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Title: Improving the Implementation Fidelity and Reach of ACT for Complex Needs

In R. Menzies, M. Kyrios, & N. Kazantzis (eds) *Innovations and Future Directions in the Behavioural and Cognitive Therapies*. Bowen Hills, QLD: Australian Academic Press

Hamish J McLeod, University of Glasgow

Ross White, University of Glasgow

Louise Johns, University of Oxford

Overview

Although effective psychological therapies generally attract high acceptability ratings and are greatly valued by service users, we need to do a much better job of achieving widespread implementation across health service systems. This challenge can be particularly evident where service users have complex needs, such as those related to psychosis. UK audit data show that despite clinical guideline stipulations (e.g. from NICE), the routine implementation of psychological treatments for psychosis such as CBTp and Family Therapy reaches less than one tenth of those who could benefit from such therapies. As the third wave of psychological treatment approaches expand into psychosis treatment, psychosis focused adaptations of Acceptance and Commitment Therapy (ACTp) will face many of the real world implementation challenges that have diluted the beneficial impacts of CBTp and family therapies. To reduce the avoidable suffering and wasted resources that will accompany ineffective implementation of ACTp, we propose that researchers and clinicians should actively work to understand and address the factors that help bridge the gap between clinical trial data and meaningful clinical impact in real world healthcare settings. Choosing to

grapple with these challenges of implementation fidelity now will be a good investment in the future of effective care for complex needs. This chapter outlines how wider work on therapy development and implementation science can inform the next generation of ACTp studies.

Major Findings

Before considering specific issues relevant to implementing ACTp, we will outline a number of wider issues pertinent to psychological intervention development and therapy trial design that help place the need for implementation research in context. We are in an era where randomised controlled trials (RCTs) have become synonymous with best quality evidence for treatment effectiveness. This evaluation method works well when discriminating between highly replicable medical interventions (e.g. drugs or surgical procedures) and enhanced evidence reporting standards such as the CONSORT guidance have helped to improve the clarity and transparency of published RCT evidence. But psychological therapies are complex interventions with many sources of uncontrolled variance that can interfere with generalisation of findings across contexts. To mitigate this, several frameworks have been published in recent years to help complex intervention researchers convert their treatment insights into a form that will maximise real world implementation. The UK Medical Research Council's complex interventions framework and the Delaware Project from North America help therapy researchers address questions of treatment *implementation*, not just efficacy. The need for a more nuanced understanding of psychosocial intervention implementation has also stimulated extension of the CONSORT statement for trial reporting standards¹. Clinicians and therapy

¹ See additional readings

researchers alike will benefit from using these frameworks to understand future trials of complex interventions so that effective treatments have a greater chance of being implemented in contexts outside of the highly controlled parameters of an RCT.

The ACTp evidence base now comprises several RCTs and a number of uncontrolled intervention studies that provide preliminary evidence of effects on outcomes such as reduced hospital readmission, improved emotional adaptation, self-ratings of functional recovery, and enhanced confidence in managing symptoms such as command hallucinations. The treatment effect sizes are in the medium to large range (Cohen's $d=.31$ to $.86$), particularly when the comparator is standard care. Although the size of these effects are likely to diminish when adjusted for trial quality or when compared to active comparator treatments, there are signs that ACTp is developing an evidence base that gives clinicians and researchers an expanded range of viable treatment choices.

The published ACTp research also allows some preliminary observations about patterns of treatment dose, fidelity, and reach. The dose required to achieve an effect on primary outcomes varies substantially across trials with an average of 15.8 sessions but a wide range from 3 to 20 sessions. Data relevant to reach shows that ACTp has been applied to people with psychosis across the range of chronicity and severity and in different treatment settings from acute admission wards to community based care. The context of most treatment outcome research is high resource settings in high-income countries such as the UK, USA, and Australia where there are ACT communities and increased access to training and supervision resources. This speaks to the issue of treatment fidelity and the level of competence needed to ensure that

ACTp is delivered at the required standard. To date, we have limited data on how to adequately prepare ACTp therapists and how to monitor treatment adherence. The minimum requirements is similar to existing psychological interventions; therapists need pre-intervention training in the therapy protocol followed by ongoing supervision and review of clinical case work by supervisors with ACT expertise.

Clinical Implications

Helping people to live well in the presence of challenges presented by psychotic experiences is well within the scope of ACTp's philosophy and goals. But, it is also clear that there is much to learn about how ACTp can be best delivered with fidelity across contexts to people presenting with varying treatment needs. A contextual behavioural science approach to clinical practice and therapy refinement has a good chance of bridging the gap between trial evidence and real world practice. As outlined by Hayes et al (2013), some ways of developing, refining, and implementing psychological treatments are more effective than others. An immediate task for clinicians and researchers is to create collaborations that maximise the impact of such treatment improvement efforts.

Future Directions

ACTp will make meaningful progress if clinicians and researchers work together to evaluate and understand the ways that effective techniques, in the right doses, can be delivered to the right people to meet their needs. Intervention studies that use modern frameworks for implementation process evaluation will help surmount barriers to wider penetration of effective care. Instrumentation and measurement improvements will also help (e.g. treatment fidelity scales) as will the use of technology to increase

the reach of therapy information and strategies (e.g. via mHealth and ICT delivery platforms). Ultimately, ACTp is well placed to mature into a valuable addition to the range of therapies available to people seeking help with managing the consequences of psychosis.

Further Readings

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