***“Building Blocks” for CBT for Depression notes***

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| **Intervention / homework assignments** | **Draft Text for Introducing** |  | **Draft Text for Following up on****(Response to intervention; Completed/Not completed HW, etc.)** |
| Socialization to the CBT Model  | Clinician socialized the patient to CBT reviewing the following topics:* Structure, length, and frequency of sessions
* Rationale for regular attendance, homework, and full participation
* Goals for CBT and their relation to the patient’s goals and problems
* CBT model and the manner in which it relates to the patient’s problems and subsequent intervention
* Roles and responsibilities of the patient and the therapist
* Patient’s expectations for therapy
* Personal experiences of the effectiveness of CBT with past patients
* Research base supporting CBT as an effective intervention
 |  | Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed.  |
|  Crisis Intervention/ Safety Plan  | Patient and clinician collaboratively created a Crisis Intervention/Safety Plan, to be used as needed. Plan included:* Warning signs/triggers to help recognize appropriate times to utilize the Crisis Intervention/Safety Plan.
* Internal coping strategies
* Distraction techniques
* Emergency contacts.
* Ways to create a safe environment.

At completion, safety plan was reviewed, and clinician elicited feedback from the patient, examining likelihood of follow through for each step of the Crisis Intervention/Safety Plan.  |  | 1) Patient worked collaboratively with clinician to proactively complete all steps of the Crisis Intervention/Safety Plan. Patient and clinician collaboratively reviewed Crisis Intervention/Safety Plan to ensure that patient understand the steps of the Crisis Intervention/Safety Plan, how and when to utilize it.  |
| 2) Patient stated difficulty with identifying internal coping strategies, distraction techniques and emergency contacts. Clinician worked collaboratively with patient to explore prior incidents in which patient utilized effective coping strategies during times of distress.  |
| Understanding Depression & Rationale for Treatment | Clinician provided an overview of depressive symptoms and a cognitive-behavioral explanation of the development and maintenance of depression. A related rationale for treatment was provided, including the use of cognitive restructuring and behavioral strategies. |  | Patient responded positively to use of the intervention and was able to communicate an understanding of the rationale for treatment. |
| Generating a Problem List  | A list of 5-8 target complaints was generated and ranked in order of importance. Patient and clinician collaboratively determined well-defined/S.M.A.R.T. treatment goals, described in observable and measurable terms.  |  | 1) Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here].  |
| 2) Patient stated difficulty with determining/prioritizing goals for treatment but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look for him/her. |
| Case Conceptualization  | Patient and clinician collaboratively utilized the Case Conceptualization Diagram to create an idiographic conceptualization of the patient’s current presenting problems based on relevant childhood data, core beliefs, intermediate beliefs, and automatic thoughts. Patient and clinician discussed the impact of frequently utilized compensatory/coping strategies.  |  | Patient responded positively to the intervention, demonstrating active engagement in personal conceptualization. Working with the patient, clinician identified the following core beliefs: [insert core beliefs here…].  |
| Psychoeducation: Behavioral Model of Depression  | Clinician presented Lewinsohn’s behavioral model of depression. Patient was able to elicit personal examples related to Lewinsohn’s model. Goals for behavioral activation were determined collaboratively with a focus on patient’s perception of what would be enjoyable, simple, and easy to implement.  |  | Patient responded positively to the intervention and communicated an understanding of the behavioral model of depression. Patient set goals for behavioral activation. |
| Psychoeducation: Cognitive Model of Depression | Clinician provided psychoeducation regarding the cognitive component of the CBT model. The rationale behind cognitive strategies was presented. The impact of thoughts and beliefs on emotions, behaviors and physiological responses was discussed, highlighting the influence of subjective interpretation on feelings. Personal examples were elicited from the patient.  |  | Patient responded positively to the intervention and communicated an understanding of the cognitive model of depression. |
| Behavioral Activation: Activity Monitoring  | The Activity Monitoring Form was presented to the patient. Rationale for intervention was discussed, explaining the importance of obtaining an accurate baseline measure of current daily activity. Pleasure and mastery/accomplishment ratings were introduced, and examples of activities and their respective ratings were elicited from patient’s personal experiences. While in session, patient was encouraged to complete the Activity Monitoring Form for the previous day’s activities and feedback regarding this assignment was discussed.**Homework:** Patient will complete the Activity Monitoring Form throughout the week, including overall daily mood ratings.  |  | **Response to Intervention:**1. Patient responded positively to the intervention and completed sample Activity Monitoring Form with respective pleasure and mastery/accomplishment ratings.
