



The Proof-Stack Workbook

A 4-exercise framework for turning your clinical experience into unshakeable teaching confidence.

WHAT YOU'LL DISCOVER INSIDE:

- ✓ The 10-minute 'proof session' exercise
- ✓ How to reframe your credentials as assets
- ✓ The distinction between therapy and teaching
- ✓ A confidence statement you can return to



You Know More Than You Think

Imposter syndrome in therapist course creators is different

General imposter syndrome says 'I don't know enough.' Therapist imposter syndrome says something more specific: 'I know this, but I'm not sure I have the right to teach it publicly, at scale, to people I'll never meet.'

This is a licensing-trained caution that was put there to protect your clients. It's not wrong to have it. But when it bleeds into course creation, it becomes a paralysis that stops genuinely helpful content from reaching people who need it.

- Distinguish clinical caution (useful) from imposter syndrome (not useful)
- Build a 'proof stack' from your actual clinical track record
- Separate what you know from what you're licensed to treat
- Write a confidence statement that pre-empts self-doubt

Complete the 4 exercises in order. Don't skip ahead. The sequence matters - each exercise builds on the last.

"You don't need more credentials. You need a clearer question."

— Therapist Growth Partner

Building Your Proof Stack

1 What transformations have you reliably witnessed?

Your proof stack is built from real outcomes - not credentials, not theory.

THE 10-MINUTE PROOF SESSION:

Set a timer for 10 minutes. List every client outcome you've witnessed in the past year. Not diagnoses. Not modalities. Outcomes: 'Client returned to work after 6 months off.' 'Client stopped panic attacks from interrupting meetings.'
You're not claiming to have caused all of these. You witnessed them. That's your proof.

YOUR ANSWER:

List 5-10 real outcomes you've witnessed in your clinical work (anonymized):

PROOF STACK EXAMPLES FROM LICENSED THERAPISTS:

- "Helped 30+ clients return to full-time work after burnout leave."
- "Witnessed clients stop avoiding social situations after 8 weeks of skills work."
- "Supported people rebuilding eating patterns without clinical restriction."

These outcomes not your degree are the foundation of your teaching authority. A course teaches toward outcomes like these.

Therapy vs. Teaching

2 What can you teach that isn't therapy?

The line between education and treatment is clearer than imposter syndrome makes it feel.

THE DISTINCTION THAT UNLOCKS PERMISSION:

Therapy: personalized assessment + treatment of a diagnosed condition.

Education: teaching skills, frameworks, and psychoeducation to a general audience.

You can teach the skills that support clinical outcomes - without doing therapy.

Example: teaching 'the panic cycle' is education. Treating panic disorder is therapy.

YOUR ANSWER:

List 3 things you know that fall clearly on the 'education' side of the line:

CLEARLY EDUCATIONAL CONTENT BY THERAPISTS:

- How the nervous system responds to chronic stress (psychoeducation)
- Skills for recognizing cognitive distortions in daily thought patterns
- Boundary-setting language for workplace relationships

If you're unsure whether content is educational or clinical, ask: 'Could a knowledgeable friend teach this?' If yes - it's education.

Your Confidence Statement

YOUR STATEMENT - complete and write it here:

"I have witnessed [outcome] in my clinical work. I can teach [specific skill/framework] as education to [audience]. My course is not therapy

What Happens Next

1 Read your proof stack daily for a week

Post it somewhere visible. Clinical confidence comes from repetition, not revelation.

2 Write your teaching boundary clearly

One sentence: 'My course teaches X. It does not diagnose, treat, or replace Y.' Put this on your sales page.

3 Record yourself explaining your topic for 5 minutes

Watch it back once. Notice how much you actually know. This is your first module draft.

4 Share your course idea with one trusted colleague

Not to get permission – to hear yourself say it out loud. It becomes real when you speak it.

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