

## The Comprehensive Assessment of Acceptance and Commitment Treatment Process (Compact): Adaptation of The Indonesian Version

Gitta Annisa Vania Suganda

<sup>1</sup>Faculty of Psychology, Padjadjaran University, Indonesia  
gitta12001@mail.unpad.ac.id

Fitri Ariyanti Abidin

Department of General and Experimental Psychology  
Center for Psychological Innovation and Research, Faculty of Psychology  
Padjadjaran University, Indonesia  
fitri.ariyanti.abidin@unpad.ac.id

### Abstract

The Comprehensive Assessment of Acceptance And Commitment Treatment Process (CompACT) measures a person's psychological flexibility abilities. This measurement has been validated in several languages. This instrument has not been adapted to the Indonesian context yet; therefore, the current study aims to examine the validity and reliability of the Indonesian version of CompACT. The adaptation procedures followed the five steps of test adaptation suggested by the International Test Commission. Four experts reviewed the translated items, and the calculation of V'Aiken found that 13 out of 23 original items are valid. Using convenience sampling, four hundred and forty adults (male = 131, female = 319; M age = 35.49; SD = 13.80) participated in an online survey. CFA test showed a fit model of the Indonesian version of CompACT ( $\chi^2(62, N = 440) = 191.94, p > .05, RMSEA = .068, CFI = 0.95, GFI = 0.94, NFI = 0.92, SRMR = 0.054, t\text{-values} = 7.97 - 16.38$ ). The factor structure supported the original three factors, namely Openness to Experience (2 items), Behavioral Awareness (4 items), and Valued Action (7 items). The internal consistency for each dimension is .445, .806, and .790 respectively. The result implied that CompACT is a valid and reliable instrument to assess Indonesian psychological flexibility abilities.

**Keywords:** *Acceptance and commitment therapy, psychological flexibility, adaptation, compact, Indonesia.*

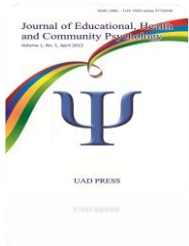
Received 20 June 2022/Accepted 30 August 2022 ©Author all rights reserved

### Introduction

Acceptance Commitment Therapy (ACT) is a therapeutic strategy that encourages clients to recognize and accept dysfunctional thoughts and emotions (Saputra & Widiyari, 2016). The efficacy of ACT-based therapies for those suffering from depression, anxiety, particular phobias, and other identified mental health issues has been proven. ACT has been demonstrated to be an effective

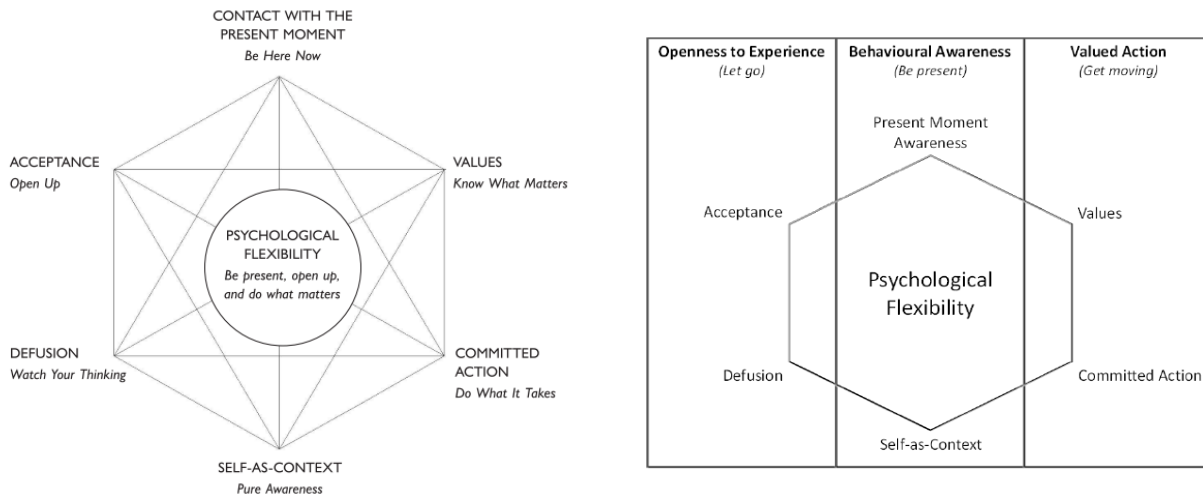
therapeutic technique for supporting persons in psychosocial adjustment to pain management and various other psychological and physical problems- (Larmar et al, 2014). ACT is an empirically tested psychological intervention that uses acceptance and mindfulness, behavioral change strategies, and a commitment to increase psychological flexibility (Hayes & Smith, 2005). The primary goal of ACT is to help individuals to respond productively to situations while simultaneously negotiating and accepting challenging cognitive events and related feelings rather than replacing them. ACT encourages individuals to embrace and integrate complicated emotional reactions into their actual experiences and recognize and reduce the controlling aspects that certain contextual events impose on them (Harris, 2006). A central premise of ACT is that most people's psychological processes have the potential to be destructive. ACT teaches people to "simply notice," to accept and embrace private experiences, and to concentrate on behavioral reactions that result in more desired results (Bach & Hayes, 2002). This approach encourages the individual to develop more psychological flexibility by drawing on personal ideals that lead to meaningful action (Zettle, 2005). By fostering psychological flexibility, ACT aims to reduce experiential avoidance (to increase behavior with consistent values). Psychological flexibility is defined as being in contact with the present moment, fully aware of emotions, feelings, and thoughts, welcoming them, including the displeasing ones, and serving selected values with a certain pattern of behavior. In short, this means accepting our thoughts and emotions and acting on long-term values rather than short-term instincts, thoughts, and feelings, which are frequently related to how experience avoids and controls unwanted internal events (Ramaci et al., 2019).

The ACT contains six dimensions: acceptance, cognitive defusion, present-moment awareness, self-as-context, values, and committed action (Stoddard & Afari, 2014). Acceptance (along with the related concept of willingness) encompasses internal experiences without attempting to flee, change, or control them. It also acknowledges painful feelings, sensations, urges, and emotions. The process of stepping back from thoughts and witnessing their presence is referred to as cognitive defusion. Present-moment awareness is being psychologically present: connecting with and engaging in any circumstances. The aspect of ourselves that is aware of what we are thinking, feeling, sensing, or doing at any given time is the self-as-context. Values are paths or directions that an individual defines as important and meaningful. Values define who we are and what we want to stand for. Committed



action entails taking effective action while remaining true to our values (Harris, 2009; Stoddard & Afari, 2014).

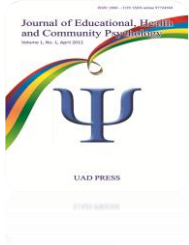
These six ACT dimensions are not stand-alone but more like an interconnected and inseparable process. They can be compared to diamonds, and the unity of those six dimensions is called "psychological flexibility" (see Figure 1). The more fully conscious we are, open to our experiences, and act following our values, the better our quality of life is because we can deal with the problems and challenges that life inevitably brings. Furthermore, by fully participating in our lives and allowing our values to guide us, we develop a sense of meaning and purpose and a feeling of vitality. These six dimensions can be grouped into three functional units (Bayliss, 2018; Harris, 2009). Hayes classified psychological flexibility into three dyadic processes, which are as follows: Openness to Experience (Acceptance – Cognitive defusion), Behavioral Awareness (Present moment awareness – Self-as-context), and Valued Action (Values-Committed Action) (see Figure 1). Separating from thoughts and feelings, seeing them as they are, making room for them, and allowing them to come and go on their terms are all part of cognitive defusion and acceptance, commonly known as "opening up." Contacting the present moment and self-as-context involve making contact with verbal and nonverbal aspects of your here-and-now experience hence "being present." Meanwhile, "doing what matters" is characterized as the effective use of language to facilitate life-enhancing action to values and committed action. (Bayliss, 2018; Francis et al., 2016; Harris, 2009; Hayes et al., 2011; Morris, 2019).



Sources: (Harris, 2009; Morris, 2019).

Figure 1. ACT Hexaflex and ACT process as dyads

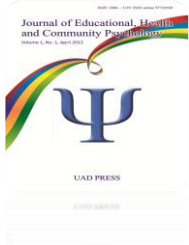
The most extensively used measure of psychological flexibility is the Acceptance and Action Questionnaire – II (AAQ-II), designed to be used by numerous samples by Bond (2011). In Bond's study (2011), the sample taken is not limited to a certain race, ethnicity, gender, and age. AAQ-II is intended to measure psychological inflexibility and experiential avoidance - the opposite of psychological flexibility. Some researchers have also developed AAQs in specific areas, which include items that assess mental flexibility under specific conditions, including body image issues (Body Image Acceptance and Action Questionnaire [BI-AAQ]), chronic pain (Chronic Pain Acceptance Questionnaire [CPAQ]), diabetes (Acceptance and Action Diabetes Questionnaire) Parental Acceptance Questionnaire (6-PAQ), Acceptance and Action Questionnaire for Trichotillomania (AAQ-TTM), Brief Social Anxiety Acceptance and Action Questionnaire (B-SA-AAQ), Body Image Acceptance and Action Questionnaire-5 (BI-AAQ-5), Body Image Psychological Inflexibility Scale (BIPIS), Chronic Illness Acceptance Questionnaire (CIAQ), Chronic Pain Acceptance Questionnaire-8 (CPAQ-8), Experiential Avoidance in Caregiving Questionnaire (EACQ), Parental Acceptance and



Action Questionnaire (PAAQ), Parental Psychological Flexibility (PPF), Parenting-Specific Psychological Flexibility (PSPF), and Voices Acceptance and Action Scale (VAAS-9) (Ong et al., 2019).

Many researchers have criticized the AAQ-II's inability to measure the overall dimensions of psychological flexibility, including Wolgast (2014), who claims that the AAQ-II items are more strongly related to items designed to measure distress. Francis (2016) also noted that the AAQ-II is limited in capturing the ACT process because many items focus on acceptance/experience avoidance and cognitive defusion/fusion processes, which can overlook other critical processes in the ACT model.

