APT-Consultation Form

Select a 20-minute segment or a sequence of shorter segments that are no longer then 20 minutes from a psychotherapy session. Read and answer all questions to the best of your ability.

APT-Trainee: ________________  APT-Supervisor: ________________

Date of Supervision: _________  Case Name: _____________________

AV Minutes: ______________________________________________________

Create a Core Conflict Formulation for this segment of psychotherapy session:

Identify the affect exposure (s) demonstrated in this segment and rate its intensity on a scale from 1-10, 1 is lowest and 10 is highest:

____________

If you have your own affect phobia that impacts this segment, please describe:

What is your focus for this supervisory session?

What style of feedback (i.e. critical, supportive, directive, etc…) do you want for this supervisory session?
Fill out your patient’s Triangle of Person as it pertains to this AV segment.

Fill out your patient’s Triangle of Conflict as it pertains to this AV segment.