

## The Bull's-Eye Values Survey: A Psychometric Evaluation

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*Two studies were conducted to develop and evaluate an instrument intended to identify and measure personal values, values attainment, and persistence in the face of barriers. Study 1 describes a content validity approach to the construction and preliminary validation of the Bull's Eye Values Survey (BEVS), using a sample of institutionalized patients suffering from epilepsy. Study 2 investigated the psychometric properties of the BEVS with a sample of Swedish university students. Results suggest that the BEVS is sensitive to treatment effects and can differentiate between clients who receive values-based interventions and those who do not. The BEVS subscales and total score appear to measure an independent dimension of psychological functioning that is negatively correlated with measures of depression, anxiety, and stress, and positively correlated with a measure of psychological flexibility. The BEVS also exhibits acceptable temporal stability and internal consistency. The study provides preliminary support for the BEVS as both a research and clinical tool for measuring values, values-action discrepancies, and barriers to value-based living.*

RESEARCH on cognitive behavioral therapies has historically tended to emphasize symptom reduction as the primary outcome of interest. However, recent papers have called for placing a greater emphasis on the measurement of functional outcomes in domains such as work, school, relationships (McKnight & Kashdan, 2009a), and positive dimensions of human functioning (Duckworth, Steen, & Seligman, 2005). One newer cognitive behavioral model that emphasizes positive life functioning over symptom reduction is Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). ACT seeks to enhance psychological flexibility—the ability to mindfully and actively accept unpleasant thoughts, feelings, and other private experiences while also maintaining flexible and effective action that is consistent with a person's chosen values. To date, several studies have supported the importance of mindfulness and acceptance processes in promoting psychological flexibility (for a review, see Hayes, Luoma, Bond, Masuda,

& Lillis, 2006); however, research on the values and commitment processes has lagged behind. One factor impeding research may be the lack of reliable and valid measures for assessing values and commitment processes. This paper outlines one attempt to develop such a measure.

This measure development project was guided by a technical definition of values that emerges from a psychological flexibility model: “values are freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself” (Wilson et al., 2010, p. 65). For readers interested in a thorough description of this technical definition that incorporates elements of behavior analysis and Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001), we refer readers to Dahl et al. (2009). Speaking more colloquially, values are not goals or ends in themselves, but can be thought of as principles for living that organize and direct current action. Values also are theorized to provide part of the motivation for acceptance and persistence in the face of barriers to living according to these principles for living, as supported in one analogue study that showed that adding a values-focused component to an acceptance intervention enhanced participant tolerance of cold-pressor induced pain (Branstetter-Rost, Cushing, & Douleh, 2009). While our

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**Keywords:** values; values attainment; psychometric properties; psychological flexibility; measure development

1077-7229/11/518-526\$1.00/0

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definition of values is specific to the psychological flexibility model that guides this line of research, related lines of research on concepts such as personal strivings (Emmons, 1991) or meaning in life (McKnight & Kashdan, 2009b) also corroborate the idea that values-consistent behavior is important for psychological health. Generally, research in this area suggests that goal-related activity oriented toward pursuing and accomplishing intrinsically meaningful goals, such as those congruent with important life values, contributes more to well-being than other forms of goal-related activity, such as activity oriented toward changing mood states (Steger, Kashdan, & Oishi, 2008).

The only published measure of values that has psychometric data derived from a clinical sample is the Chronic Pain Values Inventory (CPVI; McCracken & Yang, 2006), which is used with chronic pain patients. The CPVI includes an assessment of six domains of valued living, rated according to how important clients consider their values to be, along with a measure of the consistency between importance and actual activity level. This measure has demonstrated correlations with a variety of pain-related outcomes and functioning (McCracken & Keogh, 2009; McCracken & Velleman, 2009; McCracken & Yang, 2006) while changes in this measure as a result of intervention correlate with improvement in pain-related outcomes (Vowles & McCracken, 2008). While this provides evidence for the importance of values in promoting psychological health, the CPVI has limited generalizability as it has been constructed to measure values specifically for those experiencing chronic pain. A second measure of valued living was developed by another team of researchers concurrently with this measure, the Valued Living Questionnaire (VLQ), and has been evaluated in a nonclinical population (Wilson, Sandoz, Kitchens, & Roberts, 2010). This measure assesses 10 domains of valued living, rated according to how important clients consider their values to be, along with the consistency between importance and actual activity level.

In developing a new measure of valued living, we were particularly interested in developing a measure that would be both psychometrically sound for use in research, but also have high clinical utility for therapists. When values are addressed in ACT, therapists help clients to better identify their personal values and the psychological barriers (e.g., thoughts, feelings, memories, or urges) that impede their ability to live according to their values. In ACT, mindfulness and acceptance techniques are used to help clients take action in a manner that is consistent with these life principles, while learning to make room for (i.e., accept) unpleasant emotions, thoughts, memories, and bodily sensations that are triggered along the way. Our measure was designed to guide a process of identifying chosen principles for living in important life domains and assessing for specific barriers that could be later targeted

in treatment. Thus, we asked participants to identify what they value within important life domains, representing an addition to the CPVI or VLQ, which simply ask respondents to rate the importance of that area of living. We also asked participants to identify perceived barriers to following those values, again an addition to the CPVI/VLQ strategy of asking about the discrepancy between behavior and values. We felt that this idiographic assessment of values and barriers would be useful to clinicians to use in treatment planning and progress monitoring. Finally, we strove to create a measure that could be completed rapidly and that could be easily used and understood by individuals of varying levels of education and intellectual functioning. The result of this process was the Bull's-Eye Values Survey (BEVS).

This paper describes the results of two studies that examined the construct validity of the BEVS. Study 1 describes the initial development of the BEVS, provides information on content validity, and describes its sensitivity to intervention. Study 2 relates our measures of values attainment and persistence in the face of barriers to various measures of psychological distress, overall well-being, and psychological flexibility, in order to examine construct validity. In addition, Study 2 provides information on temporal stability.

### Study 1: Development of the BEVS

Study 1 outlines the initial piloting of the BEVS as part of a larger clinical trial on the treatment of epilepsy (for more complete information on this trial, see Lundgren, Dahl, Melin, Kies, 2006). The goals of Study 1 were to pilot the assessment procedure, evaluate the content validity of responses, and examine the sensitivity of the measure to intervention. The measure was developed in response to a perceived need for a clinically useful and psychometrically valid measure of values-focused processes of change that were targeted in the intervention.

### Participants

Participants were 27 South African adults (13 male, 14 female), ranging between 21 to 55 years old (mean age=40.7), with 13 married and 14 single. All had an electroencephalography-verified diagnosis of epilepsy and were being treated with antiepileptic medication through a center for epilepsy in South Africa. All participants were living in poverty. Inclusion criteria for the larger study included experiencing uncontrolled frequent epileptic seizures and being willing to participate in the treatment study. Through conversation between research and study staff, participants judged as unable to actively participate in the study due to cognitive impairment were excluded from the study. Participants who were unable to actively participate in the program or who changed their medication during the study period were excluded from the study.

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