

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

THE ACT THERAPEUTIC STANCE

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.	
2	The therapist is willing to self-disclose about personal issues when it serves the interest of the client.	
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.	
4	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.	
5	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.	
6	The therapist introduces experiential exercises, paradoxes, and/or metaphors as appropriate and de-emphasizes literal sense-making of the same.	
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.	
8	The therapist does not argue with, lecture, coerce, or attempt to convince the client.	
9	ACT-relevant processes are recognized in the moment, and when appropriate, are directly supported in the context of the therapeutic relationship.	

DEVELOPING WILLINGNESS/ACCEPTANCE

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

UNDERMINING COGNITIVE FUSION

21	The therapist identifies the client's emotional, cognitive, behavioral, or physical barriers to willingness.	
22	The 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).	
23	The therapist actively contrasts what the client's mind says will work with what the client's experience says is working.	

24	The therapist uses language tools (e.g., get off your “buts”); 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.	
25	The therapist works to get the client to experiment with “having” difficult private experiences, using willingness as a stance.	
26	The therapist uses various exercises, metaphors, and behavioral tasks to reveal the hidden properties of language.	
27	The therapist helps the client elucidate the client’s story and helps the client make contact with the evaluative and reason-giving properties of the story.	
28	The therapist helps the client make contact with the arbitrary nature of causal relationships within the story.	
29	The therapist detects mindiness (fusion) in session and teaches the client to detect it, as well.	
30	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

31	The therapist can defuse from client content and direct attention to the moment.	
32	The therapist brings his or her own thoughts or feelings in the moment into the therapeutic relationship.	
33	The therapist uses exercises to expand the client’s sense of experience as an ongoing process.	
34	The therapist detects the client drifting into past or future orientation and teaches him or her how to come back to now.	
35	The therapist tracks content at multiple levels and emphasizes the present when it is useful.	
36	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

37	The therapist uses metaphors to help the client distinguish between the content and products of consciousness, and consciousness itself.	
38	The therapist utilizes exercises to help the client make contact with self as context and distinguish this from the self as conceptualized.	
39	The therapist utilizes behavioral tasks to help the 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.	
40	The therapist helps the client recognize the distinction between the self who evaluates and the evaluation itself.	

DEFINING VALUED DIRECTIONS

41	The therapist helps the client clarify valued life directions.	
42	The therapist helps the client commit to what he or she wants his or her life to stand for, and focuses the therapy on that.	
43	The therapist teaches the client to distinguish between values and goals.	
44	The therapist distinguishes between outcomes achieved and involvement in the process of living.	
45	The therapist states his or her own therapy-relevant values and models their importance.	
46	The therapist respects client values and if unable to support them, finds a referral or other alternatives.	

BUILDING PATTERNS OF COMMITTED ACTION

47	The therapist helps the client identify valued life goals and build an action plan linked to them.	
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48	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 actions.	
49	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.	
50	The therapist keeps the client focused on larger and larger patterns of action to help the client act on goals with consistency over time.	
51	The therapist nonjudgmentally integrates slips or relapses into the process of keeping commitments and building larger patterns of effective action.	