

Continuing Treatment Planning CBT Worksheet

Client Information:

Name:

Date:

Therapist:

Treatment Goals:

Goal 1:

Specific Goal: _____

Progress Status:

- Not Started
- In Progress
- Achieved

Target Date: _____

Goal 2:

Specific Goal: _____

Progress Status:

- Not Started
- In Progress
- Achieved

Target Date: _____

Goal 3:

Specific Goal: _____

Progress Status:

- Not Started
- In Progress
- Achieved

Target Date: _____

Emotional Regulation:

Emotion 1:

Description: _____

Regulation Technique: _____

- Deep Breathing
- Progressive Muscle Relaxation
- Grounding Techniques

Progress:

- Not Started
- In Progress
- Effective

Emotion 2:

Description: _____

Regulation Technique: _____

- Deep Breathing
- Progressive Muscle Relaxation
- Grounding Techniques

Progress:

- Not Started
- In Progress
- Effective

Behavioral Experiments:

- Experiment/Exposure 1:

Description: _____

Outcome:

- Positive
- Neutral
- Negative

- Experiment/Exposure 2:

Description: _____

Outcome:

- Positive
- Neutral
- Negative

Session Reflection:

- Client's Reflection:

Next Session Focus:

- Next Session Focus: