

Acceptance and Commitment Therapy (ACT) Treatment Plan

Patient Information

Patient Name:

Date of Birth:

Date of Assessment:

Assessment Summary

Goals

Primary Goal:

Secondary Goals:

Treatment Plan

1. Acceptance Strategies:

2. Cognitive Defusion Techniques:

3. Mindfulness Exercises:

4. Value Clarification:

5. Committed Action Plan:

6. Behavioral Activation:

7. Relapse Prevention:

Session Frequency and Duration

Follow-up and Progress Monitoring

Collaborators

Emergency Contacts

Patient Signature

I have reviewed and discussed the contents of this treatment plan with my healthcare provider and agree to participate in the outlined interventions.

Patient Signature:**Date:****Provider Signature**

I hereby confirm that I have discussed this treatment plan with the patient and will provide the agreed-upon interventions.

Provider Signature:**Date:**