

INFORMED CONSENT FOR ACT

- ACT is a very active form of therapy – not just talking about problems.
- You will be learning skills to handle difficult thoughts and feelings more effectively, so that they have less impact and influence over you.
- You will be clarifying your “values” (what matters to you, what you want to stand for, how you want to treat yourself and others, what gives you a sense of meaning or purpose.
- You will be taking action: to solve problems, and do things that make life better.
- I want you to leave her at the end of each session with a plan of action – something you can take home and do between sessions that will make a positive difference.
- Like playing guitar you will need to practice, both *in* session and *between* sessions.
- You give me permission to interrupt you from time to time – to sot of ‘press pause’ for a moment – so if I see you doing something that looks like it might be making your problem worse, I can press pause, and we can take a look at what’s going on, and address it.
- And, you give me permission to ‘press pause’ if I see you doing something that looks like it might be really helpful or useful.

My signature here certifies my consent.

Client’s Signature

Date

Psychologist’s Signature

Date