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Empirical research

A preliminary evaluation of Acceptance and Commitment Therapy (ACT) training in Sierra Leone

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ABSTRACT

Concerted efforts are being made to scale up psychological interventions in low and middle-income countries (LMIC). Acceptance and Commitment Therapy (ACT) aims to reduce psychological inflexibility and has been shown to be effective for treating a range of mental health difficulties. ACT training workshops have been shown to reduce the psychological inflexibility of individuals receiving training. There is a dearth of research investigating the acceptability and potential efficacy of ACT in LMIC and the influence ACT training has on health care professionals who undergo this type of training.

This paper reports a preliminary evaluation of ACT training for local NGO workers and professionals who attended an introductory workshop in Sierra Leone. Specifically, the evaluation sought to address the acceptability of this type of training for participants, and whether participants demonstrated improved psychological flexibility and wellbeing following training. Participants completed measures pre-workshop, post-workshop and 3-months post-baseline.

Results indicated that participants rated the workshops positively and reported applying some of the techniques that they had learned during training to their clinical work. Participants demonstrated improvements in psychological flexibility and life satisfaction following training. The measure of psychological inflexibility demonstrated good internal consistency when used in a Sierra Leonean context. The implications of these findings for Global Mental Health discourses are discussed.

1. Introduction

In recent years there has been a growing awareness of the need to address inequalities and inequities in mental health provision in low and middle-income countries (LMIC). This has led to the emergence of a field of research and practice referred to as Global Mental Health. A considerable "treatment gap" has been noted between the levels of mental health services required by LMIC and the actual resources available for LMIC populations (The Lancet Series on Global Mental Health, 2007, 2011). In response, the World Health Organization (WHO, 2008, 2010) has called for the "scaling up" of mental health services in LMIC to improve access to services, increase the range of services on offer, and ensure that they are evidence-based. The *Working Together for Health*: *World Health Report* (WHO, 2006) highlighted a global shortage of health workers. The *Mental Health Atlas* (WHO, 2014) also highlighted marked discrepancies in human resources between LMIC and HIC.

A key strategy that has been proposed to address the lack of available specialists in LMIC is 'task-sharing' (i.e. the delegation of tasks to existing or new cadres with either less training or narrowly tailored training; Fulton et al., 2011). By presenting a range of case studies, Kakuma et al. (2011) indicated that mental health services can be delivered effectively through the implementation of task-sharing approaches that utilize non-specialist health professionals, lay workers, affected individuals, and/or caregivers. There is emerging evidence to suggest that the use of non-specialist workers is associated with positive outcomes for particular types of mental health difficulties (including general and perinatal depression, PTSD, and alcohol-use disorders), although further

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research in this area is required (van Ginneken et al., 2013).

There is recognition of the need to disseminate psychological and psychosocial interventions more widely across the globe (Fairburn & Patel, 2014). The need for these interventions may be particularly acute in contexts where populations have been subject to humanitarian crises such as conflict or natural disasters. This has led the WHO and UNHCR to jointly publish guidelines entitled: *Assessing Mental Health and Psychosocial Needs and Resources*: *Toolkit for Humanitarian Settings* (WHO & UNHCR, 2012). Research has indicated that psychological and psychosocial interventions can be adapted and implemented with positive outcomes across cultures, including in LMIC (Bolton et al., 2007; Rahman, Malik, Sikander, Roberts, & Creed, 2008; Tol et al., 2008), although there is a need to ensure that this is done in a culturally appropriate way (de Jong & van Ommeren, 2005; White & Sashidharan, 2014).

Sierra Leone is a low-income country in West Africa that was devastated by civil war between 1991 and 2002. It is estimated that 40,000 to 50,000 people were killed and 500,000 civilians fled the country (Dufka, 1999). Research studies have indicated high levels of post-traumatic stress symptomatology and depression in war-affected youths and former child soldiers (Betancourt et al., 2008; Betancourt, Newnham, McBain & Brennan, 2013a; Betancourt, McBain, Newnham & Brennan, 2013b). There is a very limited infrastructure for supporting the mental health needs of the 6 million people that live in Sierra Leone. The few available services are limited in scope and trained personnel (see: Song, van den Brink and de Jong, 2013). Following a recent situational analysis, the Sierra Leone Ministry of Health and Sanitation (2012) has recommended shifting the emphasis of treatment to community-based psychosocial programs that involve collaboration between different sectors, including beyond the health sector (e.g., traditional healers, religious leaders). As such, important opportunities exist for building capacity for mental health care in Sierra Leone by task-sharing duties to non-specialist workers. It is hoped that this will increase access to mental health care, lessen burden on individuals, families, and communities, improve social integration and recovery, and reduce stigma. An important component of this work will involve conducting ongoing research and monitoring to evaluate these task-sharing efforts across time.