2. Patient experienced difficulty identifying pleasure and mastery/accomplishment ratings. Clinician elicited examples of activities from patient’s personal life to help illuminate gradients of pleasure and mastery/accomplishment ratings.
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| **Response to Homework:**1. The patient completed practice assignments related to daily completion of the Activity Monitoring Form. The Activity Monitoring Form was reviewed collaboratively. Clinician helped the patient to recognize the link between mood and the activities in which he/she engaged. In addition, activities associated with increased ratings of pleasure, a sense of mastery/accomplishment and positive mood ratings were identified. Observations about patient’s engagement in pleasurable and meaningful activities were linked explicitly to the behavioral model. Ways to modify mandatory activities were discussed to increase mastery or pleasure.
2. Patient was not able to complete the Activity Monitoring Form assignment. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Behavioral Activation: Activity Scheduling Form | The Activity Scheduling Form was presented to the patient and rationale for use was explained. Activities that provide the patient with a sense of pleasure and/or mastery/accomplishment were identified. **Homework:** Patient will complete the following activities placed on the Activity Scheduling Form:1.2.3 |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and identify activities for inclusion on the Activity Scheduling Form.
2. Patient experienced difficulties identifying activities for inclusion on the Activity Scheduling Form. A list of potential pleasurable activities was provided to the patient to help with generating ideas.
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| **Response to Homework:**1. The patient completed practice assignment related to daily completion of activities scheduled on the Activity Scheduling Form. Clinician helped patient to recognize the link between mood and active engagement in behavioral activation strategies. Patient and clinician discussed ways to assist in the adoption of activities in the patient’s daily life.
2. The patient was not able to complete practice assignment related to daily completion of activities scheduled on the Activity Scheduling Form. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Pleasant Events Schedule | Pleasant Events Schedule was provided to help the patient recognize pleasurable activities. First page of the Pleasant Events Schedule was completed collaboratively. Most desirable and achievable activities were determined, which were planned with specific detail. **Homework:** Patient will complete Pleasant Events Schedule.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and effectively complete the first page of the Pleasant Events Schedule and identify most desirable and achievable activities.
2. Patient experienced difficulties identifying most desirable and achievable activities. Clinician utilized cognitive techniques to help identify activities congruent with patient’s personal values. Furthermore, clinician utilized motivational interviewing techniques to help increase commitment to completing activities identified.
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| **Response to Homework:**1. The patient completed the practice assignment related to the Pleasant Events Schedule. Clinician helped patient to recognize the link between mood and active engagement in pleasant events. Patient and clinician discussed ways to assist in an increase in frequency of pleasurable activities in the patient’s daily life. Pleasant activities were added to the Activity Scheduling Form.
2. The patient was not able to complete the practice assignment related to completion of the Pleasant Events Schedule. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Graded Task Assignment | Graded task assignment was introduced in order to break down more complicated tasks into multiple or sequential parts. Clinician explained the rationale for use of this technique prior to implementation. Graded task assignment was utilized to for the purpose of [Insert goal here, e.g., applying to a job]. Patient identified three components for completion of assignment:(Optional Statement if already completed Activity Scheduling Form in treatment: *Tasks identified were added to the Activity Scheduling Form*)*.* **Homework:** Patient will complete identified components of the graded task assignment. Pleasant Events Schedule was provided to help the patient recognize pleasurable activities. First page of the Pleasant Events Schedule was completed collaboratively. Most desirable and achievable activities were determined, which were planned with specific detail. **Homework:** Patient will complete Pleasant Events Schedule.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and was able to effectively break down [Insert goal here, e.g., applying to a job] into smaller components.
