

CBT-C Case Consultation Form

(To be completed by consultant that provided CBT consultation session(s) to the applicant)

Date of 1st Consultation: 10/1/22

Date of 2nd Consultation: 12/5/22

Consultant Name (as it appears on professional license): David Pratt

Applicant Name (as it appears on professional license): Christina Miller

Applicant's Phone Number: 512-200-3344

Applicant's Email Address: info@counselingaustintx.com

Based on your assessment of the Applicant's professional capabilities, how would you rate this Applicant's skills in the following categories?

	4 Highly Competent	3 Competent	2 Minimally Competent	1 Not Competent
Effective therapeutic alliance with clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT-informed assessment and diagnosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBT case conceptualization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning and development of mutual treatment goals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session structure and agenda based on CBT foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of evidence based diagnostic specific to CBT skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboratively developed behavioral experiments and homework tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from the client on effectiveness of the session and treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Must have a minimum score of 3 in each category to be accepted for certification*

General feedback: _____

Continue to keep working on session structure and treatment planning as discussed. Nice improvement between cases presented.

I verify that this form is complete, accurate, and the information provided is factual and true.

Signed: David Pratt

Date: 12/6/22