

Name:

Date:

## TREATMENT PLANNING/ GOAL SETTING

1. My most challenging **symptoms** are:  
(Rate the intensity of each one on a 10pt scale 10= very strong 1=less intense)
2. One trigger or **stressor** (event) that can start my symptoms to worsen is:
3. The primary coping **skills** that I used to manage those symptoms were:
4. One goal or **behavior** I will do this week when I'm in group therapy is:
5. One skill, behavior, or **affirmation** (positive thought) that I will practice every day to stay healthy is:
6. When I reflect on this treatment planning/goal setting sheet, I think: