

Development and Validation of the Drexel University ACT/CBT Therapist Adherence Rating Scale: Phase II



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Introduction

The Drexel University ACT/CBT Therapist Adherence Rating Scale (DUTARS) was adapted from the Adherence Raters' Manual for the NIDA ACT/Bupropion Smoking Cessation Treatment Study (Gifford, Pierson, Smith, Bunting, & Hayes, 2003) and the Cognitive Therapy Adherence and Competence Scale (CTACS; Liese, Barber, & Beck, 1995). It represents an attempt to combine items relevant to assessing therapist practices specific to Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) with items focusing on more general therapist attributes within a single scale. The Adherence Raters' Manual, the CTACS and multiple treatment manuals were reviewed to generate a pool of items.

Research in the area of ACT has increased exponentially in recent years. Nearly five times as many ACT-related publications and studies came out in the past five years as in the preceding 15 years. There is a need for an adherence rating scale to be used in the many Randomized Controlled Trials comparing ACT to gold standard treatments, which are frequently cognitive-behavioral.

The DUTARS is designed to measure the presence or absence of 33 therapist behaviors at five-minute intervals. These behaviors fall into six subscales, with no overlaps among subscales.

- Relationship-building
- Treatment implementation
- CBT-specific behavior
- ACT-specific behavior
- · Miscellaneous therapist behaviors
- Therapist competence

During the first phase of development, interrater reliability and internal consistency ratings were high (.96-.99) for the full scale, as well as the five adherence subscales. The discriminant validity of the DUTARS was supported. However, the interrater reliability for the therapist competence subscale fell below acceptable levels (.61) and the alpha coefficient for the competence subscale (.76) was significantly lower than that of the other subscales. In order to improve the scale's psychometric properties, items with low interrater reliability were dropped and the instructions for rating competence were modified. This poster will report on the second phase of measure development and validation.

Method

Participants in this study had recently participated in a clinical trial at the Drexel University Student Counseling Center in which they were randomized to receive either CBT (n=15) or ACT (n=17). All of these sessions were audiotaped. Forty-one of these treatment session tapes were randomly selected for use in the current study. Ratings were made of whole audiotaped therapy sessions ranging from 20 to 60 minutes (mean=49.5 minutes).

The raters (n=6) consisted of psychology students (5 graduate, 1 undergraduate) with variable training (4/6 have formal training in ACT, 3/6 have formal training in CBT) and experience (4/6 have conducted ACT and CBT). All raters were provided with an overview of CBT, ACT, and the rating scale. All rated and received feedback on number of practice sessions

