

## Focused Acceptance and Commitment Therapy Competency Assessment Tool

**FACT-CAT**

Competency means “adequacy; possession of required skill, knowledge, qualification or capacity”. This tool is designed to help you assess your competence in skills involved in effective delivery of FACT with a broad range of clients. Use this scale to assign a “rating” to your competence level today.

1 = low      2 = adequate      3 = exceptional

<b>Brief Intervention Competencies</b>	<b>Rating</b>
1. Communicates the belief that patient can engage in meaningful change at any moment	
2. Use problem severity rating to estimate of client distress (1-10)	
3. Obtains a client confidence rating for behavior change plan (1-10)	
4. Conducts session helpfulness rating at end of each visit (1-10).	

<b>Assessment Competencies</b>	<b>Rating</b>
5. Uses Work-Love-Play-Health, Life Context questions to complete an engaging psychosocial interview in 5-10 minutes.	
6. Uses Three T's or other question to complete an accurate functional analysis of a target problem.	
7. Asks or summarizes #1 and 2 above to engage FACT Focusing Questions.	
8. Uses Workability questions directly or implicitly while conducting interview to enhance willingness to change (elicits cultural frames as needed).	
9. Conducts problem severity assessment early in each visit (1-10).	
10. Taps into patient values by asking directly and/or exploring identified values.	
11. Uses ACT consistent language in reflecting back to patient (e.g., “so, you’ve tried to solve this problem but your solutions are NOT working, at least not in the sense of what matters.”)	

<b>Case Formulation and Treatment Planning Competencies</b>	<b>Rating</b>
12. Uses client report and interview observations to estimate client flexibility on the Flexibility Profile at initial and follow-up visits.	
13. Completes Four Square analysis accurately, listing public and private behaviors that are workable and unworkable for client.	
14. Able to identify flexibility processes underlying behavior patterns revealed in the Four Square analysis.	

<b>Three Pillars Competencies</b>	<b>Rating</b>
15. Targets core process/pillars as suggested by conceptualization by:	
a. Engaging patient in activities to strengthen connection to values.	
b. Helping patient step back from sticky thoughts or feelings using defusion.	
c. Helping patient accept difficult internal and external experiences.	
d. Modeling observer perspective (just noticing, with curiosity).	
e. Helps patient understand the difference between evaluating and describing.	
f. Teaches brief techniques that support present moment experience.	
g. Uses interventions to help patient develop a values consistent action plan.	
16. Moves flexibly among processes of openness, awareness and engagement when intervening.	
17. Constructs problem reframe statements using ACT consistent language that are validating and facilitate a change in perspective on self, others or the identified problem.	
18. Uses metaphor, analogy, or experiential exercise to reframe problems in a way that is validating and facilitates a change in perspective on self and others.	

In-session assessment strategies take only minutes and can aid the clinician in determining whether the intervention is working, detecting possible barriers to change, and assessing clients' perceptions about the helpfulness of each session.

**Assessment of Problem Severity, Confidence, and Helpfulness:** At the beginning of every session, it's useful to ask clients to rate the severity of the problem that brought them to the session. These ratings can be charted, as demonstrated in the graphs of problem severity ratings in part 3 of the book. Near the end of the session, it's highly worthwhile to ask clients about their confidence that they will follow through on actions and behaviors planned in that session. Also seek their input on how helpful the session was.

### **Problem Severity**

At the beginning of each session, ask clients to rate the severity of the problem that is bringing them in for help using a scale of 0 to 10, where 0 = not a big problem, and 10 = a very big problem. Over multiple visits, you can use a graph to track changes in problem severity ratings as a way of assessing the client's response to the intervention, as illustrated in figures in part 3 of the book. If problem severity scores don't change over time, this is a signal that you need to change intervention strategies. If you go to the book's website, you can download a graphing macro that will allow you to enter and track scores on a session-by-session basis.