Based on those limitations, Francis (2016) developed an instrument that measures all psychological flexibility dimensions, namely the Comprehensive Assessment of Acceptance and Commitment Therapy Processes (CompACT). Furthermore, Bayliss (2018) validated CompACT and proved that this tool was reliable and could be used in clinical or non-clinical samples. There were 23 items on this instrument with Cronbach's Alpha  $\alpha=.91$  (Francis et al., 2016) and  $\alpha=.88$  (Bayliss, 2018). Ten items measured Openness to Experience (OE), five items measured Behavioral Awareness (BA), and eight items measured Valued Action (VA). This instrument used a Likert scale with a range of 0-6, from 0 (Strongly disagree) to 6 (Strongly agree). The higher scores indicate higher psychological flexibility levels. The Portuguese version of CompACT has been developed and has valid results, even though there are only 18 valid items (Trindade et al., 2021). Previous studies have shown the good reliability and validity of CompACT in various samples and non-English language. To the best of our knowledge, no attempt has been made to employ and adjust the use of the CompACT in Indonesia. Thus, this study aimed to adapt the CompACT to the Indonesian cultural context and evaluate its psychometric properties by investigating its construct validity and reliability. The result will enable the researcher to measure psychological flexibility in the adult Indonesian population. The availability of the CompACT- Indonesian version also makes cross-cultural research possible to be conducted.



## **Method**

The validation process referred to the five stages suggested by International Test Commission (2017). Those stages are: (1) Pre-condition includes obtaining permission from the author to adapt the measurement. (2) Test development guidelines consist of three steps: a) translating the instrument from English into Bahasa by two translators who had psychological backgrounds and met English proficiency requirements, conducting backward translation by a bilingual student, and one translator who meets English proficiency requirements; b) reviewing the instrument, conducting a peer review by two colleagues to decide the final items; c) contacting four experts in the field of psychology for expert review, and performing calculations using V 'Aiken to determine items that could be used for data collection (Aiken, 1985). (3) In order to test the instrument, outliers were screened. (4) The study examines psychometric properties. In this stage, we calculated the reliability and corrected item-total correlations using Cronbach's Alpha coefficient. The items with low corrected item-total correlations were excluded to promote acceptable internal consistency. Next, we examined the construct validity using Confirmatory Factor Analysis. (5) The adaptation results were documented

## **Participants**

The Indonesian version of CompACT was administered to the adult population. The researcher delivered the survey information and link via *WhatsApp* and social media. The eligibility criteria are at least 18 years old and familiar with the *Google form*. Those who met the criteria could access informed consent and questionnaires directly. Four hundred fifty participants filled out the questionnaire (mean age = 35 years, SD = 13.804); 70.9% were female, 50% identified as Sundanese, and 34% were Javanese.

## **Procedure**

The participants completed the questionnaire without supervision from the researcher. It took approximately 8-10 minutes to complete the survey. The e-money was distributed to ten individuals who got a lucky draw.

### **Measurement**

The CompACT consists of three dimensions, namely Openness to Experience (OE) (Acceptance & Defusion), Behavioral Awareness (BA) (Present-moment awareness & Self-as-context), and Valued Action (VA) (Values & Committed Action) (Francis et al., 2016). The total number of items was 23. OE consisted of 10 items with a composition of 7 negative items and three positive items, BA consisted of 5 negative items, and the VA consisted of 8 positive items. The measurement used a Likert scale with a range of 0-6, from 0 (Strongly disagree) to 6 (Strongly agree). After reversing the score for negative items, the total calculation score showed that the higher scores indicate higher psychological flexibility levels. The complete blueprint of CompACT is shown in Table I.

Table I.

*CompACT blueprint*

<b>Dimensions</b>	<b>Indicators</b>	<b>Favorable Item</b>	<b>Unfavorable Item</b>
Openness to Experience (OE) (Acceptance & Defusion)	• Be open and flexible to thoughts and feelings that arise without trying to get rid of them	13, 22	2, 4, 6, 8, 15
	• Not judging any situation that might come		11, 18
	• Thinking that thoughts are just thoughts, not events that are real	20	
Behavioral Awareness (BA) (Present-moment awareness & Self-as-context)	• Focusing his attention on the current activity with focus and awareness	-	3, 9, 12, 16, 19
Valued Action (VA) (Values & Committed Action)	• Able to identify what is important in life and feel the need to pursue it	1	-
	• Able to behave according to the personal principle	5, 10, 14, 21	
	• Being able to make choices based on what matters in life	7	
	• Able to direct his actions back based on what has been planned	17, 23	

### Data Analysis

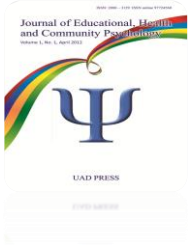
In the calculations of V'Aiken, all experts were asked to rate items' relevance. In this study, the rating categories used were 1 = irrelevant to 5 = very relevant. Then, the V'Aiken value can be seen in the Aiken table or use the equations below. It ranged from 0 – 1, with a higher value indicating higher content validity. The equations used in this analysis are:

$$V = \frac{\sum s}{[n(c-1)]} \quad s = r - l_o$$

With  $r$  = the score given by the expert;  $n$  = the number of experts;  $c$  = the number of categories;  $l_o$  = the minimum validation score. The expected value of V'Aiken with a right-tail probability ( $p$ ) of .024 is  $>.88$ . So if the V Aiken value is less than 0.88, then the statement item was declared invalid (Aiken, 1985).

After calculating the value of V'Aiken and the data collected, we removed the outliers using Mahalanobis distance. If the probability associated with the Mahalanobis distance value is  $p <.001$ , the case is considered an outlier (Tabachnick & Fidell, 2012). The internal consistency was calculated using Cronbach's Alpha coefficient. A minimum of .70 was expected as an indication of good reliability (Hair Jr et al., 2014). The corrected-item-total correlation was also calculated. It should be  $> 0.2$  to be considered acceptable (Streiner et al., 2015). Next, the CFA with the remaining items was applied. The quality of items representing latent variables or factors was identified by examining each item's standardized factor loadings (SFL) value. Factor loadings of over 0.4 are suggested as acceptable (Adinugroho, 2018; Leung et al., 2012). We used the fit model criteria by evaluating the Chi-square value and other fit indices. According to Hu and Bentler (1999), the cut-off value criteria that indicate the model is a fit are 1).  $p$ -value chi-sq  $> .05$ ; 2) RMSEA value  $\leq .08$ ; 3) SRMR value  $<.08$ ; 4) CFI  $\geq .90$ , GFI  $\geq .90$ , NFI  $\geq .90$  (Abidin et al., 2019; Hair Jr et al., 2014); 5)  $t$ -values  $\geq 1.96$  (Umar & Nisa, 2020).





## **Result**

### *First-stage: Pre-condition*

We contacted the co-author of CompACT, Nima Golijani-Moghaddam, BSc, Ph.D., DClInPsy, through a message in researchgate.net, and have his consent to adapt the CompACT into Bahasa.

### *Second-stage: Test-development guidelines*

#### *Translation*

Forward-backward translation results can be seen in Appendix I.

#### *Peer Review*

After conducting a peer review by two colleagues to decide on the final items, there were changes in the sentence structure of 15 items: 9 items on the OE dimension, three items on the BA dimension, and three items on the VA dimension.

#### *V'Aiken Results*

Based on Aiken's standard (1985), items no. 2, 9, 11, 18, and 20 were eliminated. The following table shows the results of the V Aiken calculation.

Table 2.  
Results of V Aiken

Dimensions	No. Items	Items	Aiken	Note
OE	2	One of my big goals is to be free from painful emotions <i>Salah satu tujuan besar saya adalah terbebas dari perasaan yang menyakitkan</i>	.6875	Deleted
	4	I try to stay busy to keep thoughts or feelings from coming <i>Saya mencoba menyibukkan diri untuk menghindari berbagai pikiran atau perasaan yang datang</i>	.9375	-
	6	I get so caught up in my thoughts that I am unable to do the things that I most want to do <i>Saya begitu terperangkap dalam pikiran saya sehingga saya tidak dapat melakukan hal-hal yang sangat ingin saya lakukan</i>	.9375	-
	8	I tell myself that I shouldn't have certain thoughts <i>Saya berkata pada diri sendiri bahwa saya tidak boleh memiliki pikiran-pikiran negatif tertentu</i>	.9375	-
	11	I go out of my way to avoid situations that might bring difficult thoughts, feelings, or sensations <i>Saya berusaha keras untuk menghindari situasi-situasi yang dapat menimbulkan pikiran, perasaan atau sensasi yang sulit untuk saya atasi</i>	.8125	Deleted
	13	I am willing to fully experience whatever thoughts, feelings and sensations come up for me, without trying to change or defend against them <i>Saya bersedia untuk mengalami segala pikiran, perasaan, dan sensasi apapun yang muncul dalam diri saya, tanpa mencoba untuk mengubah atau melawannya</i>	.9375	-
	15	I work hard to keep out upsetting feelings. <i>Saya berusaha keras untuk menghindari perasaan-perasaan yang mengecewakan</i>	.9375	-
	18	Even when something is important to me, I'll rarely do it if there is a chance it will upset me <i>Meskipun suatu hal penting bagi saya, saya jarang melakukannya jika ada kemungkinan hal itu akan membuat saya kecewa</i>	.6875	Deleted
	20	Thoughts are just thoughts – they don't control what I do <i>Pikiran yang muncul dalam kepala saya hanyalah pikiran – pikiran semata, tidak mengendalikan apa yang saya lakukan</i>	.6875	Deleted
	22	I can take thoughts and feelings as they come without attempting to control or avoid them. <i>Saya dapat menerima pikiran dan perasaan yang saat itu datang, saya tidak berusaha untuk mengendalikan atau menghindarinya.</i>	.9375	-
BA	3	I rush through meaningful activities without being really attentive to them <i>Saya terburu-buru melakukan aktivitas penting tanpa benar-benar memperhatikannya</i>	.9375	-
	9	I find it difficult to stay focused on what's happening in the present <i>Saya merasa sulit untuk tetap memusatkan pikiran terhadap apa yang sedang terjadi saat ini</i>	.6875	Deleted

	12	Even when doing the things that matter to me, I find myself doing them without paying attention <i>Bahkan ketika saya melakukan sesuatu yang penting bagi saya, saya mendapati diri saya melakukan hal tersebut tanpa benar-benar memperhatikannya</i>	.9375	-
	16	I do jobs or tasks automatically, without being aware of what I'm doing <i>Saya melakukan pekerjaan atau tugas secara otomatis, tanpa menyadari apa yang saya lakukan</i>	.9375	-
	19	It seems I am "running on automatic" without much awareness of what I'm doing <i>Sepertinya saya hidup secara otomatis, tanpa begitu menyadari apa yang saya lakukan</i>	.9375	-
VA	1	I can identify the things that really matter to me in life and pursue them <i>Saya mengetahui hal-hal yang menurut saya penting dalam hidup dan berusaha untuk mendapatkannya.</i>	.9375	-
	5	I act in ways that are consistent with how I wish to live my life. <i>Saya bertindak dengan cara yang konsisten dalam hal yang ingin saya jalani dalam hidup</i>	.9375	-
	7	I make choices based on what is important to me, even if it is stressful <i>Saya membuat pilihan berdasarkan apa yang penting bagi saya, bahkan jika itu membuat saya merasa stress</i>	.9375	-
	10	I behave in line with my personal values <i>Saya berperilaku sesuai dengan nilai-nilai pribadi saya</i>	.9375	-
	14	I undertake things that are meaningful to me, even when I find it hard to do so <i>Saya melakukan hal-hal yang berarti bagi diri saya, bahkan ketika hal itu sulit untuk dilakukan.</i>	.9375	-
	17	I am able to follow my long terms plans including times when progress is slow <i>Saya tetap mengikuti rencana jangka panjang saya termasuk ketika kemajuannya terasa perlahan.</i>	.9375	-
	21	My values are really reflected in my behaviour <i>Tingkah laku saya betul-betul mencerminkan nilai-nilai yang saya anut.</i>	.9375	-
	23	I can keep going with something when it's important to me <i>Saya tekun dalam mengerjakan sesuatu yang saya anggap penting.</i>	.9375	-

**Note:** OE = Openness to Experience; BA = Behavioral Awareness; VA = Valued Action

From this stage, 18 items were included in the next step.

*Third-stage: Testing the measurement tools*

Ten data were removed; therefore 440 samples were included in the analysis.

*Fourth-stage: Examining psychometric properties*

*Reliability Analysis*

The reliability calculation used 18 items which were retained after the V'Aiken calculation (see table 2). The internal consistency yielded the  $\alpha$  coefficient .734 with reliability per dimension of OE, BA, and VA were .523, .806, and .729, respectively. The corrected-item correlation showed there are 2 items (Items 7 and 8) below .2. Therefore, those two items were removed (see table 2). Then, we re-calculated the internal consistency using 16 items. The overall reliability became .719, and the reliability of the OE, BA and VA dimensions became .530, .806, and .790, respectively. The inter-item correlation ranged from .207 - .650. From this stage, 16 items are then included in the next step.

Table 3.

*Corrected item-correlations*

Dimensions	No. items	Corrected-item total correlations	Cronbach's alpha if an item deleted	Note
OE	4	,330	,447	-
	6	,287	,471	-
	8	,140	,530	deleted
	13	,339	,441	-
	15	,266	,481	-
	22	,266	,480	-
BA	3	,578	,778	-
	12	,650	,744	-
	16	,645	,746	-
	19	,617	,760	-
VA	1	,454	,702	-
	5	,486	,688	-
	7	,103	,790	deleted
	10	,466	,694	-
	14	,560	,677	-
	17	,490	,688	-
	21	,510	,682	-
	23	,524	,685	-

**Note:** OE = Openness to Experience; BA = Behavioral Awareness; VA = Valued Action

**Confirmatory Factor Analysis**

After calculating the 16 items of CompACT reliability, CFA was conducted. From the CFA analysis, two items (items No. 15 and 22) with a loading factor below .4 were deleted. We re-calculated CFA analysis, then only one item had loading factor below .4. Therefore, item no. 4 was eliminated. 13 items were successfully retained and CFA test showed a fit model of the Indonesian version of

CompACT ( $X^2$  (62,  $N = 440$ ) = 191.94,  $p > .05$ , RMSEA = .068, CFI = 0.95, GFI = 0.94, NFI = 0.92 SRMR = 0.054, t-values = 7.97 – 16.38).

Table 4.

