

## TF-CBT WEEKLY CASE COORDINATION

Child's Name \_\_\_\_\_

DATE \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

Therapist \_\_\_\_\_

Caregiver: Primary  Secondary

Session with: Client

Caregiver

**TF-CBT Component:** Intro. To Model

Psycho-education  Parenting Skills  Relaxation  Affect Expression & Modulation

Cognitive Coping & Processing I  Trauma Narrative  Cognitive Processing II

*In Vivo* Mastery  Conjoint Child-Parent Session  Enhancing Future safety

1. Did the client/ caregiver do his/her homework this week? (Review homework) Comments:	YES	NO
2. Did anything happen this week that may have affected this session? Any new business or major life changes? (Check in) Comments:	YES	NO
3. Did the client seem particularly happy, angry, or reactive this week? Comments:	YES	NO
4. Did the caregiver seem particularly happy, angry, or reactive to the child this week? Comments:	YES	NO

Structure of Session	Notes	Intensity	Feeling
Check In/Review Hmwk			
Bridge Previous Session to Agenda			
Agenda Set With Client			
Followed Agenda			
Summarized Session			
Check Out			
New Homework			
Plan For Next Session			
Update To Parent			
Comments:			