

De-identified Intervention Session Plan + Progress Notes (CBT & TF-CBT)

Student: Brooke Holloway

Site: Compassion House (Field Placement)

Competency 8.1: Implement clinical evidence-based interventions with individuals, families, and/or groups

Confidentiality: All names/identifiers removed. Educational portfolio artifact only.

A) Session Plan (TF-CBT-Informed) – Individual Session

Client ID: Client B (Adolescent)

Date/Time: Saturday, March 22, 2025 | 10:00–10:50 AM

Presenting Theme: Trauma triggers, panic response, avoidance, sleep disruption

Model: TF-CBT (PRACTICE components used: P, R, A, C)

Session Objectives

Increase understanding of trauma responses (psychoeducation)

Teach and rehearse grounding + diaphragmatic breathing

Practice affect identification and regulation skills

Develop a simple coping plan for triggers between sessions

Interventions Delivered (Step-by-step)

1) Check-in + Symptom Rating (5 min)

Client rated anxiety/panic intensity 8/10 at start of session

Client identified most recent trigger and body sensations

2) Psychoeducation (10 min)

Reviewed “fight/flight/freeze” and how trauma reminders can activate the body

Normalized reactions and connected symptoms to survival response

3) Relaxation Skill: Diaphragmatic Breathing (10 min)

Modeled 4–6 breathing pace and coached practice

Practiced two rounds and reviewed when to use the skill

4) Grounding Skill: 5–4–3–2–1 + Orienting (10 min)

Practiced grounding using sight/sound/touch cues

Client identified 3 grounding cues they could use outside session

5) Affect Modulation (10 min)

Used emotion identification (“name it to tame it”)

Introduced a regulation ladder: pause → breathe → ground → choose action

6) Coping Plan + Homework (5 min)

Coping plan: breathing + grounding + text/support person + safe activity

Homework: practice breathing once daily; use grounding during one trigger; track anxiety before/after

Expected Outcome / Measurement

Anxiety rating targeted to reduce by at least 2 points in-session

Client self-report of skill use to be reviewed next visit

B) Progress Note 1 (TF-CBT Skill Implementation)

Client ID: Client B (Adolescent)

Date/Time: Saturday, March 22, 2025 | 10:00–10:50 AM

Format: DAP Note

D – Data

Client reported increased panic symptoms and avoidance this week. Client identified a recent trigger that led to rapid heart rate, shaking, and difficulty calming down. Interventions implemented included psychoeducation on trauma responses, diaphragmatic breathing practice, and grounding (5-4-3-2-1). Client practiced skills in session and demonstrated correct breathing technique without prompting by the end of practice.

Client response: Client reported anxiety decreased from 8/10 to 4/10 following skill rehearsal and stated, "My body feels calmer."

A – Assessment

Client engaged well with TF-CBT-informed stabilization work. Client demonstrated improved insight into how triggers activate the body and showed ability to use coping skills when coached. Symptoms remained present but stabilization skills appeared effective in-session.

P – Plan

Continue weekly sessions. Reinforce relaxation and grounding skills. Review homework log next session. Continue monitoring sleep and avoidance. Consider caregiver involvement for skills reinforcement if appropriate and consented.

C) Progress Note 2 (CBT Cognitive Restructuring)

Client ID: Client C (Adult)

Date/Time: Friday, April 4, 2025 | 4:00–4:50 PM

Format: DAP Note

Presenting Theme: Self-blame, shame, negative core belief

D – Data

Client reported persistent self-blame thoughts and emotional distress related to past experiences. Client identified automatic thought: “I’m broken and it’s my fault.” CBT interventions implemented included: (1) thought-feeling-behavior triangle review, (2) identification of cognitive distortion (all-or-nothing thinking), and (3) guided cognitive restructuring using a worksheet (evidence for/evidence against/balanced statement).

Client completed worksheet and generated replacement statement: “I’m healing and learning new ways to cope.”

Client rated distress 7/10 at session start and 5/10 after restructuring practice.

A – Assessment

Client demonstrated insight and willingness to challenge maladaptive thoughts. Cognitive restructuring reduced distress and increased perceived coping ability in session. Continued practice was indicated to strengthen skill generalization.

P – Plan

Continue weekly CBT-based work. Homework: complete one thought record during the week and practice replacement statement once daily. Review barriers to implementation next session. Monitor mood and sleep patterns as part of ongoing symptom tracking.