

Case Consultation Form

- 1) Presenting problem(s) in client's own words:
 - a. 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?
 - a. Thoughts:

 - b. Emotions:

 - c. Memories:

 - d. Sensations:

 - e. Others:

- 4) What does the client do to avoid these experiences?
 - a. Overt avoidance (activities, situations, people the client has stopped doing or avoids explicitly):

 - b. Internal and external control strategies (distraction, self-instruction, dissociation, substances, self harm, etc.)

 - c. 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: