**DIRECT MEASURES OF COMMITTED ACTIONS IN GROUP-BASED ACCEPTANCE AND COMMITMENT TRAINING FOR CAREGIVERS OF PEOPLE WITH NEURODEVELOPMENTAL DISABILITIES**

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**Objectives:** Caregivers of people with neurodevelopmental disabilities (NDDs) may experience greater psychological distress than other caregivers. Acceptance and Commitment Training (ACT) increases psychological flexibility by modifying one’s relationship with internal private events to overcome challenges. This approach has been shown to increase psychological flexibility and decrease psychological distress for caregivers of people with NDDs, along with various other populations (i.e., individuals experiencing chronic pain, persons with various psychopathologies, and nonclinical populations (e.g., university students). However, a key component of the ACT process (i.e., committed actions) is rarely directly measured (e.g., through self-monitoring) and examined in relation to decreased psychological distress. Rather, indirect measures of mental and physical health outcomes (e.g., stress scales) are most often reported in studies. Measuring and examining committed actions through self-monitoring may be beneficial in understanding how committed actions relate to changes in overall health outcomes post-ACT and in understanding how ACT can improve life satisfaction for caregivers.

**Method:** This study examined the relationship between caregivers’ self-monitoring of committed actions and their self-reported psychological measures of parenting stress, general stress, depression and anxiety as well as indirect measures of committed actions and personal values, during an ACT-based workshop. Eleven caregivers were asked to complete self-reported questionnaires on psychological distress (i.e. parenting stress, general stress, anxiety, depression) as well as self-monitor the frequency of their committed actions (related to their personal values). Participants were asked to complete the psychological measures during baseline, post-ACT and at one-month follow-up. They were asked to send their weekly self-monitoring forms one week before, four weeks after, and one month after the group-based ACT workshop (Lunsky et al., 2018). A quasi-experimental, interrupted time series design was used to evaluate the relationships between caregiver’s self-monitoring of committed actions and any changes to their psychological distress.

**Results:** Following the ACT workshop, 10 out of 11 caregivers demonstrated increases in self-monitoring of their committed actions. The group average increased from a frequency of 0 days spent self-monitoring committed actions pre-ACT to 3.4 days per week post-ACT. All self-report data indicated therapeutic trends, with scores on parenting stress, general stress, and depression approaching statistical significance. One-month follow-up data and social validity measures are currently being analyzed. Additional workshops will be conducted for other caregivers and all participants’ measures will be combined and analyzed in order to increase statistical power.

**Discussion/Conclusions:** Consistent direct measures of self-monitoring committed actions may provide more reliable information than indirect measures in relation to examining decreased psychological distress post-ACT. More specifically, the results of this study may help inform how self-monitoring committed actions impacts the frequency of committed actions engaged in, and the effects that has on caregiver’s psychological distress and values. Additional workshops will be conducted in the future to increase statistical power and the results will be assessed again to identify greater potential trends.

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