commit and act is an NGO that works in collaboration with a range of stakeholders, including local NGOs (e.g., Caritas, Don Bosco), public sector services (e.g., Family Units of the Police Service, prison services), and health care workers within Sierra Leone to provide training and continuing supervision in a form of psychosocial intervention called Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999, 2012). *commit and act* advocates a community-based approach to delivering psychosocial support by offering ACT training to non-specialist workers employed by local NGOs (see White & Ebert, 2014). It also provides ongoing supervision and support so that individuals can develop their skills across time. By working with individuals from a range of sectors, the number of access points to psychosocial support is increased, improving access to mental health care within communities.

2. Applying ACT in diverse cultural settings

ACT is a behaviorally-based approach that can be adapted and trained quickly (Strosahl, Hayes, Bergan, & Romano, 1998; Richards et al., 2011). ACT uses acceptance, mindfulness and behavioral change processes to improve 'psychological flexibility', which is typically defined as the ability to contact one's own experiences with openness and awareness and to persist with or change behavior in the service of chosen values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). As a behaviorally-based and trans-diagnostic approach, it has been suggested that ACT can be applied to a range of issues and various cultural contexts (Hayes, Muto, & Masuda, 2011; Hayes, Pistorello, & Levin, 2012; Hayes & Toarmino, 1995), making it a potentially suitable approach for the purposes of *commit and act*'s work in Sierra Leone. While ACT inevitably carries some degree of cultural bias, its focus on the "idiographic, functional, and contextual nature of therapeutic work" may help to maximize its therapeutic effectiveness while minimizing the possible negative impact of cultural biases (Pasillas & Masuda, 2014, p. 110).

There is a growing evidence-base for the efficacy of ACT (as assessed by randomized controlled trials, clinical trials, analogue studies, etc.) across a range of clinical issues (see Ruiz, 2010). Recently, ACT has been used with minority groups in Western nations and preliminary evidence suggests that is efficacious across diverse populations (Woidneck, Pratt, Gundy, Nelson, & Twohig, 2012). Furthermore, ACT has been evaluated in a range of middle-income countries including: Iran (Hoseini, Rezaei, & Azadi, 2014; Hosseinaei, Ahadi, Fata, Heidarei, & Mazaheri, 2013; Mo'tamedi, Rezaiemaram, & Tavallaie, 2012), India (Lundgren, Dahl, Yardi, & Melin, 2008) and South Africa (Lundgren, Dahl, Melin, & Kies, 2006). To date, ACT has not yet been trialed in a West African context.

Evidence suggests that ACT training can have a positive impact both professionally (e.g., Hayes et al., 2004) and personally (Luoma & Vilardaga, 2013) on the individuals who undergo this type of training. ACT training typically consists of a combination of didactic presentations and experiential exercises where therapists engage in ACT processes in an effort to increase their own psychological flexibility. Hayes et al. (2004) found that ACT training had a positive impact on stigma and burnout for substance abuse counselors, which exceeded multicultural training alone. Richards et al. (2011) found that clinicians who had received ACT training evaluated the workshops positively, demonstrated increased levels of psychological flexibility and reported that their clinical work had been positively influenced by the workshops. A recent study by Luoma and Vilardaga (2013) found improved ACT conceptual knowledge, increased psychological flexibility, and reduced burnout in therapists following a two-day ACT training workshop.

3. Aims

The current study represents a preliminary evaluation of ACT training for a mix of non-specialist health workers and professionals in Sierra Leone that was piloted by *commit and act* in 2012. Specifically, the paper details how the training was delivered and presents data relating to: (a) the acceptability of an introductory ACT training workshop for participants, and (b) whether participants demonstrated any improvements in psychological flexibility and satisfaction with life following training. The content and structure of the workshops are described, as well as cultural adaptations to tailor the workshops to the Sierra Leonean context. As there has been no research conducted to date that has investigated ACT in a West-African context, the pragmatic decision was taken to utilize existing ACT measures for the purposes of the current study. Consequently, the research represents a preliminary attempt to explore the psychometric properties of ACT-related measures including the internal consistency of the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) and the Valuing Questionnaire (Davies, Smout, Burns, & Christie, 2011) in a Sierra Leonean population for the first time.