### Client Name (First, MI, Last)  

### Client No.

<table>
<thead>
<tr>
<th>Others Present at Session: If others present, please list name(s) and relationship(s) to the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Client Present □ Client No Show/Cancelled</td>
</tr>
</tbody>
</table>

#### Stressor(s)/Significant Changes in Client’s Condition (for face-to-face visit)

| □ No Significant Change from Last Visit                      |
| □ Mood/Affect                                                 |
| □ Thought Process/Orientation                                |
| □ Behavior/Functioning                                       |
| □ Substance Use                                              |

#### Danger to:

| □ None □ Self □ Others □ Property □ Ideation □ Plan □ Intent □ Attempt □ Other: |

#### Goal(s)/Objective(s):

### Therapeutic Intervention and Progress Toward Goal/s:

### Recommendation for Modification and Update of the ISP if Applicable:

<table>
<thead>
<tr>
<th>Provider Signature/Credentials</th>
<th>Date</th>
<th>Supervisor Signature/Credentials (if needed)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medicare “Incident to” Services Only</td>
<td>Supervisor Signature/Credentials (if needed)</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

### Supervisor Consultation (if needed)

#### Date of Service  

<table>
<thead>
<tr>
<th>Staff ID No.</th>
<th>Loc. Code</th>
<th>Prcdr. Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Total Time</th>
<th>Diagnostic Code</th>
</tr>
</thead>
</table>

Rev 03/2010  

ACMHC COUNSELING PROGRESS NOTE  

Page 1 of 1
Client Name (First, MI, Last) | Betty Borderline
---|---
Client No. | 5.0.5.

Others Present at Session: If others present, please list name(s) and relationship(s) to the client:
- [x] Client Present
- [ ] Client No Show/Cancelled

Stressor(s)/Significant Changes in Client’s Condition (for face-to-face visit)
- [x] No Significant Change from Last Visit
- [ ] Mood/Affect
- [ ] Thought Process/Orientation
- [ ] Behavior/Functioning
- [ ] Substance Use

Danger to:
- [x] None
- [ ] Self
- [ ] Others
- [ ] Property
- [ ] Ideation
- [ ] Plan
- [ ] Intent
- [ ] Attempt
- [ ] Other:

Goal(s)/Objective(s): Goal 1/objective 1

Therapeutic Intervention and Progress Toward Goal(s):
Client reported she had strong thoughts of self-harm this week but had not acted on them. I asked how she had done this and labeled the skills she had used to assist her in circumventing these thoughts. Affirmed validated her feelings noting she had done this without the people who usually are available to help her get through these difficult times. Discussed the reason for thoughts of self-harm to increase awareness of when thoughts could re-occur in order to plan to effectively manage these thoughts. Client commended for gaining the ego-strength to counteract urges to harm herself. Client recognized her dysfunctional thoughts were, in part, the result of a disrupted routine that created anxiety which triggered self-injurious thoughts. Client states that she does not currently have thoughts of self-harm.

Recommendation for Modification and Update of the ISP if Applicable: NA

Provider Signature/Credentials
Thomas Therapist, LPC
Date
12/23/10

Supervisor Signature/Credentials (if needed)
Date

Medicare “Incident to” Services Only

Supervisor Consultation (if needed)

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Staff ID No.</th>
<th>Loc. Code</th>
<th>Prcdr. Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Total Time</th>
<th>Diagnostic Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/23/10</td>
<td>007</td>
<td>11</td>
<td>15</td>
<td>HE</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1:00</td>
<td>-</td>
<td>:60</td>
<td>301.83</td>
</tr>
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</table>
**BELLEFAIRE JCB**
OUTPATIENT TRAUMA FOCUS COGNITIVE BEHAVIORAL THERAPY (TFCBT) PROGRESS NOTE

CASE TYPE: ☐ WRAP TFCBT; ☐ JOP/WRAP TFCBT; ☐ OUTPATIENT TFCBT; ☐ SCHOOL BASED TFCBT

<table>
<thead>
<tr>
<th>Client Name: (Last, First)</th>
<th>Client #:</th>
<th>Date of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff ID, Name:</th>
<th>Client Start Time</th>
<th>Client End Time</th>
<th>Billable Time</th>
<th>0.00 UNITS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PM</td>
<td>PM</td>
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</table>

<table>
<thead>
<tr>
<th>Staff Start Time</th>
<th>Staff End Time</th>
<th>Total Time</th>
<th>0.00 UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program RU**

**Location**

**Modifier**

ISP GOAL(S) ADDRESSED: ☐ #1 ; ☐ #2 ; ☐ #3 ; ☐ #4

**INTERVENTION**

- PSYCHOEDUCATIONAL: CLIENT
- PSYCHOEDUCATIONAL: PARENT
- RELAXATION SKILLS
- AFFECT EXPRESSION
- COGNITIVE COPING TECHNIQUES
- INVIVO DESENSITIZATION

- Narrative therapy techniques
- Safety planning
- Identify and correct cognitive distortions
- Behavior management techniques
- Preparation of child for sharing narration with parent using CBT and client centered techniques
- Other:
- Other:
- Other:
- Other:

**Briefly Describe:**

- Progress: ☐ N/A ☐ No Change ☐ Deterioration ☐ Improvement: If Deterioration or Improvement Noted, Briefly Describe
- Significant Life Changes/Events: ☐ N/A ☐ Yes, Explain:
- Recommend Modification to ISP: ☐ No ☐ Yes, refer to MHA Update
- Change in Risk to Self or Others: ☐ No ☐ Yes, refer to ☐ MHA update; ☐ Suicide Assessment; ☐ Duty to Protect

My signature verifies that service occurred as documented on this progress note. I authorize Bellefaire/JCB to bill for the time documented as “billable” above.

<table>
<thead>
<tr>
<th>STAFF SIGNATURE</th>
<th>CREDENTIAL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPERVISOR SIGNATURE (If Applicable)</th>
<th>CREDENTIAL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conversion chart: >

March 2010
CASE TYPE: § WRAP TFCBT; § JOP/WRAP TFCBT; § OUTPATIENT TFCBT; ☑ SCHOOL BASED TFCBT

Client Name: (Last, First) Klinesmith
Client #: [Redacted]
Date of service: 3/2/2010

Staff ID, Name: 5089 Katie, Koncilja, LPC
Client Start Time: 01:15 PM
Client End Time: 02:10 PM
Billable Time: 0.92 UNITS
Staff Start Time: 01:15 PM
Staff End Time: 02:10 PM
Total Time: 0.92 UNITS

Program RU: 624 BHC
Location: 03 School
Other:
Modifier: F0 F:F w/Client(IP)

ISP GOAL(S) ADDRESSED:
#1; ☑ #2 [Redacted] will demonstrate improved coping skills to better manage difficult feelings, including those surrounding her history of trauma, as evidenced by guardian and school reports of rule compliance and improved scores in the areas of arguing with others, getting into fights, yelling, screaming, fits of anger, breaking rules, lying, can’t sit still, feeling lonely, having nightmares and breaking the law on her Ohio Scales. ; ☑ #3 [Redacted] will improve her communication skills as evidenced by family reports of improved satisfaction in relationship with IP and improved scores in the areas of arguing, fights, yelling and screaming, fits of anger, breaking rules, lying, feeling lonely and breaking the law on IPs Ohio Scales. ; ☑ #4

INTERVENTION
PSYCHOEDUCATIONAL: CLIENT
Rationale for completing narrative
AFFECT EXPRESSION
Feeling Identification
Cognitive positive self talk

PSYCHOEDUCATIONAL: PARENT
COGNITIVE COPING TECHNIQUES

RELAXATION SKILLS
INVIVO DESENSITIZATION

□ Narrative therapy techniques
□ Safety planning
☑ Identify and correct cognitive distortions
☑ Preparation of child for sharing narration with parent using CBT and client centered techniques
□ Other:
□ Other:

Briefly Describe: IP stated that she feels alright about starting her trauma narrative. IP stated an understanding of why the trauma narrative will be used. IP did very well writing out her positive internal traits paragraphs and appears to be getting better with her impulsivity of crossing things out quickly. As IP was writing her positive traits this worker assisted in the identification of cognitive distortions and turning negative statements into positive ones.

Progress: ☑ N/A
□ No Change
□ Deterioration
□ Improvement: If Deterioration or Improvement Noted, Briefly Describe

Significant Life Changes/Events: ☑ N/A
□ Yes, Explain:
Recommend Modification to ISP: ☑ No
□ Yes, refer to MHA update

Change in Risk to Self or Others: ☑ No
□ Yes, refer to ☑ MHA update; ☑ Suicide Assessment; ☑ Duty to Protect

My signature verifies that service occurred as documented on this progress note. I authorize Bellefaire/JCB to bill for the time documented as “billable” above.

__________________________________________________________________________
STAFF SIGNATURE
CREDENTIAL
DATE

__________________________________________________________________________
SUPERVISOR SIGNATURE (If Applicable)
CREDENTIAL
DATE

Conversion chart: ☑ March 2010
Client Name: 

Staff Name: 

Date of Service: 

Start Time: 

End Time: 

Program:  
- CTU
- Counseling

Team: 

Service Code: H0004

Client Location (check only one): 
- 53-GCB
- 12-Client Home
- 99-Community
- 51-Summit
- 09-Incarcerated
- UK- client not present 

