

# TRACKING THERAPEUTIC GOALS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ # SESSIONS: \_\_\_\_\_

		0-10	DATE			
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## Adverse Childhood Experience (ACE) Questionnaire

Answer YES or NO to each question. While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household *often* ...  
swear at you, insult you, put you down, or humiliate you **OR**  
act in a way that made you afraid that you might be physically  
hurt? If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household *often* ...  
push, grab, slap, or throw something at you **OR**  
ever hit you so hard that you had marks or were injured? If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you *ever*...  
touch or fondle you or have you touch their body in a sexual way  
**OR** try to or actually have oral, anal, or vaginal sex with you? If yes enter 1 \_\_\_\_\_
4. Did you *often* feel that ...  
no one in your family loved you or thought you were important or  
special **OR** your family didn't look out for each other, feel close to  
each other, or support each other? If yes enter 1 \_\_\_\_\_
5. Did you *often* feel that ...  
you didn't have enough to eat, had to wear dirty clothes, and had  
no one to protect you **OR** your parents were too drunk or high to  
take care of you or take you to the doctor if you needed it? If yes enter 1 \_\_\_\_\_
6. Were your parents *ever* separated or divorced? If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
*often* pushed, grabbed, slapped, or had something thrown at her  
**OR** *sometimes or often* kicked, bitten, hit with a fist, or hit with  
something hard **OR** ever repeatedly hit over at least a few minutes  
or threatened with a gun or knife? If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or  
who used street drugs? If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a house-  
hold member attempt suicide? If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison? If yes enter 1 \_\_\_\_\_

Now add up your "YES" answers: \_\_\_\_\_ This is your ACE Score.

# LIST OF TRAUMAS NEEDING TO BE HEALED

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ # SESSIONS: \_\_\_\_\_

AGE	ADVERSE CHILDHOOD EXPERIENCES/ OTHER CHILDHOOD EXPERIENCES:	0-10	DATE	DATE	DATE	DATE

ADULT EXPERIENCES:						
AGE	ADVERSE CHILDHOOD EXPERIENCES/ OTHER CHILDHOOD EXPERIENCES:	0-10	DATE	DATE	DATE	DATE

# Tracking Negative Cognitions

Negative Cognitions	Subjective Units of Disturbance (SUDS) 0 to 10			
	Date 1	Date 2	Date 3	Date 4
<b>DEFECTIVENESS</b>				
I don't deserve love				
I am a bad person				
I am worthless (inadequate)				
I am shameful				
I am not lovable				
I am not/ was not loved by Mom				
I am not/ was not loved by Dad				
I am not good enough				
I deserve only bad things				
I am permanently damaged				
I am ugly or my body is hateful				
I am stupid/ not smart enough				
I am insignificant				
I am a disappointment				
I deserve to die				
I deserve to be miserable				
I am different				
I don't belong/ don't fit in				
I am defective				
<b>FAULT</b>				
I did something wrong				
I should have known better				
It's my fault				
<b>SAFETY/VULNERABILITY</b>				
I cannot be trusted				
I cannot trust myself/ my judgement				
I cannot trust anyone				
I cannot protect myself				
I am in danger				
It's not ok to show/share/feel my emotions				
I cannot stand up for myself				
I cannot let it out				
I could have died				
<b>CONTROL/CHOICE</b>				
I am not in control				
I am powerless				
I am weak				
I cannot get what I want				
I am a failure				
I cannot succeed				
I have to be perfect				
I have to please everyone				

# POSITIVE RESOURCES LIST

*Think of those who were unconditionally loving, mentors, benevolent ancestors, spiritual, pets, neighbors, teachers, nature, etc.*

RESOURCES FROM CHILDHOOD:	
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