

# The ACT Fidelity Measure (ACT-FM)

ACT-FM

## About the ACT-FM

This measure is intended to be used by clinicians who are experienced in ACT and understand the principles of the approach. It can be used to rate clinician fidelity to ACT in a variety of contexts (e.g. as a tool to evaluate your own or another clinician's practice, or as a research tool). The items capture four key areas within ACT: **Therapist Stance**, **Open Response Style**, **Aware Response Style** and **Engaged Response Style**. These are outlined below with definitions. There are items to score the therapist's behaviours as consistent and inconsistent with these areas. For example, within the Open Response Style section, an ACT consistent item is 'Therapist gives the client opportunities to notice how they interact with their thoughts and/or feelings (e.g. whether avoidant or open)' and an ACT inconsistent item is 'Therapist encourages the client to "think positive" or to substitute negative for positive thoughts as a treatment goal'. This is because it is possible to be both ACT consistent and inconsistent within the same therapy session, which may be useful to record for research or training purposes. The consistent and inconsistent items are not opposites of each other. If rating the inconsistent items is not relevant for your purposes, then please feel free to omit these items.

## Definitions

### Therapist Stance

The stance taken by the therapist is equal, compassionate and non-judgemental. The therapist should show empathy and warmth and be guided by what the client brings. The therapist does not try to change the client's mind, but to guide noticing of their own experience using experiential techniques. The therapist encourages responsibility, focuses on context and models psychological flexibility responses and behaviour.

### Aware Response Style

This is the ability to flexibly contact the present moment. This might involve practicing exercises designed to enhance the client's ability to nonjudgementally attend to the present moment. The therapist may encourage the client to take an observer perspective on their psychological experiences, when doing so helps increase the effectiveness of client behaviour.

### Open Response Style

This is the ability to open-up to experiences, and to observe and describe these without becoming entangled in them or trying to diminish them. The therapist might work on skills that promote the client's willingness to sit with difficult thoughts, emotions or sensations, when in the service of their values and goals. They might use defusion techniques or exercises with the client, giving them the opportunity to notice or distance themselves from their thoughts.

### Engaged Response Style

This is the ability to identify, clarify and act according to one's values on an ongoing basis. The therapist might give the client opportunities to identify their values. They may help the client to define goals and actions that support their values, and to plan and do these actions.

## How to use the ACT-FM

### Procedure

- The focus of this measure is on the therapist's behaviour.
- Therapists may not have the opportunity to demonstrate all behaviours captured by the ACT FM, especially in short sessions.
- Only score based on behaviours you have observed, not what you think the therapist would have achieved if they had further time available.
- A single therapist behaviour can be coded for all relevant items, not just the most suitable one.
- Before scoring the session, familiarise yourself with the measure and the items so that you can easily find an item when you see the clinician evidence it.
- Make notes as you listen to or view the session in the space below each item.
- Have specific examples in mind when scoring.
- Score the items at the end of the session not throughout, as ratings may change.

### Scoring

Give a rating for each item based on the behaviours you have heard or observed by circling the number next to each item. Items are rated as 0 if the behaviour did not occur, and from 1-3 if the behaviour did occur, only assign a score higher than 0 if you hear or see examples of the behaviour. Higher scores are given for the behaviour occurring more consistently. Only give whole point answers, e.g. do not score 2.5. You will need to use your clinical judgment when scoring, bearing in mind the context of the therapy session and considering the function of the therapist behaviour.

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Raters name and professional qualification: \_\_\_\_\_ Date of rating: \_\_\_\_\_

Therapist name and professional qualification: \_\_\_\_\_

Client ID: \_\_\_\_\_ Session No: \_\_\_\_\_ Date of session: \_\_\_\_\_

Length of session being rated: \_\_\_\_\_

Direct observation       Audio recording       Video recording

## Scoring

0 = This behaviour never occurred

1 = Therapist rarely enacts this behaviour

2 = Therapist sometimes enacts this behaviour

3 = Therapist consistently enacts this behaviour

## Therapist stance

ACT consistent		Rating
1	Therapist chooses methods that are sensitive to the situation and context (i.e. in a flexible and responsive way rather than a 'one size fits all' approach).	0 1 2 3
2	Therapist uses experiential methods/questions (i.e. helps the client to notice and use their own experience rather than thoughts about their experience).	0 1 2 3
3	Therapist conveys that it is natural to experience painful or difficult thoughts and feelings when one is in circumstances such as those experienced by the client.	0 1 2 3
4	Therapist demonstrates a willingness to sit with their own and the client's painful thoughts and feelings and the situations that give rise to these.	0 1 2 3

