**Case Consultation Form**

1. Presenting problem(s) in client’s own words:
   1. Client initial goals (What do they want from therapy?):
2. Client strengths:
3. What core thoughts, emotions, memories, sensations, scenarios is the client unwilling to experience?
   1. Thoughts:
   2. Emotions:
   3. Memories:
   4. Sensations:
   5. Others:
4. What does the client do to avoid these experiences?
   1. Overt avoidance (activities, situations, people the client has stopped doing or avoids explicitly):
   2. Internal and external control strategies (distraction, self-instruction, dissociation, substances, self harm, etc.)
   3. In session avoidance or emotional control patterns (topic changes, argumentativeness, drop out risk, etc.)
5. Relevant motivational factors (What is the cost of this behavior in terms of daily living, client’s experience of unworkability, clarify of values, therapeutic relationship):
6. Environmental barriers to change (negative contingencies (disability), unsupportive home/social environment, unchangeable circumstances, financial circumstances, costs of changing (social losses, etc.):
7. Factors contributing to psychological inflexibility (excessive rule governance, being right, reason-giver, self-issues (lack of a sense of-unable to describe feelings or wants), extremely low tolerance of emotional experiences, lack of present moment awareness, super logical (figures things out), excessive attachment to conceptualized self):
8. Given the above, what parts of different modalities may need to be emphasized in treatment?
9. Initial treatment plan:
10. Personal counter transference to note:
11. Feedback from group: