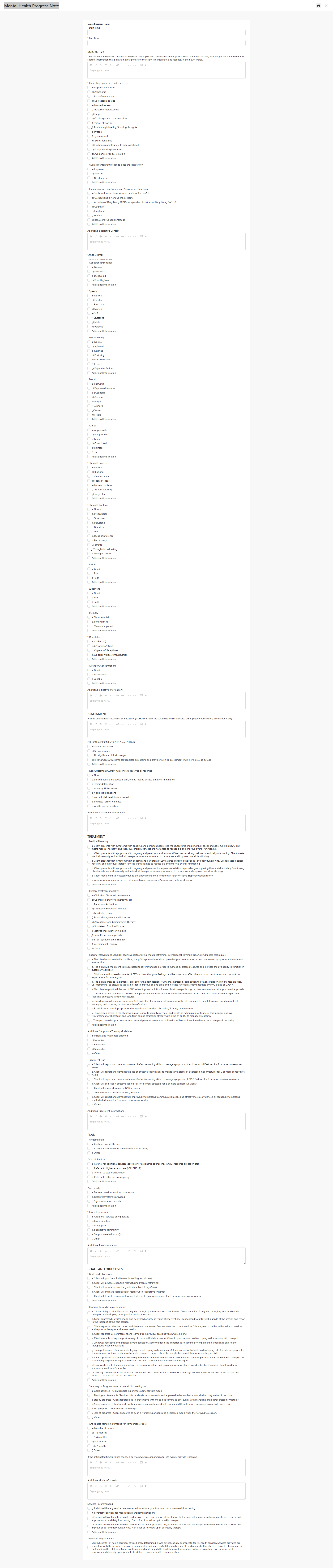

Mental Health Progress Note

Exact Session Time:

* Start Time:

* End Time:

SUBJECTIVE

* Person-centered session details : (Main discussion topics and specific treatment goals focused on in this session). Provide person-centered details-specific information that paints a helpful picture of the client's mental state and feelings, in their own words.

Begin typing here...

* Presenting symptoms and concerns:

☐ a) Depressed features
☐ b) Anhedonia
☐ c) Lack of motivation
☐ d) Decreased appetite
☐ e) Low self esteem
☐ f) Increased hopelessness
☐ g) Fatigue
☐ h) Challenges with concentration
☐ i) Persistent worries
☐ j) Ruminating/ dwelling/ fixating thoughts
☐ k) Irritable
☐ l) Hyperarousal
☐ m) Disturbed Sleep
☐ n) Flashbacks and triggers to external stimuli
☐ o) Reexperiencing symptoms
☐ p) Avoidance or social isolation
☐ Additional Information:

* Overall mental status change since the last session

☐ a) Improved
☐ b) Worsen
☐ c) No changes
☐ Additional Information:

* Impairments in Functioning and Activities of Daily Living

☐ a) Socialization and interpersonal relationships conflict
☐ b) Occupational (work) /School/ Home
☐ c) Activities of Daily Living (ADL)/ Independent Activities of Daily Living (IADL's)
☐ d) Cognitive
☐ e) Emotional
☐ f) Physical
☐ g) Behavioral/Conduct/Attitude
☐ Additional Information:

Additional Subjective Content

Begin typing here...

OBJECTIVE

MENTAL STATUS EXAM

* Appearance/Behavior

☐ a) Normal
☐ b) Emaciated
☐ c) Disheveled
☐ d) Poor Hygiene
☐ Additional Information:

* Speech:

☐ a) Normal
☐ b) Hesitant
☐ c) Pressured
☐ d) Slurred
☐ e) Soft
☐ f) Stuttering
☐ g) Mute
☐ h) Verbose
☐ Additional Information:

* Motor Activity

☐ a) Normal
☐ b) Agitated
☐ c) Retarted
☐ d) Posturing
☐ e) Motor/Vocal tic
☐ f) Tremors
☐ g) Repetitive Actions
☐ Additional Information:

* Mood

☐ a) Euthymic
☐ b) Depressed features
☐ c) Dysphoria
☐ d) Anxious
☐ e) Angry
☐ f) Euphoric
☐ g) Varies
☐ h) Stable
☐ Additional Information:

* Affect:

☐ a) Appropriate
☐ b) Inappropriate
☐ c) Labile
☐ d) Constricted
☐ e) Blunted
☐ f) Flat
☐ Additional Information:

* Thought process

☐ a) Normal
☐ b) Blocking
☐ c) Circumstantial
☐ d) Flight of ideas
☐ e) Loose association
☐ f) fixation/dwelling
☐ g) Tangential
☐ Additional Information:

* Thought Content:

☐ a. Normal
☐ b. Preoccupied
☐ c. Obsessive
☐ d. Delusional
☐ e. Grandeur
☐ f. Guilt
☐ g. Ideas of reference
☐ h. Persecutory
☐ i. Somatic
☐ j. Thought-broadcasting
☐ k. Thought control
☐ Additional Information:

* Insight

☐ a. Good
☐ b. Fair
☐ c. Poor
☐ Additional Information:

* Judgment

☐ a. Good
☐ b. Fair
☐ c. Poor
☐ Additional Information:

* Memory

☐ a. Short term fair
☐ b. Long term fair
☐ c. Memory impaired
☐ Additional Information:

* Orientation

☐ a. X1 (Person)
☐ b. X2 (person/place)
☐ c. X3 person/place/time)
☐ d. X4 person/place/time/situation
☐ Additional Information:

* Attention/Concentration:

☐ a. Good
☐ b. Distractible
☐ c. Variable
☐ Additional Information:

Additional objective information:

Begin typing here...

ASSESSMENT

Include additional assessments as necessary (ADHD self-reported screening, PTSD checklist, other psychometric tools/ assessments etc)

Begin typing here...

CLINICAL ASSESSMENT (PHQ 9 and GAD-7)

☐ a) Scores decreased
☐ b) Scores increased
☐ c) No significant clinical changes
☐ d) Incongruent with clients self reported symptoms and providers clinical assessment (text here, provide details)
☐ Additional Information:

* Risk Assessment Current risk concern observed or reported

☐ a. None
☐ b. Suicidal ideation (Specity if plan, intent, means, access, timeline, imminence)
☐ c. Homicidal Ideation
☐ d. Auditory Hallucination
☐ e. Visual Hallucinations
☐ f. Non suicidal self-injurious behavior
☐ g. Intimate Partner Violence
☐ h. Additional Information:

Additional Assessment Information:

Begin typing here...

TREATMENT

* Medical Necessity:

☐ a. Client presents with symptoms with ongoing and persistent depressed mood/features impairing their social and daily functioning. Client meets medical necessity and individual therapy services are warranted to reduce sxs and improve overall functioning.
☐ b. Client presents with symptoms with ongoing and persistent anxious mood/features impairing their social and daily functioning. Client meets medical necessity and individual therapy services are warranted to reduce sxs and improve overall functioning.
☐ c. Client presents with symptoms with ongoing and persistent PTSD features impairing their social and daily functioning. Client meets medical necessity and individual therapy services are warranted to reduce sxs and improve overall functioning.
☐ d. Client presents with symptoms with ongoing and persistent interpersonal relationship challenges impairing their social and daily functioning. Client meets medical necessity and individual therapy services are warranted to reduce sxs and improve overall functioning.
☐ e. Client meets medical necessity due to the above mentioned symptoms (refer to clients Biopsychosocial history)
☐ f. Symptoms have an onset of over 3-6 months and impair client's social and daily functioning.
☐ Additional Information:

* Primary treatment modality:

☐ a) Clinical or Diagnostic Assessment
☐ b) Cognitive Behavioral Therapy (CBT)
☐ c) Behavioral Activation
☐ d) Dialectical Behavioral Therapy
☐ e) Mindfulness Based
☐ f) Stress Management and Reduction
☐ g) Acceptance and Commitment Therapy
☐ h) Short-term Solution Focused
☐ i) Motivational Interviewing (MI)
☐ j) Harm Reduction approach
☐ k) Brief Psychodynamic Therapy
☐ l) Interpersonal Therapy
☐ m) Other

* Specific Interventions used (Ex: cognitive restructuring, mental reframing, interpersonal communication, mindfulness techniques)

☐ a. This clinician assisted with stabilizing the pt's depressed mood and provided psycho education around depressed symptoms and treatment interventions.
☐ b. The client will implement skills discussed today (reframing) in order to manage depressed features and increase the pt's ability to function in customary activities.
☐ c. Clinician also discussed concepts of CBT and how thoughts, feelings, and behaviors can affect the pt's mood, motivation, and outlook on expectations for future goals.
☐ d. The client agrees to implement 1 skill before the next session: journaling, increased socialization to prevent isolation, mindfulness practice, CBT (reframing) as discussed today in order to improve coping skills and increase function as demonstrated by PHQ-9 and or GAD-7.
☐ e. This clinician provided the use of CBT (reframing) and solution focused brief therapy through a client centered and strength based approach.
☐ f. This clinician will continue to provide therapeutic interventions as the clt continues to benefit from services to assist with managing and reducing depressive symptoms/features
☐ g. This clinician will continue to provide CBT and other therapeutic interventions as the clt continues to benefit from services to assist with managing and reducing anxious symptoms/features
☐ h. Pt will learn to develop a plan for thought distraction when obsessing/fixating on the future.
☐ i. This clinician provided the client with a safe space to identify, prepare, and create an action plan for triggers. This includes positive reinforcement of short term and long term coping strategies already within the clt ability to manage symptoms.
☐ j. Therapist provided psycho-education around patient's anxiety and utilized brief Motivational Interviewing as a therapeutic modality
☐ Additional Information:

Additional Supportive Therapy Modalities:

☐ a) Insight and Awareness oriented
☐ b) Narrative
☐ c) Relational
☐ d) Supportive
☐ e) Other

* Treatment Plan

☐ a. Client will report and demonstrate use of effective coping skills to manage symptoms of anxious mood/features for 2 or more consecutive weeks
☐ b. Client will report and demonstrate use of effective coping skills to manage symptoms of depressed mood/features for 2 or more consecutive weeks
☐ c. Client will report and demonstrate use of effective coping skills to manage symptoms of PTSD features for 2 or more consecutive weeks
☐ d. Client will self report effective coping skills of primary stressors for 2 or more consecutive weeks
☐ e. Client will report decrease in GAD-7 scores
☐ f. Client will report decrease in PHQ-9 scores
☐ g. Client will report and demonstrate improved interpersonal communication skills and effectiveness as evidenced by reduced interpersonal conflict/challenges for 2 or more consecutive weeks
☐ h. Others

Additional Treatment Information:

Begin typing here...

PLAN

* Ongoing Plan

☐ a. Continue weekly therapy
☐ b. Change frequency of treatment (every other week)
☐ c. Other

External Services

☐ a. Referral for additional services (psychiatry, relationship counseling, family , resource allocation etc)
☐ b. Referral to higher level of care (IOP, PHP, IP)
☐ c. Referral to case management
☐ d. Referral to other services (specify)
☐ Additional Information:

Plan Details

☐ a. Between sessions work on homework
☐ b. Resources/referrals provided
☐ c. Psychoeducation provided
☐ Additional Information:

* Protective factors:

☐ a. Additional services being utilized
☐ b. Living situation
☐ c. Safety plan
☐ d. Supportive community
☐ e. Supportive relationship(s)
☐ f. Other

Additional Plan Information:

Begin typing here...