ACT inconsistent		Rating
5	Therapist lectures the client (e.g. gives advice, tries to convince the client, etc).	0 1 2 3
6	Therapist rushes to reassure, diminish or move on from "unpleasant" or "difficult" thoughts and feelings when these arise.	0 1 2 3
7	Therapist conversations are at an excessively conceptual level (i.e. therapist overly emphasises verbal understanding of concepts rather than using experiential methods for behaviour change).	0 1 2 3

## Open response style

ACT consistent		Rating
8	Therapist helps the client to notice thoughts as separate experiences from the events they describe.	0 1 2 3
9	Therapist gives the client opportunities to notice how they interact with their thoughts and/or feelings (e.g. whether avoidant or open).	0 1 2 3
10	Therapist encourages the client to "stay with" painful thoughts and feelings (in the service of their values).	0 1 2 3

ACT inconsistent		Rating
11	Therapist encourages the client to control or to diminish distress (or other emotions) as the primary goal of therapy.	0 1 2 3
12	Therapist encourages the client to "think positive" or to substitute negative for positive thoughts as a treatment goal.	0 1 2 3
13	Therapist encourages or reinforces the view that fusion or avoidance are implicitly bad, rather than judging them on basis of workability.	0 1 2 3

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## Aware response style

ACT consistent	Rating
<b>14</b> Therapist uses present moment focus methods (e.g. mindfulness tasks, tracking, noticing, etc) to increase awareness of the moment, including thoughts and feelings.	0 1 2 3
<b>15</b> Therapist helps the client to notice the stimuli (thoughts, feelings, situations, etc) that hook them away from the present moment.	0 1 2 3
<b>16</b> Therapist helps the client to experience that they are bigger than and/or separate from their psychological experiences.	0 1 2 3

ACT inconsistent	Rating
<b>17</b> Therapist introduces or uses mindfulness and/or self-as-context methods as means to control or diminish or distract from unwanted thoughts, emotions and bodily sensations	0 1 2 3
<b>18</b> Therapist introduces or uses mindfulness and/or self-as-context methods to challenge the accuracy of beliefs or thoughts.	0 1 2 3
<b>19</b> Therapist introduces mindfulness and/or self-ascontext methods as formulaic exercises.	0 1 2 3

## Engaged response style

ACT consistent	Rating
<b>20</b> Therapist gives the client opportunities to notice workable and unworkable responses (e.g. whether their actions move them towards or away from their values).	0 1 2 3
<b>21</b> Therapist gives the client opportunities to clarify their own values (overarching life goals and qualities of action).	0 1 2 3
<b>22</b> Therapist helps the client to make plans and set goals likely to meet reinforcing consequences (i.e. shapes action that is consistent with their values).	0 1 2 3

ACT inconsistent	Rating
<b>23</b> Therapist imposes their own, other's or society's values upon the client (i.e. suggests what the client should or should not value or what valuing something should look like).	0 1 2 3
<b>24</b> Therapist encourages action without first hearing, exploring or showing curiosity regarding the client's psychological experiences (e.g. painful thoughts, feelings and emotions).	0 1 2 3
<b>25</b> Therapist encourages the client's proposed plans even when the client has noticed clear impracticalities.	0 1 2 3

## Scoring

A total score for each subscale can be calculated by adding the 3 items together. The Therapist stance – ACT consistent section has 4 items, so please convert this to give a total out of 9 in line with the other sections by adding the 4 items, dividing by 4 and multiplying by 3. The ACT consistent items can be added to give a total ACT consistency score and the ACT inconsistent items can be added to give a total ACT inconsistency score.

ACT Consistent Therapist Stance (0-9) =

ACT Consistent Open Response Style (0-9) =

ACT Consistent Aware Response Style (0-9) =

ACT Consistent Engaged Response Style (0-9) =

**Total ACT Consistency Score (0-36) =**

ACT Inconsistent Therapist Stance (0-9) =

ACT Inconsistent Open Response Style (0-9) =

ACT Inconsistent Aware Response Style (0-9) =

ACT Inconsistent Engaged Response Style (0-9) =

**Total ACT Inconsistency Score (0-36) =**