

CBT-C Case Consultation Form

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

Date: 6/1/22 Case Study Presentation: First Case Second Case

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
Build relationship and rapport with clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete a CBT-informed assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall CBT case conceptualization (understanding of issue, focusing on cognitions, behaviors, change)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to structure session and create session agenda based on CBT foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning, including development of mutual treatment goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of CBT skills (competent at psychoeducation, cognitive restructuring, exposure, behavior activation, and mindfulness/acceptance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent in creating homework tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to summarize session and provide feedback	<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*

Suggested feedback for next consultation: _____

Continue to work on session structure and homework assignments to align with treatment goals.

I verify that this attestation is complete, accurate, and that the information provided and attested to is factual and true.

Signed: David Pratt Date: 6/1/22