

## 2022 RSIG Research Day Symposium

### **We Saved You a Seat: Tailoring Supports to Strengthen Diverse Services Provided to Developmental Service Staff and Caregivers**

Discussant: Dr. Rosemary Condillac, Brock University

#### **A Pilot Evaluation of an Acceptance and Commitment Training Workshop for Developmental Sector Staff**

*Kendra M. Thomson<sup>1,2</sup>, Yona Lunsky<sup>1</sup>, Sarah Davis<sup>1,2</sup>, Carly Magnacca<sup>1,3</sup>, Sarah Bernier<sup>1,2</sup>, & Stephen Noone<sup>4</sup>*

*<sup>1</sup>Centre for Addictions and Mental Health, <sup>2</sup>Brock University, <sup>3</sup>York University, <sup>4</sup>Northumbria University*

**Objective:** Developmental service (DS) staff may experience significant work-related stress that adversely impacts their own well-being and how they provide support. During the pandemic, DS staff may be experiencing even higher levels of stress. Acceptance and Commitment Training (ACT) has been shown to be an effective method for reducing stress by promoting psychological flexibility in various populations. Promotion of Acceptance in Carers and Teachers (PACT) is an ACT-based intervention that has been used to address work-related stress in DS staff in the United Kingdom. We have been evaluating the impact of a virtual delivered PACT on indicators of the wellbeing of DS staff since the pandemic began. We have adopted a co-facilitation model, which includes professionals from the DS sector as co-facilitators.

**Methods:** A quasi-experimental (pre-post) design was used to evaluate the impact of the brief workshop on DS staff wellbeing. A total of 50 DS staff have participated in the workshop, which is delivered across three, 2-hour virtual sessions. Twenty participants completed measures of psychological flexibility, workplace stress, and general well-being pre- and post-workshop: Depression Anxiety Stress Scale-21 (DASS-21), Acceptance and Action Questionnaire (AAQ), Staff Stressor Questionnaire (SSQ), and the Valued Living Questionnaire (VLQ). Participants also completed a consumer satisfaction questionnaire post-workshop.

**Results:** A bias-corrected and accelerated (BCa) paired sample t-test was used to analyze pre-post scores. Participants' overall scores on the DASS-21, decreased from pre-workshop ( $M = 38.25$ ,  $SE = 2.24$ ), to post-workshop ( $M = 34.67$ ,  $SE = 2.50$ ), suggesting improvement. Although this difference, 3.25, BCa 95% CI  $[-0.50, 7.20]$ , was not significant,  $t(19) = 1.57$ ,  $p = .15$ , it

produced a moderate effect size  $D = 0.35$ . Similarly, participants reported decreased scores on the AAQ pre-workshop ( $M = 22.15$ ,  $SE = 2.07$ ), to post-workshop ( $M = 19.40$ ,  $SE = 1.95$ ), suggesting improvements in their perceptions of difficult situations. This difference, 2.75, BCa 95% CI [-0.00, 5.40], was not significant,  $t(19) = 1.71$ ,  $p = .10$ ; however, it produced a moderate effect size  $D = 0.38$ . Changes on the SSQ and the VLQ were not significant, and effect sizes were negligible. Participant satisfaction questionnaires consistently reported strong satisfaction ratings ( $M = 4.4/5$ ;  $SD = 0.45$ ; where 5 reflects “strongly agree”). Participants were very pleased with the workshop delivery, felt supported and said they would recommend it to others.

**Discussion/Conclusion:** Preliminary results show promising trends on some of the measures used to assess stress and perceptions of stressful situations, which may provide support for the PACT workshop as an effective support for DS sector. We are currently offering another cycle of the workshop to increase the sample size, which will be analyzed by April 2022. Implications of improved coping and wellness in the DS will be discussed.

### **Evaluating Virtual Training for Increasing Community Clinicians’ Fidelity of Implementation of the Facing Your Fears Curriculum**

*Sarah Ludmilla Bernier<sup>1</sup>, Kendra Thomson<sup>1</sup>, Judy Reaven<sup>2</sup>, Maurice Feldman<sup>1</sup>, Tanya Makela<sup>3</sup>, Melissa Susko<sup>4</sup>, and Julia De Santis*

<sup>1</sup>Brock University, <sup>2</sup>University of Colorado Anschutz Medical Campus, <sup>3</sup>Lake Ridge Community Support Services, <sup>4</sup>Dalhousie University

**Objectives:** Facing Your Fears (FYF) is a group-based cognitive-behaviour therapy program that has been shown to be effective in reducing anxiety and increasing emotion regulation in children with autism. Treatment fidelity, or the accuracy of treatment delivery, is a critical component for sustainable implementation and positive child outcomes. Few studies have focused on clinicians’ fidelity in implementing FYF or maintenance of accuracy over time. To our knowledge, no research has examined the use of virtual behaviour skills training with self-monitoring for improving clinicians’ fidelity in implementing FYF.

**Methods:** Participants were recruited from a community agency implementing FYF. In a multiple-baseline design across three clinicians we evaluated the efficacy of the virtual training model for increasing fidelity of an important target from the FYF curriculum. We asked clinicians to select a skill for additional training. With input from one of the FYF authors (Reaven), we developed clinically relevant checklists to measure fidelity of this skill (preparing for and conducting exposures).

**Results:** All clinicians met the mastery criterion (i.e., 90% fidelity across two sessions) within three training sessions ( $M = 2.33$  hours). Clinician performance is maintained at a two-month follow-up and will be reassessed again at six months. Clinicians also rated their confidence and competence in FYF implementation pre-and post-training, and all clinicians’ ratings increased post-training. We will reassess their confidence and competence ratings at a six-month follow-up. Clinicians reported that the training procedures were highly acceptable on a social validity measure administered post-training.

**Discussion/Conclusion:** Obtaining input from frontline clinicians and managers at the agency to identify a relevant target skill and working closely with the co-creator of the FYF curriculum to develop the checklist provided rich information for creating meaningful and

relevant training procedures to improve fidelity. Taking the time to understand multiple perspectives can lead to better integration of feasible evidence-based training that can improve service delivery which may positively impact child outcomes.

## **Let's Talk About It! Assessing the Impact of Acceptance and Commitment Training from What Caregivers Say**

*Taylor Manuge<sup>1</sup>, Kendra Thomson<sup>1,3</sup>, Kenneth Fung<sup>2</sup>, and Johanna Lake<sup>3</sup>*

*<sup>1</sup>Brock University, <sup>2</sup>University of Toronto, <sup>3</sup>Centre for Addictions and Mental Health*

**Objectives:** Acceptance and Commitment Therapy/Training (ACT) has been shown to improve caregiver well-being. One of the six core processes of ACT is diffusion, which refers to a person distancing themselves from negative self-thoughts or beliefs. Opposite to this is fusion, in which a person may believe that their negative self-thoughts are true. Thoughts and beliefs are typically inaccessible to clinicians, and therefore difficult to measure. This study is evaluating a novel process to assess the impact of ACT through coding statements from caregiver speech samples as either indicating fusion or diffusion.

**Method:** The study is using a pre-post (with follow-up) quasi-experimental design across 5 caregivers of children with neurodevelopmental disabilities (NDD). All participants are enrolled in a virtual ACT workshop that is co-facilitated by clinicians and caregivers. Data collection is ongoing and consists of three meetings with each participant. Baseline data collection is complete, with the progress meeting and a 1-month follow-up meeting remaining. During each meeting, participants complete the Cognitive Fusion Questionnaire (CFQ), followed by a virtual semi-structured interview about their responses with the researcher. Interviews with the caregivers are recorded for later analysis of indicators of defusion and fusion, as a potential measure of the impact of the ACT group.

**Results:** Data collection and analysis for this study are ongoing. The semi-structured interview results from baseline, progress meeting, and 1-month follow-up will be presented to compare the speech samples for indicators of diffusion/fusion pre-, post-, and during ACT. Researchers anticipate that speech samples in baseline will display higher indicators of fusion than diffusion across participants. Later samples (from the progress meeting and follow-up) may show a decrease in indicators of fusion and an increase in diffusion compared to baseline levels. Maintenance of any changes in indicators of fusion/diffusion will be assessed and categorized in the speech samples from the 1-month follow-up meetings.

**Discussion/Conclusions:** If this system for coding speech samples can reliably indicate fusion and diffusion, findings may inform how future studies measure the impact of ACT. For example, the methodology could be applied in other ACT evaluations with additional populations (e.g., educators, medical staff, Personal Support Workers, group home staff) who experience high levels of stress or burnout due to their caregiving roles.