

Name:	Date:	Diagnosis:
<u>Setting the Agenda:</u>		
<u>Weekly Items:</u> • Review of events: • Feedback on previous session: • Homework review:		
<u>Major Topics of the Session:</u>		<u>TOPICS:</u> ABCs Beh Activation Exposure Pyschoeducation Medication Relaxation
<u>Homework Assignments:</u>		
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 ☐ PMR ☐ Diaphragmatic breathing ☐ Meditation ☐ Guided imagery ☐ Grounding		

Treatment Plan Review/Outcomes: Reviewed scores on the following outcome measures: _____ Plan for another _____ sessions	Relaxation assignments: Type ☐ PMR ☐ Med ☐ DB ☐ Vis Freq ☐ QD ☐ BID ☐ TID
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	Duration ☐ 10 ☐ 15 ☐ 20 ☐ 30 min
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Next session date: ____/____/____