*SFL value for the CompACT in the Indonesian context (N = 440)*

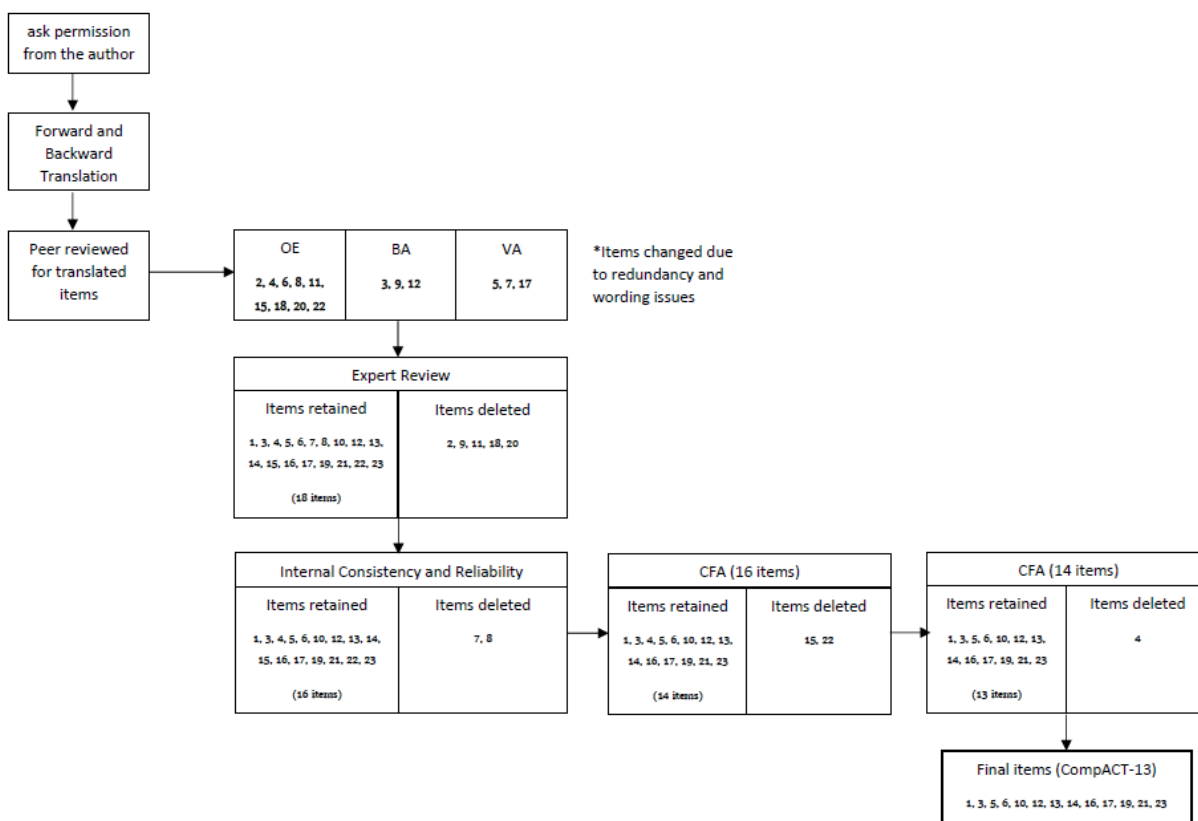
Items	(CompACT 16 items)	(CompACT 14 items)	(CompACT 13 items final version)
OE4	0.40	0.35	<i>deleted</i>
OE6	0.58	0.59	0.65
OE13	0.46	0.42	0.44
OE15	0.32	<i>deleted</i>	<i>deleted</i>
OE22	0.37	<i>deleted</i>	<i>deleted</i>
BA3	0.66	0.68	0.67
BA12	0.73	0.74	0.73
BA16	0.74	0.73	0.73
BA19	0.73	0.72	0.73
VA1	0.55	0.55	0.55
VA5	0.64	0.64	0.65
VA10	0.51	0.52	0.51
VA14	0.62	0.61	0.61
VA17	0.56	0.56	0.56
VA21	0.61	0.61	0.61
VA23	0.67	0.67	0.68

**Note:** OE = Openness to Experience; BA = Behavioral Awareness; VA = Valued Action

CFA result produced an insignificant chi-square ( $p < .05$ ). Because the chi-square value is sensitive to larger sample sizes decreasing the  $p$ -value where there may only be a trivial misfit (Alavi et al., 2020; Babyak & Green, 2010), we used other fit criteria. After producing a good result, we re-checked its reliability for the final version. All of the dimensions have sufficient reliability except for OE dimensions who fell below 0.7 (OE = .445; BA = .806; VA = .790). The inter-item correlation ranged from .286 - .650. Cronbach's alpha for the final version of CompACT 13 items was .657, so it falls within a moderate reliability range (Hinton, 2014).

### Fifth-stage: Documenting adaptation results

The following is the result of the documentation for the adaptation process of measuring instruments in the flow chart process.



### Discussion

The purpose of the study was to adapt and examine the psychometric properties of the CompACT – Bahasa version. Our study revealed that not all items of CompACT could be used in the Indonesian population. Results from four expert reviewers, five items from the Indonesian version of CompACT present ambiguous wording (e.g., item 18 "something" or "suatu hal"), different language expressions due to differences between the Indonesian and British cultures (e.g item 2 "big goals" or "tujuan besar"), overlap (e.g. item 11 with item 15; item 20 with two-sentence ideas), and irrelevant wording

to its content (e.g item 9 "stay focused" or "memusatkan pikiran"). Therefore, all these five items were removed.

The factor analysis yielded in the present study supports the original factor: it has three dimensions (Francis et al., 2016). This finding is in line with Trindade et al. (2021) 's study, which found the same result in adapting CompACT to the Portuguese samples.