### **Confidence**

Near the end of each session, ask clients to rate their level of confidence that they will do what was planned in that session using a scale of 0 to 10, where 0 = not at all, and 10 = very confident. Generally, a rating of 7 or above is the target. Ratings below that should trigger an additional interaction about barriers to action that might be showing up for clients. There might be a need to either identify a new goal or to reduce the scale of the original goal.

### **Helpfulness**

Near the end of each session, ask clients to rate how helpful the session was using a scale of 0 to 10, where 0 = not at all, and 10 = very helpful. Generally, a rating of 7 or above is the target. Low ratings (0 to 4) signal that there is a major disconnect between the goals of the therapist and the goals of the client. Midrange ratings (5 to 6) might trigger a conversation about what the therapist and client could do to create a more helpful approach for the client.

### Assessment: The Love, Work, Play and Health Questions

<b>Love</b>	Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends?
<b>Work</b>	Do you work? Study? If yes, what is your work? Do you enjoy it? If not working, are you looking for work? If not working and not looking for a job, how do you support yourself?
<b>Play</b>	What do you do for fun? For relaxation? For connecting with people in your neighborhood or community?
<i>Health</i>	Do you use tobacco products, alcohol, illegal drugs? Do you exercise on a regular basis for your health? Do you eat well? Sleep well?

### Assessment: The Three Ts Questions

<b>Time</b>	When did this start? How often does it happen? What happens before / after the problem? Why do you think it is a problem now?
<b>Trigger</b>	Is there anything--a situation or a person--that seems to set it off?
<b>Trajectory</b>	What's this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently . . . getting worse, better?
<i>Workability Question</i>	What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you?

## TEAMS Worksheet

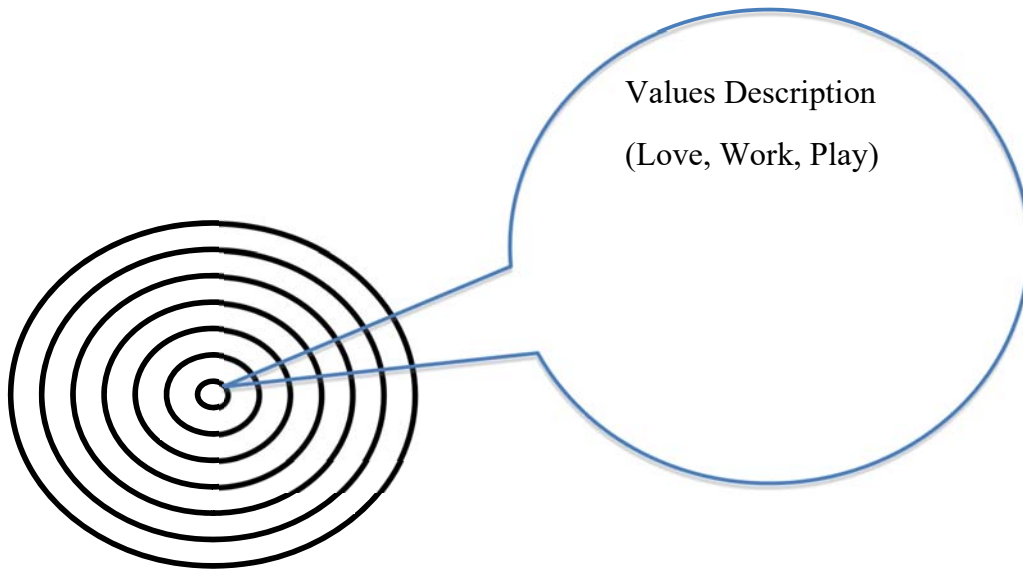
<b>T</b> houghts	
<b>E</b> motions	
<b>A</b> ssociations	
<b>M</b> emories	
<b>S</b> ensations	

# Four Square Tool\*

		Workability	
		Not Working (Less Meaning)	More Workable (More Meaning)
Behavior	Public		
	Private		

\* For clinician use in case formulation and treatment planning

# Bull's-Eye Plan



1	2	3	4	5	6	7
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Low Consistency Higher Consistency

Action Plan:

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## Guide for Using the Bull's-Eye Plan

