

TF-CBT & CBT Engagement Preparation + De-identified Progress Notes (6.1 Field Evidence)

Student: Brooke Holloway

Placement Site: Compassion House

Competency: 6 Engage with individuals, families, groups, organizations, and communities

Practice Behavior 6.1: Examine evidence-based practices to prepare for professional engagement across systems

Confidentiality: De-identified. No client names/initials, DOB, addresses, schools, case numbers, or identifying details included.

Purpose

To demonstrate how I examined evidence-based practices (TF-CBT and CBT) and used them to plan engagement strategies, treatment structure, and documentation for clients with trauma histories and mood/anxiety symptoms.

Evidence-Based Model Review (Preparation for Engagement)

Model 1: TF-CBT (Trauma-Focused Cognitive Behavioral Therapy)

Why I selected it: Client presents with trauma symptoms (hyperarousal, avoidance, intrusive memories, shame).

Engagement focus: Safety, trust, pacing, normalization, coping skills before deeper processing.

Early TF-CBT engagement steps I prepared:

- Psychoeducation about trauma responses (“your reactions make sense given what happened”)
- Relaxation skills (diaphragmatic breathing)
- Grounding techniques (5–4–3–2–1, body scan)
- Affect identification/modulation (feelings chart, intensity scaling)
- Gradual pacing toward trauma narration when stabilized

Model 2: Standard CBT

Why I selected it: Client presents with anxiety/depression patterns and negative core beliefs (self-blame, hopelessness).

Engagement focus: Collaborative skill-building, structured sessions, clear “why” behind

exercises.

CBT engagement tools I prepared:

- Thought log + situation-thought-feeling-behavior links
 - Identifying cognitive distortions (catastrophizing, personalization, all-or-nothing)
 - Cognitive restructuring (challenge/replace statements)
 - Behavioral activation (small goals, routine building)
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De-identified Case Example A (TF-CBT Engagement)

Client A: Adolescent with chronic trauma history and avoidance of discussing key details early in treatment.

Primary engagement goal: Stabilization and emotional safety before deeper processing.

Session Plan Snapshot

Date/Time: Friday, March 14, 2025 | 3:00–3:50 PM

Engagement Interventions Used:

- Trauma psychoeducation and normalization
- Grounding exercise practice (5–4–3–2–1)
- Breathing skill practice (diaphragmatic breathing)
- Collaborative “coping plan” for triggers

Progress Note Excerpt (De-identified)

Client presented guarded but engaged. Client reported increased stress when trauma-related topics were mentioned. Clinician provided psychoeducation on trauma responses and normalized symptoms. Client practiced grounding and diaphragmatic breathing in session and identified two triggers and two coping steps to use at home. Plan: continue skills-building next session; assess readiness for gradual processing using client-led pacing.

Progress Monitoring (Tracked)

- Sleep quality (self-report)
- Trigger frequency (self-report)
- Use of coping skills between sessions (yes/no + examples)

- Avoidance level (self-report scale 0–10)
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De-identified Case Example B (CBT Engagement)

Client B: Adolescent with persistent anxiety and self-blaming thoughts (“everything is my fault,” “I’m broken”).

Primary engagement goal: Build insight and motivation through collaborative CBT tools.

Session Plan Snapshot

Date/Time: Saturday, March 22, 2025 | 10:00–10:45 AM

Engagement Interventions Used:

- Thought-feeling-behavior triangle explained
- Identified automatic thought and cognitive distortion
- Practiced one reframe statement
- Assigned a simple thought log (1 situation per day)

Progress Note Excerpt (De-identified)

Client reported anxiety spikes and frequent self-blame thoughts. Clinician introduced CBT model and collaborated with client to identify one automatic thought and its impact on mood and behavior. Client practiced challenging the thought and developed a replacement statement that felt believable. Client agreed to track one thought per day using a simplified log. Plan: review log next session and expand restructuring practice.

Progress Monitoring (Tracked)

- Anxiety intensity (0–10 scale)
 - Panic episodes (frequency)
 - Negative thought frequency (self-report)
 - Coping skill use (thought log completion and grounding use)
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Summary (How this meets 6.1)

This artifact demonstrates that I examined evidence-based practices (TF-CBT and CBT) and used them to prepare for professional engagement by selecting appropriate models,

planning specific engagement strategies, documenting interventions, and monitoring progress to guide treatment pacing and effectiveness.