Our study found evidence that several items on the Openness to Experience dimension are not in line with Indonesian culture. For example, in item 13, "I am willing to fully experience whatever thoughts, feelings, and sensations come up for me, without trying to change or defend against them" In this item, most participants chose "neither agree nor disagree" followed by a negative response (e.g., "slightly disagree") in second answered rank. Meanwhile, in item 22, "I can take thoughts and feelings as they come, without attempting to control or avoid them," most participants responded in slightly agree, followed by undecided responses (e.g., "neither agree nor disagree"). Meanwhile, in item 6, "I get so caught up in my thoughts that I am unable to do the things that I most want to do," the answer was the same, mostly fell at undecided responses (e.g., "neither agree nor disagree") followed by positive responses (e.g., "slightly agree"; "moderately agree"). Many participants answered the average response in neither agree nor disagree, indicating that based on their internal experience, they still do not get the idea of being open to any experience. It also seems that negative items are perceived as positive in the Bahasa-adapted CompACT version. The possible explanation is that the cultural difference might influence these responses, that some people struggle with the idea of acceptance as resignation or surrender (N. Golijani-Moghaddam (personal communication, 5 November 2020). This argument is supported by Shihab (2013), who states that if the problem arises based on Indonesian religious culture, it must be overcome before surrendering to God (Shihab, 2013).

Regarding reliability and Goodness of Fit, Cronbach's alpha for the final Indonesian version of CompACT falls in the moderate reliability range. The goodness of fit results showed that it falls on acceptable fit. Like another adaption for the Portuguese context, it is categorized as acceptable to good internal consistency by using Cronbach's alpha in the total and subscales. For total scale, it has .84, and for Openness to Experience, Behavioral Awareness, and Valued Action, it has .77, .87, and .86, respectively. They also removed several items in the OE dimension (items 6, 13, 18, 20, 22)

because they loaded two or more different factors on EFA. While Portuguese CompACT has not yet examined the factor structure and is limited to the internal reliability examination, this study included the examination of factor structure to confirm its construct validity. Examining a measurement's psychometric properties (reliability and validity) in a particular population is important to ensure that the scale can be used and compared with the results in another language (Souza et al., 2017). To the best of our knowledge, the present study is the first which validated the CompACT to be used in the Indonesian population.

Regarding limitations, because Sundanese and Javanese mostly dominate the samples in this study, the generalization should be made cautiously. In addition, items on the Openness to Experience dimension need to be refined or modified for Indonesian culture that is incidentally still unfamiliar or has a different concept from *Openness to Experience*. Then, further validation analysis, such as convergent and divergent validity, is necessary.

## **Conclusion**

To conclude, the current study provides evidence that the 13 items of the CompACT-Bahasa Version are valid and reliable for measuring psychological flexibility in adult Indonesian.

## **Acknowledgment**

I would like to thank Nima Goijani-Moghaddam, BSc, Ph.D., DCLinPsy, who helped us with statistical analysis and provided access to current research related to measurements. Dr. H. Ahmad Gimmy Prathama, M.Sc., Psychologist, Laila Qodariah, S.Psi., M.Psi., Psychologist, and Annisa Poedji Pratiwi, M.Psi., Psychologist who has helped us a lot providing expert reviews.

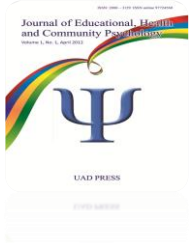
## **References**

- Abidin, F. A., Koesma, R. E., Joefiani, P., & Siregar, J. R. (2019). Factor structure of the Indonesian version of the Parent as Social Context Questionnaire. *HUMANITAS: Indonesian Psychological Journal*, 16(2), 86. <https://doi.org/10.26555/humanitas.v16i2.12488>
- Adinugroho, I. (2018). Memahami Mood Dalam Konteks Indonesia: Adaptasi Dan Uji Validitas Four Dimensions Mood Scale (Understanding Mood in Indonesian Context: Adaptation and Validity



- Examination of Four Dimensions Mood Scale). *SSRN Electronic Journal*, 5(2).  
<https://doi.org/10.2139/ssrn.2994648>
- Aiken, L. R. (1985). Three Coefficients For Analyzing The Reliability And Validity Of Ratings. *Educational and Psychological Measurement*, 45, 131–141.
- Alavi, M., Visentin, D. C., Thapa, D. K., Hunt, G. E., Watson, R., & Cleary, M. (2020). Chi-square for model fit in confirmatory factor analysis. *Journal of Advanced Nursing*, 76(9), 2209–2211.  
<https://doi.org/10.1111/jan.14399>
- Babiyak, M. A., & Green, S. B. (2010). Confirmatory factor analysis: An introduction for psychosomatic medicine researchers. *Psychosomatic Medicine*, 72(6), 587–597.
- Bach, P., & Hayes, S. C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70(5), 1129–1139. <https://doi.org/10.1037/0022-006X.70.5.1129>
- Bayliss, K. M. (2018). *Confirmatory Factor Analysis and further validation of the Comprehensive assessment of Acceptance and Commitment Therapy processes (CompACT)* [University of Nottingham].  
[http://eprints.nottingham.ac.uk/53620/1/DCP\\_1718\\_RPV\\_4240557\\_14500424\\_Research Portfolio and Viva final version.pdf](http://eprints.nottingham.ac.uk/53620/1/DCP_1718_RPV_4240557_14500424_Research Portfolio and Viva final version.pdf)
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire-II: A Revised Measure of Psychological Inflexibility and Experiential Avoidance. *Behavior Therapy*, 42(4), 676–688. <https://doi.org/10.1016/j.beth.2011.03.007>
- Francis, A. W., Dawson, D. L., & Golijani-Moghaddam, N. (2016). The development and validation of the Comprehensive assessment of Acceptance and Commitment Therapy processes (CompACT). *Journal of Contextual Behavioral Science*, 5(3), 134–145.  
<https://doi.org/10.1016/j.jcbs.2016.05.003>
- Hair Jr, J. F., William, C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis (Seventh Ed)*. Harlow: Pearson.
- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, 12, 2–8.
- Harris, R. (2009). *ACT made simple: an easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications, Inc. [papers2://publication/uuid/464225D2-A6DA-4034-ACFB-179650B573C3](https://doi.org/10.1016/j.jcbs.2016.05.003)
- Hayes, S. C., & Smith, S. (2005). *Get Out of Your Mind & Into Your Life: The New Acceptance & Commitment Therapy*. New Harbinger Publications, Inc.
- Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive therapies. *Annual Review of Clinical Psychology*, 7, 141–168. <https://doi.org/10.1146/annurev-clinpsy-032210-104449>
- Hinton, P. (2014). SPSS Explained. In *SPSS Explained*. <https://doi.org/10.4324/9781315797298>

- International Test Commission. (2017). ITC Guidelines. In *The ITC Guidelines for Translating and Adapting Tests*.
- Larmar, S., Wiatrowski, S., & Lewis-Driver, S. (2014). Acceptance & commitment therapy: An overview of techniques and applications. *Journal of Service Science and Management*, 07(03), 216–221. <https://doi.org/10.4236/jssm.2014.73019>
- Leung, D. Y., Wong, E. M., Chan, S. S., & Lam, T. (2012). Psychometric properties of the Big Five Inventory in a Chinese sample of smokers receiving cessation treatment: A validation study. *Journal of Nursing Education and Practice*, 3(6). <https://doi.org/10.5430/jnep.v3n6p1>
- Morris, J. (2019). *Development and validation of a short form of the Comprehensive assessment of Acceptance and Commitment Therapy processes (CompACT-SF)*. <http://eprints.nottingham.ac.uk/id/eprint/57105>
- Ong, C. W., Lee, E. B., Levin, M. E., & Twohig, M. P. (2019). A review of AAQ variants and other context-specific measures of psychological flexibility. *Journal of Contextual Behavioral Science*, 12(November 2017), 329–346. <https://doi.org/10.1016/j.jcbs.2019.02.007>
- Ramaci, T., Bellini, D., Presti, G., & Santisi, G. (2019). Psychological flexibility and mindfulness as predictors of individual outcomes in hospital health workers. *Frontiers in Psychology*, 10(JUN), 1–12. <https://doi.org/10.3389/fpsyg.2019.01302>
- Saputra, W. N. E., & Widiyari, S. (2016). Acceptance and commitment therapy: the new wave of cognitive behavior therapy. *SCHOULID: Indonesian Journal of School Counseling*, 1(1), 1. <https://doi.org/10.23916/schoulid.v1i1.28.1-5>
- Shihab, M. Q. (2013). *Berbisnis sukses dunia akhirat*. Lentera Hati.
- Souza, A. C. de, Alexandre, N. M. C., Guirardello, E. de B., Souza, A. C. de, Alexandre, N. M. C., & Guirardello, E. de B. (2017). Psychometric properties in instruments evaluation of reliability and validity. *Epidemiologia e Serviços de Saúde*, 26(3), 649–659. <https://doi.org/10.5123/S1679-49742017000300022>
- Stoddard, J. A., & Afari, N. (2014). The big book of ACT metaphors. In *New Harbinger Publications, Inc.* [https://www.m-culture.go.th/mculture\\_th/download/king9/Glossary\\_about](https://www.m-culture.go.th/mculture_th/download/king9/Glossary_about)
- Streiner, D. L., Norman, G. R., & Cairney, J. (2015). Health measurement scales: A practical guide to their development and use (fifth edition). In *Medicine & Science in Sports & Exercise*. Oxford University Press. <https://doi.org/10.1249/01.mss.0000484755.66589.ab>
- Tabachnick, B. G., & Fidell, L. S. (2012). Using multivariate statistics (6th ed.). In *New York: Harper and Row*.
- Trindade, I. A., Ferreira, N. B., Mendes, A. L., Ferreira, C., Dawson, D., & Golijani-Moghaddam, N. (2021). Comprehensive assessment of Acceptance and Commitment Therapy processes (CompACT): Measure refinement and study of measurement invariance across Portuguese and UK samples. *Journal of Contextual Behavioral Science*, 21(May), 30–36. <https://doi.org/10.1016/j.jcbs.2021.05.002>



Umar, J., & Nisa, Y. F. (2020). Uji validitas konstruk dengan cfa dan pelaporannya. *Jurnal Pengukuran Psikologi Dan Pendidikan Indonesia*, 9(2), 1–11.

Wolgast, M. (2014). What does the acceptance and action questionnaire ( AAQ-II ) really measure ? *Behavior Therapy*, 45(6), 831–839. <https://doi.org/10.1016/j.beth.2014.07.002>

Zettle, R. D. (2005). The evolution of a contextual approach to therapy: From comprehensive distancing to ACT. In *International Journal of Behavioral and Consultation Therapy* (Vol. 1, Issue 2).