2. Patient experienced difficulties identifying ways to break down [Insert goal here, e.g., applying to a job] into smaller components. Clinician provided a menu of options to the patient to help with generating ideas.
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| **Response to Homework:**1. The patient completed practice assignments related to the graded task assignment incorporated in the Activity Scheduling Form.
2. The patient did not complete practice assignments related to the graded task assignment incorporated in the Activity Scheduling Form. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reason for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week.
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| Relaxation Training | Focus of session was relaxation training and controlled breathing. Clinician presented rationale for relaxation training, focusing on the mechanisms of action. The following mechanisms of action were discussed:1. Decrease in physiological arousal that accompanies agitation, anger, and anxiety.
2. Coping strategy to help tolerate distress, rather than engaging in reactive behavior.
3. Provide evidence that patient can tolerate distress, which helps to counteract maladaptive cognitions related to the ability to cope.

Relaxation script (e.g., Progressive Muscle Relaxation (PMR), imagery, body scan exercise) was utilized in session. The importance of regular practice and implementation of relaxation exercises was discussed so that procedures are readily available in the future at times of distress. Relaxation practice log was reviewed with patient. **Homework:** Patient will utilize relaxation log to monitor daily practice of relaxation techniques.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention and articulated a decrease in physiological arousal resulting from engaging in relaxation exercise.
2. Patient did not respond positively to intervention and reported [insert patient’s report here]. Patient was encouraged to explore different relaxation techniques throughout the week for further assessment of intervention utility.
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| **Response to Homework:**1. The patient completed practice assignments related to completion of the relaxation log to monitor daily practice of relaxation techniques. Patient and clinician explored the positive effects of regular use of relaxation training techniques.
2. The patient did not complete practice assignments related to completion of the relaxation log to monitor daily practice of relaxation techniques. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week.
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| Three-Column Thought Record | Clinician provided education about automatic thoughts and their impact on emotions and behaviors. Clinician utilized guided discovery to help the patient develop skills in identifying automatic thoughts. *Three-Column Thought Record* was introduced to the patient and sample entries on the thought record were completed collaboratively during the session. Emotions related to specific distressing situations were rated on a scale from 0-100. **Homework:** Patient will complete *Three-Column Thought Record* daily.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively demonstrate an understanding of and provide examples of the link between antecedents (situation) emotions and automatic thoughts.
2. Patient experienced difficulties understanding the link between antecedents (situation) emotions and automatic thoughts. Clinician completed a sample Three-Column Thought Record based on a hypothetical situation to help increase comprehension.
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| **Response to Homework:**1. The patient completed the practice assignment related to daily completion of the *Three-Column Thought Record*. Clinician helped the patient to recognize the link between thoughts, emotions, and behaviors.
2. The patient was not able to complete the practice assignment related to completion of the *Three-Column Thought Record*. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. During the session, clinician and patient completed a *Three-Column Thought Record* based on the patient’s real-life experience.
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| Five-Column Thought Record | *Five-Column Thought Record* was introduced to the patient and entries on the thought record were completed during the session. Focus was on developing an alternative response to the original automatic thought, as well as recognizing the new outcome associated with the alternative response. Different potential outcomes were discussed, including reduction in negative affect, experiencing a completely different emotion, and engaging in an adaptive behavioral response. **Homework:** Patient will complete *Five-Column Thought Record* daily.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention. Furthermore, patient was able to effectively demonstrate an understanding of and provide examples of the link between antecedents (situation) emotions and automatic thoughts, as well as compose an alternate response and predict potential outcomes.
2. Although patient was able to provide examples of the link between antecedents (situation) emotions and automatic thoughts, the patient experienced difficulties composing alternative responses and predicting potential outcomes. Clinician provided patient with examples of alternative responses demonstrating more balanced and helpful ways of thinking.
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| **Response to Homework:**1. The patient completed the practice assignment related to daily completion of the *Five-Column Thought Record*. Clinician helped the patient to recognize the link between thoughts, emotions, and behaviors.
2. The patient was not able to complete the practice assignment related to completion of the *Five-Column Thought Record*. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Clinician and patient completed a Five-Column Thought Record based on the patient’s real-life experience.
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| Coping Cards  | Clinician introduced Coping Cards to help the patient quickly recognize re-occurring automatic thoughts and “over-learn” adaptive responses to his/her thoughts. The rationale and benefits of using coping cards were discussed in session. Several coping cards were created collaboratively in session, illustrating the different types of coping cards one may use. Patient was encouraged to keep the cards easily accessible for use, as needed. **Homework:** Patient will complete 3 coping cards.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for the intervention and articulated perceived benefits from the use of coping cards.
2. Patient did not respond positively to intervention and reported [insert patient’s report here]. Patient was encouraged to try to create different types of coping cards throughout the week for further assessment of intervention utility.
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| **Response to Homework:**1. The patient completed the practice assignment related to daily completion of 3 coping cards. Clinician and patient reviewed situations in which coping cards may be effectively utilized in daily life.
2. The patient was not able to complete practice assignment related to completion of 3 coping cards. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Clinician and patient completed a sample coping card in session.
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| The 3Cs Approach | The *3Cs Approach: Catch it, Check it, Change it* was introduced. Clinician explained the rationale for use of this approach prior to implementation.1. Step 1: Catch It – patient was guided to identify a negative shift in mood and then asked to identify the automatic thoughts associated with the mood change.
2. Step 2: Check It – patient was instructed to check or evaluate whether the thought is true, complete, or balanced.
3. Step 3: Change It – patient was instructed to think of a replacement thought that is true, complete, or more balanced than the original automatic thought.

**Homework:** Patient will complete a 3Cs Worksheet daily.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient communicated an understanding of the rationale for intervention. Furthermore, patient effectively walked through the hypothetical 3Cs Approach based on experience in the past.
2. Patient experienced difficulties practicing the 3Cs Approach, specifically with [Step 1/Step 2/Step 3] of the intervention. Clinician reviewed techniques to [identify changes in mood/ evaluate automatic thoughts/ compose an alternative, more balanced thought].
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| **Response to Homework:**1) The patient completed the practice assignment related to daily completion of a 3Cs Worksheet. Clinician helped the patient to recognize the link between thoughts, emotions, and behaviors. 2) The patient was not able to complete the practice assignment related to completion of a 3Cs Worksheet. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Clinician and patient practiced the 3Cs approach based on the patient’s real-life experience.  |
| Cognitive Restructuring | Clinician guided patient in identifying and replacing maladaptive and unhelpful cognitions with more realistic and accurate thoughts. Patient was provided with a handout list of *Unhelpful Thinking Styles/ Cognitive Distortions* and encouraged to identify one of two that he/she may frequently use when distressed. *Daily Record of Dysfunctional Thoughts* was introduced. **Homework:** Patient will complete Daily Record of Dysfunctional Thoughts throughout the week.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively identify frequently used cognitive distortions.
2. Although patient was able identify frequently used cognitive distortions, the patient experienced difficulties composing alternative responses and predict potential outcomes. Clinician provided patient with examples of alternative responses demonstrating more balanced and helpful ways of thinking.
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| **Response to Homework:**1. The patient completed practice assignments related to completion of the Daily Record of Dysfunctional Thoughts. Clinician and patient reviewed and challenged dysfunctional beliefs that continue to reinforce depressive thinking patterns.
2. Patient was not able to complete the Daily Record of Dysfunctional Thoughts. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. In addition, patient and clinician began completion of Daily Record of Dysfunctional Thoughts in session.