1. Ask the patient to choose a focus for a short discussion about values: Love, Work, or Play. (e.g., “What makes it worth your effort to try to change in this area of your life?”)
2. Listen closely, reflect what you heard and then write a statement on the Bull's-Eye Plan using the words (global, abstract) the patient used in talking about the value. (e.g., “So, you want to exercise more because you want to be a model of **health, healthy play, and fun** for your children, is that right?”)
3. Explain that the Bull's-Eye on the target represents the patient's connecting completely with her / his value on a daily basis. Explain that most of us fall far short of that on a day-to-day basis, but staying aware of our value targets helps us create plans and make choices that make our lives more vital.
4. Ask patient to choose a number to represent how close to the Bull's-Eye value statement her/his behavior has come over the past 2 weeks.
5. Ask patient to plan 2 specific behavior experiments for the next 2 weeks that patient believes will make her / his behavior more value consistent (closer to the Bull's-Eye target).
6. At follow-up, ask patient to re-rate overall value consistency and identify barriers to engaging in planned behaviors.
7. As time allows, use the Pillars of Psychological Flexibility (Figure 7.2) as a guide to assess patient's strengths and weaknesses and consider helpful interventions.
8. If time allows in an initial or follow-up visit, help the patient improve skills for accepting distressing thoughts (OPEN), being more skillful in finding the present moment and taking an observer perspective (AWARE), or clarifying and connecting with important life values consistent with those values (ENGAGED). Potentially helpful methods include educational interventions, experiential exercises, and direct skill training through modeling and coaching.






Problem (Time, Triggers, Trajectory)	Public behaviors / Not working	Public Behaviors / More Workable
	Private behavior / not working	Private Behavior / More Workable
Triggers (antecedents)	Behavior Not Working	Consequences
Triggers (antecedents)	Behavior More Workable	Consequences

Action Steps:

- 1.
- 2.
- 3.

End of Visit

Please Circle 

a number below to describe your confidence about taking the action steps and the helpfulness of this visit.

1	2	3	4	5	6	7	8	9	10
CONFIDENCE									
1	2	3	4	5	6	7	8	9	10
HELPFULNESS									

## Choosing: My Life Path and Turn-Around Plan\*

More Control

What do you want to control,  
avoid, or get rid of?

