

Acceptance and Commitment Therapy Core Competency Rating Form

Below are listed a number of statements. Please rate how true each statement is for you when you use ACT, by circling a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7	?
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true	don't know

Core Competencies Involved in the Basic ACT Therapeutic Stance

The basic psychological stance of the ACT therapist is an especially important factor in providing good treatment. This involves being able to make contact with the “space” from which ACT naturally flows, as well as modeling certain facets of psychological flexibility that we seek to impart to the client. Like many treatment traditions, ACT emphasizes the importance of therapist warmth and genuineness. This stance emerges quite naturally from the core understanding of human suffering from an ACT perspective. When we see our clients trapped by language, we see ourselves and the traps which generate our own pain. An “I and thou” perspective is the natural precipitant of this recognition. Collectively, the following attributes define the basic therapeutic stance of ACT.

1	The ACT therapist speaks to the client from an equal, vulnerable, compassionate, genuine, and sharing point of view and respects the client’s inherent ability to move from unworkable to workable responses.	<input type="checkbox"/>
2	The therapist is willing to self disclose about personal issues when it serves the interest of the client.	<input type="checkbox"/>
3	The therapist avoids the use of “canned” ACT interventions, instead fitting interventions to the particular needs of particular clients. The therapist is ready to change course to fit those needs at any moment.	<input type="checkbox"/>
4	The therapist tailors interventions and develops new metaphors, experiential exercises, and behavioral tasks to fit the client’s experience, language practices, and the social, ethnic, and cultural context.	<input type="checkbox"/>
5	The therapist models both acceptance of challenging content (e.g., what emerges during treatment) while also being willing to hold client’s contradictory or difficult ideas, feelings, and memories without any need to “resolve” them.	<input type="checkbox"/>
6	The therapist introduces experiential exercises, paradoxes, and/or metaphors as appropriate and deemphasizes literal “sense-making” of the same.	<input type="checkbox"/>
7	The therapist always brings the issue back to what the client’s experience is showing, and does not substitute his or her opinions for that genuine experience.	<input type="checkbox"/>
8	The therapist does not argue with, lecture, coerce or attempt to convince the client.	<input type="checkbox"/>
9	ACT relevant processes are recognized in the moment and where appropriate are directly supported in the context of the therapeutic relationship.	<input type="checkbox"/>

Developing Acceptance and Willingness/Undermining Experiential Control

10	The therapist communicate to the client that he or she is not broken but using unworkable strategies.	<input type="checkbox"/>
11	The therapist helps the client make direct contact with the paradoxical effects of emotional control strategies.	<input type="checkbox"/>
12	The therapist actively uses the concept of workability in clinical interactions.	<input type="checkbox"/>
13	The therapist actively encourages the client to experiment with stopping the struggle for emotional control and suggests willingness as an alternative.	<input type="checkbox"/>
14	The therapist highlights the contrast in the workability of control versus willingness strategies.	<input type="checkbox"/>
15	The therapist helps the client investigate the relationship between willingness and suffering.	<input type="checkbox"/>
16	The therapist helps the client make contact with the cost of unwillingness relative to valued life ends.	<input type="checkbox"/>
17	The therapist helps the client to experience the qualities of willingness.	<input type="checkbox"/>
18	The therapist uses exercises and metaphors to demonstrate willingness the action in the presence of difficult internal experience.	<input type="checkbox"/>
19	The therapist models willingness in the therapeutic relationship and helps the client to generalize these skills to outside of therapy.	<input type="checkbox"/>
20	Therapist can use a graded and structured approach to willingness assignments.	<input type="checkbox"/>

Undermining Cognitive Fusion

21	Therapist identifies client's emotional, cognitive, behavioral or physical barriers to willingness.	<input type="checkbox"/>
22	Therapist suggests that "attachment" to the literal meaning of these experiences makes willingness difficult to sustain (helps clients to see private experiences for what they are, rather than what they advertise themselves to be).	<input type="checkbox"/>
23	Therapist actively contrasts what the client's "mind" says will work versus what the client's experience says is working.	<input type="checkbox"/>
24	Therapist uses language tools (e.g., get off your butts), metaphors (bubble on the head, passengers on the bus) and experiential exercises (e.g., thoughts on cards) to create a separation between the client and the client's conceptualized experience.	<input type="checkbox"/>
25	Therapist works to get client to experiment with "having" these experiences, using willingness as a stance.	<input type="checkbox"/>

26	Therapist uses various exercises, metaphors and behavioral tasks to reveal the "hidden" properties of language.	<input type="checkbox"/>
27	Therapist helps client elucidate the client's "story" and helps client make contact with the evaluative and reason giving properties of the client's story.	<input type="checkbox"/>
28	Therapist helps client make contact with the arbitrary nature of causal relationships within the story.	<input type="checkbox"/>
29	Therapist detects "mindiness" (fusion) in session and teaches the client to detect it as well.	<input type="checkbox"/>
30	Therapist uses various interventions to both reveal the flow of private experience and that such experience is not "toxic."	<input type="checkbox"/>

Getting in Contact with the Present Moment

31	The therapist can defuse from client content and direct attention to the moment.	<input type="checkbox"/>
32	The therapist brings his or her own thoughts or feelings in the moment into the therapeutic relationship.	<input type="checkbox"/>
33	Therapist uses exercises to expand the client's sense of experience as an ongoing process.	<input type="checkbox"/>
34	The therapist detects client drifting into past and future orientation and teaches them how to come back to now.	<input type="checkbox"/>
35	The therapist tracks content at multiple levels and emphasizes the present when it is useful.	<input type="checkbox"/>
36	The therapist practices and models getting out of his or her own "mind" and coming back to the present moment in session.	<input type="checkbox"/>

Distinguishing the Conceptualized Self from Self-as-context

37	The therapist uses metaphors to help the client distinguish between the content and products of consciousness versus consciousness itself.	<input type="checkbox"/>
38	The therapist utilizes exercises to help the client make contact with self as context and distinguish this from the self as conceptualized.	<input type="checkbox"/>
39	The therapist utilizes behavioral tasks to help client notice the workings of the mind and the experience of emotion while also contacting a self who chooses and behaves with these experiences rather than for the experiences.	<input type="checkbox"/>
40	The therapist helps the client recognize the distinction between the self who evaluates versus the evaluation itself.	<input type="checkbox"/>

Defining Valued Directions

41	Therapist helps client clarify valued life directions.	<input type="checkbox"/>
42	Therapist helps client commit to what they want their lives to stand for and to make therapy about that.	<input type="checkbox"/>
43	Therapist teaches clients to distinguish between values and goals.	<input type="checkbox"/>
44	Therapist distinguishes between outcomes achieved and involvement in the process of living.	<input type="checkbox"/>
45	Therapist states his or her own therapy relevant values and models their importance.	<input type="checkbox"/>
46	Therapist respects client values and if unable to support them, finds referral or other alternatives	<input type="checkbox"/>

Building Patterns of Committed Action

47	Therapist helps client identify valued life goals and build an action plan linked to them.	<input type="checkbox"/>
48	Therapist encourages client to make and keep commitments in the presence of perceived barriers (e.g., fear of failure, traumatic memories, sadness, being right) and to expect additional ones as a consequence of engaging in committed actions.	<input type="checkbox"/>
49	Therapist helps client appreciate the qualities of committed action (e.g., vitality, sense of growth) and to take small steps while maintaining contact with that sense.	<input type="checkbox"/>
50	Therapist keeps clients focused on larger and larger patterns of action to help the client act on goals with consistency over time.	<input type="checkbox"/>
51	Therapist non-judgmentally integrates slips or relapses into the process of keeping commitments and building larger patterns of effective action.	<input type="checkbox"/>