Between-session practice plan

What you will try before the next session, and how it went.

Name _____ Date _____

Why this practice matters to me

What I will do	When and where	What might get in the way	How it went

How confident am I that I will do this?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Not at all — Very

If confidence is below 7, make the task smaller until it feels doable.

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This handout supports your therapy. It does not replace professional advice.