








Therapy Worksheets for Teens

Patient information	
Name:	Date of birth:
Gender:	Date of session:
Psychoeducation section	
Topic:	
Brief overview of topic:	What I learned today:
Emotional awareness & self-reflection	
How am I feeling today? (Select one):	
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What happened today that made me feel this way?	What thoughts came up?

Goal setting (WDEP Model)

Wants: What do I want to change or improve?

Doing: What am I currently doing about it?

Evaluate: Is what I'm doing helping?

Plan: What's my next step?

Coping skills practice

Coping strategy I tried today:

☐ Deep breathing

☐ Journaling

☐ Drawing

☐ Talking to someone

☐ Grounding exercise

☐ Other:

How did it help me?

Positive thinking & cognitive restructuring

Unhelpful thought:

Is it 100% true?	Yes	No
A more helpful thought might be:		
One affirmation I can say today:		
Problem-solving skills		
Problem I'm facing:		
Three possible solutions:		
Best option and why:		

Social connection check-in

Who supports me when I need help?

What I can do to stay connected:

Strengths & positive traits

Three things I like about myself:

Something I'm proud of this week:

Trauma reflection (Optional section)

My triggers today:

What I did to manage them:

Thoughts I'm working on replacing:

Visual reflection too

Use this space for visual tools like the Circle of Control or Emotion Mapping Silhouette:

Additional notes**Healthcare professional information****Name:****License ID number:****Signature:****Date of session:**