APPENDIX A

The ACT Core Competency Rating Form

The ACT Core Competency Rating Form describes the primary competencies of a therapist who is working in an ACT-consistent manner. It can be used for supervision of oneself or others. The original set of competencies was developed through consensus at a meeting of ACT trainers. Since that meeting, much has changed about ACT and the related science. In light of those developments, we have revised the competencies, deleting some, collapsing others into a single competency, rewording some of them, and introducing new ones. The form below reflects the revised list of competencies we created for this book.

Using the Form for Self-Supervision

If you're learning ACT, you can use this form to advance your learning by periodically rating yourself and then considering the following questions and guidelines in relation to your self-ratings (these are only suggestions; you can certainly consider other questions). Engaging in this process can help you determine where to focus next as you learn ACT.

Notice in which areas you rated yourself low. Do you understand what the competency means? If not, you may want to figure out what it would mean to practice this competency. What resources would you need?

In areas in which you have low ratings, outline what you are doing that is inconsistent with ACT. In other words, analyze why your behavior is inconsistent and what you're doing instead. For example, imagine you have a low rating on several items related to defusion and self-as-context. You might consider what you currently do when clients express negative self-evaluative thoughts. Do you challenge these thoughts, look for evidence to support or refute them, or help clients explore the historical roots of these thoughts? After you consider what you already do, try to see what functions this approach serves. You may experience that your approach is helpful or conclude

that the research literature supports your approach. But sometimes you may want to consider trying something new. In this case, it may be useful to address your own barriers to flexibility (e.g., fear, lack of confidence, wanting to be right).

Consider other options for changing your behavior in relation to a competency for which you rated low. What can you do to improve your skills in that area? Is there something you can read? Is there a skill to practice? Are you willing to make room for potential failure and the sense of inadequacy or incompetence that can go along with practicing a new technique or skill and still do it? For example, perhaps you can rehearse the new skill with a colleague before using it in session; focus an entire session on the relevant process so you have a chance to practice your skills in that area; or post a question on the ACT Listserv about how to improve your practice in that area.

A great place to start is to choose one action, commit to it, and get started on it. Which one will it be? As you try this one action, apply ACT to yourself. Be open to difficult thoughts (e.g., *I'm no good at this, and my clients will see that*) and difficult feelings (e.g., *I feel so incompetent doing these strange things*) and compassionately carry them with you while doing the action.

Using the Form in Supervising Others

The competency rating form can also be used when providing supervision to others. If you're a supervisor and are already familiar with a trainee's work, you can rate the trainee's consistency with all relevant competencies on the form. Then you and the trainee can work together to come up with a plan for the trainee to develop more flexibility and practice in any areas with low ratings.

Alternatively, the form can be used to rate trainees in individual sessions of therapy. While not every competency would be called for in a given session, using the form in this way can still help identify behaviors that are inconsistent with an ACT model or for which it would be beneficial for trainees to increase their frequency of practice or skill level.

ACT Core Competency Rating Form

A number of statements are listed on the competency rating form. Please use the scale below to rate how true each statement is for you (or the person you are rating) when using ACT, writing your rating next to each item. Note that the asterisk (*) denotes competencies that are either modified or new for this edition.

RATING SCALE

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

Developing Willingness and Acceptance

1	The therapist communicates to clients that they are not broken but are using unworkable strategies.	
2	The therapist helps clients make direct contact with the paradoxical effects of emotion control strategies.	
3	The therapist actively uses the concept of workability in clinical interactions.	
4	The therapist actively encourages the client to experiment with stopping the struggle for emotional control and suggests willingness as an alternative.	
5	The therapist highlights the contrast between the workability of control and willingness strategies.	
6	The therapist helps the client investigate the relationship between willingness and suffering.	
7	The therapist helps the client make contact with the cost of unwillingness relative to valued life directions.	
8	The therapist helps the client experience the qualities of willingness.	
9	The therapist uses exercises and metaphors to demonstrate willingness as an action in the presence of difficult internal experiences.	
10	The therapist models willingness in the therapeutic relationship and helps the client generalize these skills outside therapy.	
11	The therapist can use a graded and structured approach to willingness assignments.	

Undermining Cognitive Fusion

12	The therapist identifies the client's emotional, cognitive, behavioral, or physical barriers to willingness.	
13	The therapist suggests that attachment to the literal meaning of these experiences makes willingness difficult to sustain (in other words, the therapist helps clients see private experiences for what they are, rather than what they advertise themselves to be).	
14	The therapist actively contrasts what the client's mind says will work with what the client's experience says is working.	
15	The therapist uses language tools (e.g., verbal conventions), metaphors, and experiential exercises to create a separation between the client and the client's conceptualized experience.*	
16	The therapist works to get the client to experiment with "having" difficult private experiences, using willingness as a stance.	
17	The therapist uses various exercises, metaphors, and behavioral tasks to reveal the hidden properties of language.	
18	The therapist helps clients elucidate their story and helps them make contact with the evaluative and reason-giving properties of the story, as well as the arbitrary nature of causal relationships within the story.*	
19	The therapist detects fusion in session and teaches the client to detect it as well.	
20	The therapist uses various interventions to reveal both the flow of private experience and that such experience is not toxic.	

Getting in Contact with the Present Moment

21	The therapist can defuse from client content and direct attention to the moment.	
22	The therapist brings his or her own thoughts or feelings in the moment into the therapeutic relationship.	

23	The therapist uses exercises to expand the client's sense of experience as an ongoing process (e.g., mindfulness exercises or imagery exercises that support the client in focusing on the ongoing flow of internal experiences).*	
24	The therapist detects when clients are drifting into a past or future orientation and teaches them how to come back to the present moment.	
25	The therapist conceptualizes client behavior at multiple levels and emphasizes the present moment when doing so is useful.*	
26	The therapist practices and models getting out of his or her own mind and coming back to the present moment in session.	

Distinguishing the Conceptualized Self from Self-as-Context

27	The therapist uses metaphors and exercises to help clients distinguish between the content of consciousness and consciousness itself so as to increase a sense of self as a location, container, or context for all experience, fostering a greater ability to act with these experiences, rather than for or against them.*	
28	The therapist uses metaphors and exercises to reduce clients' attachment to conceptualized selves or conceptualized others that create problematic rigidity or interfere with flexible responding.*	
29	The therapist helps clients contact an expansive and interconnected sense of self through building a sense of being part of a larger whole that extends across time, place, and person, whether that be a group, humanity as a whole, or the continuity of consciousness itself.*	
30	The therapist helps clients flexibly take perspectives toward themselves, others, and their own experience that build flexible and compassionate ways of responding; such perspectives include but are not limited to viewing the self from different conceptualized selves (e.g., loving self), the perspectives of others (real or imagined), perspectives of time (past, future), and perspectives of place.*	

Defining Valued Directions

31	The therapist helps the client clarify valued life directions.*	
32	The therapist helps clients commit to what they want their life to stand for and focuses the therapy on this process.*	
33	The therapist teaches the client to distinguish between values and goals.	
34	The therapist distinguishes between outcomes achieved and involvement in the process of living.	
35	The therapist states his or her own therapy-relevant values and models their importance.	
36	The therapist respects client values and, if unable to support them, offers a referral or other alternative.	

Building Patterns of Committed Action

37	The therapist helps the client identify values-based goals and build an action plan linked to them.*	
38	The therapist encourages the 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 barriers as a consequence of engaging in committed action.	
39	The therapist helps the client appreciate the qualities of committed action (e.g., vitality, sense of growth) and to take small steps while maintaining contact with those qualities.	
40	The therapist keeps the client focused on larger and larger patterns of action to help the client act on goals with consistency over time.	
41	The therapist nonjudgmentally integrates client slips or relapses into the process of keeping commitments and building larger patterns of effective action.	

The ACT Therapeutic Stance

42	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.	
43	The therapist is willing to self-disclose when it serves the interest of the client.*	
44	The therapist avoids the use of formulaic 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.	
45	The therapist tailors interventions and develops new metaphors, experiential exercises, and behavioral tasks to fit the client's experience and language practices and the social, ethnic, and cultural context.	
46	The therapist models acceptance of challenging content (e.g., what emerges during treatment) while also being willing to hold the client's contradictory or difficult ideas, feelings, and memories without any need to resolve them.	
47	The therapist introduces experiential exercises, paradoxes, or metaphors as appropriate and deemphasizes literal sense making of the same.	
48	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.	
49	The therapist does not argue with, lecture, coerce, or attempt to convince the client.	
50	ACT-relevant processes are recognized in the moment and, when appropriate, are directly supported in the context of the therapeutic relationship.	