GOALS AND OBJECTIVES

* Goals and Objectives

☐ a. Client will practice mindfulness (breathing techniques)
☐ b. Client will practice cognitive restructuring (mental reframing)
☐ c. Client will journal or practice gratitude at least 2 days/week
☐ d. Client will increase socialization (reach out to supportive systems)
☐ e. Client will learn to recognize triggers that lead to an anxious mood for 2 or more consecutive weeks
☐ Additional Information:

* Progress Towards Goals/ Response

☐ a. Clients ability to identify current negative thought patterns was successfully met. Client identified 3 negative thoughts; then worked with therapist on developing more positive coping thoughts.
☐ b. Client expressed elevated mood and decreased anxiety after use of intervention. Client agreed to utilize skill outside of the session and report to the therapist at the next session.
☐ c. Client expressed elevated mood and decreased depressed features after use of intervention. Client agreed to utilize skill outside of session and report to therapist at the next session.
☐ d. Client reported use of interventions learned from previous sessions which were helpful.
☐ e. Client was able to explore positive ways to cope with daily stressors. Client to practice one positive coping skill in session with therapist.
☐ f. Client was receptive of therapist's psychoeducation, acknowledged the importance to continue to implement learned skills and follow therapeutic recommendations.
☐ g. Therapist assisted client with identifying current coping skills (avoidance); then worked with client on developing list of positive coping skills. Therapist practiced intervention with client. Therapist assigned client therapeutic homework to ensure mastery of skill.
☐ h. Client appeared to struggle with staying in the here and now and presented with negative thought patterns. Client worked with therapist on challenging negative thought patterns and was able to identify two more helpful thoughts.
☐ i. Client worked with therapist on solving the current problem and was open to suggestions provided by this therapist. Client linked how stressors impact client's anxiety.
☐ j. Client agreed to work to set limits and boundaries with others to decrease stress. Client agreed to utilize skills outside of the session and report to the therapist at the next session.
☐ Additional Information:

* Summary of Progress towards overall discussed goals:

☐ a. Goals achieved - Client reports major improvements with mood
☐ b. Nearing achievement- Client reports moderate improvements and appeared to be in a better mood when they arrived to session.
☐ c. Steady progress - Client reports mild improvements with mood but continued difficulties with managing anxious/depressed symptoms.
☐ d. Some progress - Client reports slight improvements with mood but continued difficulties with managing anxious/depressed sxs.
☐ e. No progress - Client reports no changes
☐ f. Loss of progress - Client appeared to be in a worsening anxious and depressed mood when they arrived to session.
☐ g. Other

* Anticipated remaining timeline for completion of care:

☐ a) Less than 1 month
☐ b) 1-2 months
☐ c) 3-4 months
☐ d) 4-6 months
☐ e) 6-7 month
☐ f) Other

If the anticipated timelines has changed due to new stressors or stressful life events, provide reasoning

Begin typing here...

Additional Goals Information:

Begin typing here...

Services Recommended:

☐ g. Individual therapy services are warranted to reduce symptoms and improve overall functioning.
☐ h. Psychiatric services for medication management support
☐ i. Clinician will continue to evaluate and re-assess needs, progress, risk/protective factors, and internal/external resources to decrease sx and improve social and daily functioning. Plan is for pt to follow up in weekly therapy
☐ j. Clinician will continue to evaluate and re-assess needs, progress, risk/protective factors, and internal/external resources to decrease sx and improve social and daily functioning. Plan is for pt to follow up in bi-weekly therapy
☐ Additional Information:

Telehealth Requirements

☐ Verified clients (ct) name, location, ct was home, determined ct was psychosocially appropriate for telehealth services. Services provided are consistent with the provider's license requirement(s) and state law(s).Clt verbally consents and agrees to this plan to receive treatment and be evaluated via this platform. Client is informed and understands the limitations of this non face to face encounter. This visit is medically necessary and clinically appropriate to be delivered via tele-health communication.