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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:***ABCsBehavioral ActivationExposurePsychoeducationMedicationRelaxation |
| **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**