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| Socratic Questioning | Clinician used Socratic Questioning to help the patient evaluate the validity and usefulness of his/her automatic thoughts. Clinician and patient collaboratively developed an alternative, balanced response following the evaluation of automatic thoughts.  |  | 1) Patient responded positively to intervention, demonstrating active engagement. Patient developed an alternative, balanced response following the evaluation of automatic thoughts.  |
| 2) Patient responded positively to intervention, demonstrating active engagement. Although patient displayed difficulty with identifying alternative, balanced responses to maladaptive automatic thoughts, he/she was amenable to learning techniques (e.g., taking a third-person perspective, weighing evidence supporting or against the thought, or thinking about how he/she might respond to a friend in his/her situation) to assist with formulating helpful alternative responses. |
| Downward Arrow | Clinician explained the rationale for use of the Downward Arrow Technique prior to implementation, in which clinician asked patient a series of questions to identify the meaning underlying the cognitions that the patient expressed. Clinician and patient collaboratively decided which core belief(s) would be the focus of treatment.  |  | 1) Patient responded positively to intervention, demonstrating active engagement. Patient was able to identify the following core belief(s) [insert core belief(s) here…] to be the focus of treatment.  |
| 2) Patient displayed some difficulty with identifying core beliefs. Following brief review of the etiology of one’s thinking and the formation of core beliefs, the patient was able to identify the following core beliefs as contributory to his/her current depressive symptoms: [insert core belief(s) here…] to be the focus of treatment.  |
| Core Belief Worksheet | The Core Belief Worksheet was introduced to the patient as a tool for evaluation of unhelpful core beliefs over time. Patient was instructed to use a scale from 0-100 to rate the percentage he/she believes the core beliefs, the most he/she believed the core belief over the past week, and the least he/she believed the core belief over the past week. Patient was instructed to generate a new belief and asked to use the same scale (0-100) to rate how much he/she believes the new belief. Clinician and patient collaboratively began to document evidence that contradicts the old belief and supports the new, more adaptive one. **Homework:** Patient will continue to document evidence that contradicts the old belief and supports a new, more adaptive belief on the Core Beliefs Worksheet.  |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively generate new beliefs and provide ratings one a scale (0-100) of how much he/she believes the new belief.
2. Although patient was able identify core beliefs, the patient experienced difficulties generating new beliefs. Clinician and patient documented evidence that contradicts the old belief and supports the new, more adaptive one. Clinician provided examples of a new, more balanced, and adaptive belief.
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| **Response to Homework:**1. The patient completed practice assignments related to documenting evidence that contradicts an old belief and supports a new, more adaptive belief on the Core Beliefs Worksheet. Clinician and patient collaboratively reviewed the Core Beliefs Worksheet. Clinician noted fluctuations in the degree of certainty regarding the patient’s core belief over the course of the week, in order to highlight that such beliefs are not 100% true or fixed.
2. The patient did not complete practice assignments related to documenting evidence that contradicts the old belief and supports the new, more adaptive belief on the Core Beliefs Worksheet. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Problem Solving Techniques  | Problem-solving strategy was introduced to the patient and rationale for implementation was explained. All components of the technique were reviewed collaboratively:1. Identify the problem: clinician guided patient in recognizing a problem that exists.
2. Thinking about possible solutions: clinician helped patient generate possible alternatives by encouraging him/her to brainstorm possible solutions.
3. Evaluating the solutions: Pros and cons of each solution were evaluated
4. Choose a solution to implement patient was instructed to evaluate each of the solutions generated in the brainstorming phase. The following issues were considered in evaluation: a) the specific steps involved in implementation; b) patient’s ability to implement those steps; c) the likelihood that the patient will follow through with the implementation of those specific steps; d) barriers to implementing the specific steps; and e) short and long-term implications for the implementation of each solution. The result of the evaluation was reviewed, and the patient determined the best solution to the problem.
5. How well does it work? Clinician and patient will evaluate the solution after implementation.

**Homework:** Patient will implement the solution determined in session, with solution outcome to be reviewed in the next therapy session. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively utilize problem-solving technique relating to current life stressor.
2. Patient experienced difficulty utilizing problem-solving technique, specifically related [insert specific difficulty here, i.e., generating possible solutions]. Clinician [insert intervention here, i.e., brainstormed possible solutions to provide modeling for patient].
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| **Response to Homework:**1. The patient completed practice assignments related to implementing the solution determined using problem-solving techniques in previous session. Clinician and patient evaluated the degree to which the solution was helpful, considering the following factors: a) achievement of desired outcome; b) the degree to which the patient exhibited skillfulness in implementing the solution; c) the degree to which the patient can generalize the problem-solving skill obtained to other problems in his/her life; d) review of barriers encountered in implementing the solution and discussion of ways to overcome those barriers in the future.
2. The patient did not complete practice assignments related to implementing the solution determined using problem-solving techniques in previous session. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Evaluating Pros and Cons  | Pros and Cons strategy for Action/Decision Considered was introduced to the patient. Clinician and patient collaboratively identified and defined problem area/issue, using objective and specific terms. Pros and cons of each decision considered were evaluated. Based on pros and cons identified, the patient determined the following actions plan: {insert action plan here}. **Homework:** Patient will implement the action plan determined in session and outcome to be reviewed in the next therapy session. |  |  **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively generate pros and cons related to action/decision considered and determine an action plan.
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| **Response to Homework:**1. The patient completed action plan determined when evaluating pros and cons in previous session. Clinician and patient evaluated the degree to which the action plan was helpful.
2. The patient did not complete practice assignments related to completing action plan determined when evaluating pros and cons in previous session. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of implementing action plan. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion.
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| Review of Treatment Goals  | Clinician and patient collaboratively reviewed patient’s progress toward treatment goals. Changes in scores on self-report measure of depression (insert name of measure here) since the beginning of treatment were reviewed. (Optional Statement if provider chooses to plot self-report measure scores on a graph: *Scores were plotted on a graph to measure progress over time*). Clinician and patient discussed assessment of whether or not adequate progress toward treatment goals has occurred and discussed the process of termination. **Homework:** Patient will create a comprehensive list of cognitive and behavioral skills learned and practiced during treatment, as well as areas for improvement and additional growth, to be reviewed in the next session. |  | **Response to Intervention:**1. Patient responded positively to the intervention. Patient was able to articulate progress in treatment and skills developed during the therapy. After reflection of progress and reported abatement of depressive symptoms, clinician and patient collaboratively determined a plan for treatment termination.
2. Clinician and patient discussed progress in treatment and skills developed during the therapy. After reflection of treatment progress and review of remaining depressive symptoms, clinician and patient collaboratively determined a plan for continued treatment. Clinician and patient will review readiness of termination in one month.
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| **Response to Homework:**1. The patient completed practice assignments related to creating a comprehensive list of skills learned and practiced during treatment, as well as areas for improvement and additional growth. List was reviewed collaboratively as related to treatment termination.
2. The patient did not complete practice assignments related to creating a comprehensive list of skills learned and practiced during treatment, as well as areas for improvement and additional growth. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the reasons for completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient and clinician-initiated list in session.
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| Relapse Prevention | Focus of session was review and consolidation of skills and relapse prevention. Skills most helpful in reducing symptoms of depression were elicited. Clinician discussed the potential for relapse of depression. Identification of early warning signs and specific issues or circumstances that are likely to trigger an increase in depression were examined. Unrealistic expectations were addressed in session, along with potential strategies for dealing with setbacks. Clinician and patient reviewed the skills that would be most helpful in dealing with such setbacks or future crises. (Optional Statement if already completed Safety/ Crisis Intervention Plan: *Revisited the Safety/Crisis Intervention Plan created at the beginning of treatment, with modifications made to the plan, as needed*). |  | Patient responded positively to intervention, demonstrating active engagement in session. Patient identified the following triggers for depression: [insert triggers here…]. Patient and clinician identified the following skills to be utilized in response to triggers [insert coping skills here…]. |
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