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lubi	ect ID: Session Date: Session Nu	ımber:			Theran	ist Initia	ls:		Rat	er Initia	ls:			
								_				_		
ste V	en to audiotaped therapy session. Every five minutes, pause the audiotape and of at the top of the remaining time interval(s) and strike through the column(s). I	check ()	() off all	behavio insudik	rs that o	one than	within th	ne past :	5 minute	s. If the	session	termina to an La	tes early	
me	interval and strike through the column. At the end of the session, complete the	compe	tence ite	ms.		ACC LIMIT					aces) with		a unc nop	
												Dalati	onehin l	
	Did the therapist	0.5	5-30	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	Relati sess	onship-l	
	Listen actively?													
2	Make empathic statements?													
,	Make summary statements?													
	Ask for patient feedback about session?													
											Tn	satment	implem	
	Did the therapist	0-5	5-30	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	
1	Provide focus and structure (i.e. identify important areas to be addressed in session, direct the flow of conversation and redirect the client as													
	necessary)?													
''	Review previous homework?													
	Assign new homework? Discuss the client's treatment goals?													
_	Discuss the chefit's treatment goals:	ш	ш	ш		ш		ш		ш		ш		
												CBT-s	pecific b	
	Did the therapist	0-5	5-30	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	58-55	55-60	
	Socialize the client to the CBT model (concepts, process and/or structure)? Elicit automatic thoughts?													
	Relate automatic thoughts? Relate automatic thoughts to the client's problems?	H		H	ä	H	H	1	Н	H	H	H	H	
	Elicit core beliefs and schemas?	ä		ä	ö	ä	<u> </u>	ä		ä		ä	ä	
,	Relate core beliefs and schemas to the client's problems?													
,	Ask the client to consider evidence supporting or refuting their beliefs													
,	and/or consider alternate beliefs? State or confirm that thoughts lead to feelings or behavior?	п	п	п	п	п	п	п	п	п	п	п	п	
	Relate improvement in client's symptoms or problems to changes in beliefs	ä	ä	ä	ä	ä	-	-	ä	H	ä	H	ä	
	or thoughts?			_		_				_		_		
												ACT-s	pecific b	
	Did the therapist	0-5	5-30	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	58-55	55-60	
,	Socialize the client to the ACT model (concepts, process and/or structure)? Discuss language conventions aimed at helping the client to remember that			-		-							-	
-	thoughts and feelings are not necessarily reality?	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	
	Discuss the client's ability to observe thoughts and feelings without acting													
_	on them? Discuss the client's sense of self-awareness or identification as the context		0											
•	in which all of their thoughts, feelings, and evaluations occur (i.e. the place	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	ш	
	from which they can observe their thoughts and feelings)?													
,	Discuss the client's willingness to contact and accept difficult thoughts, feelings, memories and/or bodily sensations?													
5	Encourage the client to experience difficult thoughts, feelings, urges,													
	memories and/or bodily sensations either in or out of session?	_		_		_		_		_		_		
1	Encourage the client to be mindful of current experiences, both in and out- of-session?													
	Identify client's efforts to control his or her thoughts or feelings as	п		п	п	п		п		п		п		
	problematic?	_			_		_	_	_	_		_		
,	Discuss the client's history of attempts to solve his or her problems and/or the consequences of this unsuccessful behavior?													
0	Discuss the client's behavior and goals based on stated values?													
-	Encourage the client to generate and/or keep commitments in any area of													
2	his or her life? Discuss clean versus dirty discomfort?													
_													Miscel	
	Did the therapist Ask about the client's mood or ongoing problems?	П	>-00	10-15	15-20	20123	2-39	38-33 П	35-40	40-45	E-39	38-33	23-60	
	Discuss the client's in-session behavior, past or present (i.e. comment on it.	-		ä	ö	ä		ä		ä		-	6	
	link it to client's experiences in other situations/relationships)?			_		_			-	_		_		
	Encourage the client to identify high-risk situations for problem behaviors and/or identify coping skills to manage them?													
	Link the past to present beliefs, thoughts, emotions or behaviors?													
,	Use confrontative responses or statements?	ō			ō				ō		ō		ō	
													Bel	
	Did the therapist	0-5	5-50	10-13	15-20	26-23	25-30	39-35	35-40	40-43	65-50	58-55	55-60	
	Discuss behavioral activation?													
	Facilitate in vivo exposure in session?													
	Assign or discuss homework assignments related to in vivo exposure?					-								
	Facilitate imaginal exposure in session? Discuss relaxation training?	H												
,	Model behaviors or responses for the client?										ä			
,	Role play with the client?													
	Provide skills training?													
	Complete the following qu													
Whe	n rating the competence items, please note that a lack of adherence to treatmer	nt condi	tion shou	ıld nega	tively in	spact con	npeteno	e rating	s (with t	he exce	ption of	item 4).		
													Com	
	Rate the therapist's					Poor		air	Good		Very	E	Excellent	
	Knowledge of treatment				-	п		0	п	-	Good			
	Skill in delivering treatment					-					ä	1		
	Appropriate application of treatment components within the context of the se	ssion			7				-			T		
	Relationship with the client Overall performance				-	-		-	-	-			-	
							-							
Γο w	hich condition do you believe this participant was assigned?													
	□ ACT													
	□ CBT													

Results

Interrater Reliability

Strout and Fleiss's (1979) intraclass correlation coefficient (ICC) model 2, a random effects model, was used to measure interrater reliability. The ICC (2,1) coefficients were uniformly high:

- Full scale: 0.95
- Relation-building subscale: 0.92
- · Treatment implementation subscale: 0.97
- CBT subscale: 0.94
- · ACT subscale: 0.96
- · Miscellaneous therapist behavior subscale: 0.93
- · Competence subscale: 0.86

nternal Consistency

Cronbach's alpha was used to measure internal consistency. Alpha coefficients were uniformly

- Full scale: 0.92
- · Relation-building subscale: 0.96
- Treatment implementation subscale: 0.93
- CBT subscale: 0.91
- ACT subscale: 0.93
- Miscellaneous therapist behavior subscale: 0.92
- Competence subscale: 0.95

Discriminant Validity

Discriminant validity was examined by correlating the CBT items and subscale scores with the ACT items of subscale scores. The discriminant validity was supported by the low r values (ranging from -.28 to .23), and non-significant correlations found in these analyses.

Discussion

These results support the internal consistency and construct validity of the six adherence subscales, the full scale score, and the therapist competence scale. The DUTARS appears to have utility as a measure of treatment integrity and distinctiveness in comparative treatment research.

Advantages of the DUTARS

- The only adherence and competence scale suitable for rating both ACT and CBT
- · Can be used reliably by raters with variable experience, education, and training
- · Measures therapy content
- Can be used as a measure of process and a predictor of therapeutic outcome
- · Provides detailed feedback to therapists

Directions for Future Research

Further work to substantiate the reliability and validity of the DUTARS will explore its factor structure, construct validity and predictive validity.

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