

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: