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| **Name: Date: .** | | **Diagnosis:** | | |
| **Setting the Agenda:** | | | | |
| **Weekly Items:**   * Review of events: * Feedback on previous session: * Homework review: | | | | |
| **Major Topics of the Session:** | | | | ***TOPICS:***  ABCs  Behavioral Activation  Exposure  Psychoeducation  Medication  Relaxation |
| **Homework Assignments:** | | | | |
| **Handouts Given During Session:** | | | | |
| \_\_ Automatic Thought Record  \_\_ Cognitive model  \_\_ Cognitive distortions  \_\_ Downward arrow technique  \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Behavioral activation (BA)  \_\_ BA tracking sheet  \_\_ Exposure hierarchy  \_\_ Exposure tracking sheet  \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_ Sleep log  \_\_ Sleep hygiene/Stimulus control  \_\_ Progressive Muscle Relaxation (PMR)  \_\_ Diaphragmatic breathing (DB)  \_\_ Meditation (Med)  \_\_ Guided imagery (GI)  \_\_ Grounding | |
| **Treatment Plan Review/Outcomes:**  Reviewed scores on the following outcome measures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plan for another \_\_\_\_\_\_\_ sessions | | | Relaxation assignments: Type🡪 PMR Med DB GI  Freq🡪 QD BID TID  Duration🡪 10 15 20 30 min | |
| Next session date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | |

**CBT Session Note Template**