



**Synergetic Play Therapy™ Session Notes - Example**

Child: George Smith

Date of Session: \_\_\_1/5/12\_\_\_\_\_

Session #: \_\_\_6\_\_\_\_\_

**Observable Play:** Session in hallway, protection from invisible monsters, can't figure out what noises mean, therapist "very little"

**Developmental Task:** Is the world ok?

**Therapist's Emotional/ Somatic Experience:** Overwhelmed, terrified, hyper-vigilant, tummy hurts

**Conceptualization Statement - I am child, and what I want you to know is...** I am little, scared and I don't know if I am safe or how to protect myself if I am not safe. I can't make sense of my environment.

**Progress Made Towards Goals (exploring struggles, recognizing new choice, empowering) as related to (symptom):** Explored overwhelm and terror related to symptoms of generalized fears

Other:

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Date of Session: \_\_\_\_\_

Session #: \_\_\_\_\_

**Observable Play:**

**Developmental Task:**

**Therapist's Emotional/ Somatic Experience:**

**Conceptualization Statement - I am child, and what I want you to know is...**

**Progress Made Towards Goals (exploring struggles, recognizing new choice, empowering) as related to (symptom):**

Other:

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Therapist Signature and Date