explicit goal of personally applying ACT strategies (e.g., Pakenham, 2015), personal process changes were nonetheless expected (Luoma & Vilardaga, 2013). It was hypothesized students would make reliable improvements in psychological flexibility and stress over the course of the class and through follow-up. Students were further expected to improve on an ACT knowledge quiz, and maintain these improvements through follow-up.

1. Method

1.1. Participants

Participants were clinical (n =3) and counseling (n =7) doctoral students enrolled in a semester long elective course on ACT. Demographic information was not collected to protect confidentiality among students in these small, intimate programs. Most students were in their third year of training and in their mid-20 s to mid-30 s. There were slightly more female students than male students, and approximately 25–30% of students would identify as a minority in at least one way. Students take this course after taking basic courses in research design and statistics, general psychotherapy theories, psychopathology, and ethics, and usually at least one year of practicum training.

1.2. Procedures

The university IRB, which is in compliance with federal guidelines, approved all procedures. Students were asked on the first day of class, before the instructor (second author) arrived, whether they would like to participate. Those who agreed completed the informed consent and pre-class assessment measures prior to the start of class. The instructor also left class early on the post assessment day. At each time point, students completed the self-report measures and 10-item ACT knowledge quiz. At the 4-month follow-up, students also completed a 5-item qualitative questionnaire. One student did not complete follow-up measurements. Complete anonymity of student participation and responses was preserved throughout this study. After completion, students were given a summary of overall results and allowed to review their own changes in knowledge and growth.

1.3. Course components

This course is part of a seminar series that rotates through evidence-based approaches, providing in-depth knowledge of theoretical underpinnings, related techniques, and empirical support. Students are required to enroll in at least one psychotherapy series course, which meets once per week for 14 weeks, for 3 h. The maximum enrollment is 15 students, with an average of 10. There is one instructor only and no tutors or co-facilitators. Accordingly, this course offered an intensive examination of ACT theory, research, and techniques, while developing and/or furthering an in-depth understanding and proficiency in its application.

Table 1 includes a list of course content organized per week. Class structure included these common components delivered flexibly: (a) homework review, (b) lecture and discussion, (c) in-class exercises, and (d) student presentations. Homework assignments came from *Learning ACT* (Luoma, Hayes, & Walser, 2007) and addressed competencies in therapeutic relationship, case conceptualization, and/or hexaflex components. For case conceptualizations, students sometimes used cases from the text, and sometimes used themselves, or their de-identified clients as models. Homework was given corrective feedback and graded based on completion, accounting for 10% of the final grade. Students took mid-term and final exams, accounting for 67% of their grade.

Lectures included facilitated group discussions on assigned readings. In-class exercises were included to facilitate participation, including: written quizzes, small group projects, role-plays or other experiential activities, or processing of presented materials (e.g., recorded sessions or training videos). Experiential pieces were explained in detail so students could give informed consent. Alternatively, students could write about assigned material for the same number of points. Although personal disclosure was not required, students were encouraged to experience their reactions fully, and to allow fellow students the same opportunity. Participation in discussion and exercises was graded based on activity level and accounted for 17% of the final grade. Student presentations lasted 15 min and included a brief didactic introduction and debriefing around an applied exercise. Many included individualized experiential exercises, such as drawing symbolic images to represent personal values and playing with modeling clay to facilitate present moment awareness. Each student was responsible for two presentations, accounting for approximately 7% of the final grade. Presentations were graded for accuracy, creativity, and thorough, yet succinct delivery.

Table 1
Course Content Organized Per Week.

Week	Topics
1	Setting the context; Intro to class
2	Underpinnings and foundations
3	Functional contextualism & The basics of RFT and ACT
4	Functional analysis in therapy & case conceptualization
5	Expanding RFT
6	Therapeutic context (relationship)
7	More on case conceptualization
8	*Midsemester Break and Mid-term Exam*
9	The Model: Present Moment
10	The Model: Self
11	The Model: Defusion
12	The Model: Acceptance
13	The Model: Values/Valuing
14	The Model: Committed Action
15	Evidence from analogues, component studies, and randomized controlled trials, and critiques of RFT and ACT
16	*Final Exam*

1.4. Measures

The primary outcome for this study was psychological flexibility. Although there are several aspects to flexibility, research suggests global measures are useful to reflect the overall unidimensional construct (Bond et al., 2011; Fledderus, Oude Voshaar, ten Klooster, & Bohlmeijer, 2012; Schmalz & Murrell, 2010). The Avoidance and Fusion Questionnaire for Youth (AFQ-Y; Greco, Murrell, & Coyne, 2005) is a 17-item measure of psychological *inflexibility*. Originally created for and validated in youth populations (Greco, Lambert, & Baer, 2008), evidence supports its use with adults (Fergus et al., 2012; Schmalz & Murrell, 2010). The AFQ-Y correlates positively with anxiety (r =0.53), stress (r =0.55), and depression (r =0.59), and negatively with quality of life (r =−0.30; Schmalz & Murrell, 2010). Cronbach's alpha scores in the current sample were 0.81 (pre-class), 0.81 (post-class), and 0.84 (follow-up).

The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item measure of emotion dysregulation, a construct conceptually similar to flexibility (e.g., Schramm, Venta, & Sharp, 2013) due to its emphasis on emotional avoidance, difficulties engaging in goal-directed behavior, impulse control difficulties, and lack of emotional awareness. The DERS correlates negatively with emotion regulation (r =−0.69) and emotional expressivity (r =−0.23; Gratz & Roemer, 2004), and positively with stress (r =0.41), anxiety (r =0.39), and depression (r =0.39; Park, Edmondson, & Lee, 2012). Cronbach's alpha scores in the current sample were 0.95 (pre-class), 0.90 (post-class), and 0.95 (follow-up).