



Certified APT™- Consultation Form

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

APT-Trainee: _____ **APT-Supervisor:** _____

Date of Consultation: _____ **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 consultation session?

What style of feedback (i.e. critical, supportive, directive, etc...) do you want for this consultation session?

Fill out your patient's Triangle of Person as it pertains to this AV segment.

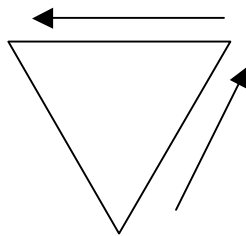
Refer to Malan, D.H. (1979). *Individual psychotherapy and the science of psychodynamics*: London: Butterworths.

**PAST
RELATIONSHIP**

1.

2.

3.



Therapist

Relationship

1.

2.

3.

**CURRENT
RELATIONSHIP**

1.

2.

3.

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

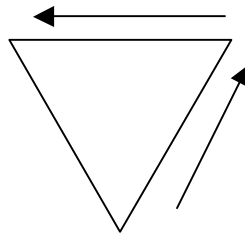
Refer to Malan, D.H. (1979). *Individual psychotherapy and the science of psychodynamics*: London: Butterworths.

**MALADAPATIVE
DEFENSE**

1.

2.

3.



**INHIBITORY
AFFECTS**

1.

2.

3.

ADAPTIVE

AFFECT

1.

2.

3.