



CHECKLIST

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Use the Cognition Magnets Checklist to document the client's VOC, Feelings, and Body Feelings associated with the cognitions. The checklist can be used throughout treatment as clinically appropriate to monitor progress or changes

Client Name: _____

Date: _____

VALUE									
Cognition	VOC	Feeling	SUDS	Body	Cognition	VOC	Feeling	SUDS	Body
I am a good person					I am strong				
I deserve good things					I belong				
I deserve to live					I am whole				
I deserve to be happy					I am lovable				
I deserve love					I am supported				
I am great the way I am					I am good enough				
I am important					I am smart				
I am beautiful					I deserve: / I am:				
SAFETY									
Cognition	VOC	Feeling	SUDS	Body	Cognition	VOC	Feeling	SUDS	Body
The scary things are over					I can trust myself				
I safely show/feel feelings					I am safe now				
I can choose who to trust					I can:				
POWER									
Cognition	VOC	Feeling	SUDS	Body	Cognition	VOC	Feeling	SUDS	Body
I can succeed					I can handle it				
I can get what I want					I am powerful				
I will succeed					I have control				
I can show my big feelings					I am free				
RESPONSIBILITY									
Cognition	VOC	Feeling	SUDS	Body	Cognition	VOC	Feeling	SUDS	Body
I am blameless					I did my best				
I did the best I could					It was not my fault				
I did the right thing					I do the best I can				
					I did:				