More Meaning

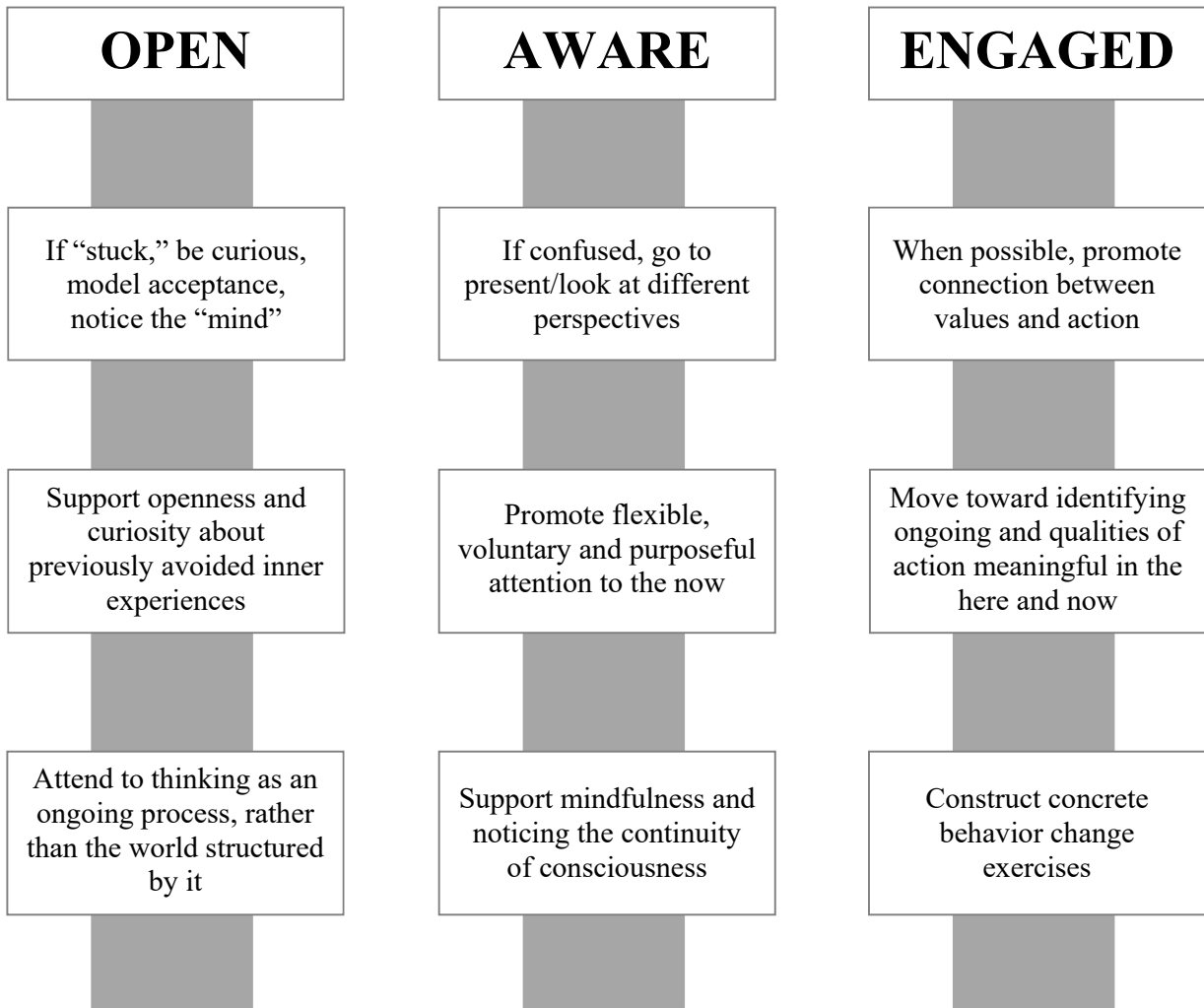
What type of life would you  
choose if you could choose?

1. Use an arrow to indicate the following:



Where would you put yourself on your Life Path at this moment?  
What direction are you moving now?

2. What, if any, are the costs and benefits of pursuing control?
3. What behaviors would tell you that you are moving toward “more meaning”?
4. When you are stuck, how can you help yourself to keep moving toward “more meaning”?
5. Who or what helps you move in the direction of “more meaning”?



*Figure 7.2 Pillars of Psychological Flexibility and suggested therapeutic actions.*

# **FACT Workshop**

## **Case Vignettes For Skill Practice**

Case 1: (Contextual Interviewing practice)

48 y.o man recently diagnosed with diabetes. Has been depressed since diagnosis. Talked to his mother who also has diabetes, who advised him “not to think about it”. His father died several years ago of complications of diabetes. Any time he thinks about his recent diagnosis, he has memories of watching his father die in considerable pain. Has 4 teen-age kids and feels like he has let them down by virtue on not taking better care of his health. He has a good marriage and a very supportive wife, who wants him to address his disease, and told him to come in and see someone for help because of his growing depression and self-isolating behavior around the house.

Case 2: (Contextual Interviewing practice)

27 y.o. woman, mother of 2 young children, recently divorced after her husband of five years announced he was “done” and left. Has not heard from him in a year. She learned through friends that he was secretly seeing another woman for quite a while prior to leaving. Apparently, he left her to move to another city with his girlfriend. She works as a cashier at a grocery store and barely makes enough money to pay her bills. Has trouble sleeping at night because she ruminates about what she did wrong to lose her husband. Drinks a lot on weekends, which are the worst time for her emotionally. Has friends who encourage her to get together, but she always makes excuses for not doing so. When alone with her kids, she is very distractible and will begin to think about her husband’s affair and what she did wrong to lose him.