ACT Therapy Personalization Form

In order to make counseling as effective as possible for you, please take a few minutes to answer the following questions:

1) What (or who) made you want to get counseling? _____

_____

_____

_____

2) What results do you want or expect out of counseling? _____

_____

_____

_____

3) How will you know when it's time to finish your counseling? _____

_____

_____

_____

4) What have you already tried? (Let's not spend time re-doing what you already know doesn't work). Look back at your answer to Question 2 about what you want. Now please list *everything* you can think of that you've *ever* tried in order to get that outcome, either with counseling or on your own. Then grade each item from A to F for how effective it was in getting you what you want in the short run and the long run. (Continued on next page)

What I Have Tried	Short Term Grade	Long Term Grade
Example: Venting to my counselor while he/she just listened	*A*	*D (nothing really changes)*
Example: Going gambling to numb my feelings	*A*	*D (feelings keep coming back)*
Example: Going for a 15 minute walk	*B*	*B (pretty effective)*

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What I Have Tried	Short Term Grade	Long Term Grade

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