Observed/Reported changes in condition: 
- None

Stressors/Extraordinary Events: 
- None
- No significant change from last visit

**Client Condition**

**Appearance**
- appropriate
- casual and neat
- fastidious
- appears younger
- appears older

**Behavior**
- cooperative
- guarded
- aggressive
- passive
- agitation

**Stream of Thought**
- clear & coherent
- impoverished
- rapid
- flight of ideas
- incoherent

**Abnormalities of Thought Content**
- none
- phobias
- concrete thinking
- paranoid ideation
- delusions

**Perceptual Disturbances**
- none
- depersonalization
- derealization
- auditory
- visual

**Affect**
- appropriate
- inappropriate
- expansive
- guilty
- bright

**Mood**
- euthymia
- elevated
- euphoria
- angry/irritable
- apprehensive

**Orientation**
- oriented x 3
- not time
- not place
- not person

**Insight**
- present
- adequate
- limited
- impaired
- faulty

**Judgment**
- good
- fair
- impaired
- poor
- grossly inadequate

Greater Cincinnati Behavioral Health Services
Counseling Progress Note 2010-04-01
Client Name:  

Client ID:  

**Issue(s) presented today:**  

- [ ] symptoms or impairment such as attitudes about illness:  
- [ ] early life experiences:  
- [ ] emotional distress:  
- [ ] maladaptive behavior patterns:  
- [ ] personality growth and development:  
- [ ] stabilization of mental status or functioning:  
- [ ] issues related to establishing therapeutic relationship:  
- [ ] coping strategies or techniques:  
- [ ] other:  

**Goal(s)/Objective(s) Addressed from ISP:**  

**Recommended Revision to ISP:**  

- [ ] None  
- [x] Revise ISP  

**Therapeutic interventions provided OR Group Topic/Activity/Intervention**  

**Response to intervention/Progress toward goals OR Group Participation**  

**Additional information/Plan**  

Provider Signature/Credential:  

Date:  

Client Signature (Optional Based on Client Preference):  

Date:  

Counter-Signature/Credential:  

Date:  

**Date/Time of next Appointment:**  

**Client rating of progress:** (write number in box)  

- [ ] Not Rated = 0  
- [ ] None = 1  
- [ ] Some Progress = 2  
- [ ] Good Progress = 3  

Have you made progress toward your goals today?  

Counseling Progress Note 2010-04-01
**Counseling Progress Note**

**Program:** □ CTU □ Counseling □ Team: □ Service Code: H0004 □ HE-face-to-face □ HQ-group □ # in group

**Client Location (check only one):** □ 53-GCB □ 12-Client Home □ 99-Community □ 51-Summit □ 09-Incarcerated □ UK-client not present

**Date entered:**

**Observed/Reported changes in condition:**

- None

**Stressors/Extraordinary Events:**

- C/H was found not-guilty of assault at trial last week. C/H had to testify. Reported new prescription for pain meds for back pain.

**Client Condition**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>unusual/bizarre</th>
<th>poor hygiene</th>
</tr>
</thead>
<tbody>
<tr>
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<td>□ casual and neat</td>
<td>□ fastidious</td>
</tr>
<tr>
<td>□ inappropriate</td>
<td>□ unkempt</td>
<td>□ disheveled</td>
</tr>
<tr>
<td>□ appears younger</td>
<td>□ apprehensive</td>
<td>□ appears older</td>
</tr>
<tr>
<td>□ other:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior</th>
<th>passive</th>
<th>agitated</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ cooperative</td>
<td>□ guarded</td>
<td>□ aggressive</td>
</tr>
<tr>
<td>□ unusual/bizarre</td>
<td>□ impulsive</td>
<td>□ fearful</td>
</tr>
<tr>
<td>□ dramatic</td>
<td>□ other:</td>
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</table>

<table>
<thead>
<tr>
<th>Stream of Thought</th>
<th>flight of ideas</th>
<th>incoherent</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ clear &amp; coherent</td>
<td>□ impoverished</td>
<td>□ rapid</td>
</tr>
<tr>
<td>□ fragmented</td>
<td>□ disordered</td>
<td>□ loose</td>
</tr>
<tr>
<td>□ tangential</td>
<td>□ other:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Abnormalities of Thought Content</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ none</td>
<td>□ phobias</td>
</tr>
<tr>
<td>□ overvalued ideas</td>
<td>□ ideas of reference</td>
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</table>

<table>
<thead>
<tr>
<th>Perceptual Disturbances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ none</td>
<td>□ depersonalization</td>
</tr>
<tr>
<td>□ illusions</td>
<td>□ tactile</td>
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<table>
<thead>
<tr>
<th>Affect</th>
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</tr>
</thead>
<tbody>
<tr>
<td>□ appropriate</td>
<td>□ inappropriate</td>
</tr>
<tr>
<td>□ congruent</td>
<td>□ incongruent</td>
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<tr>
<td>□ full range</td>
<td>□ constricted</td>
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<table>
<thead>
<tr>
<th>Mood</th>
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</thead>
<tbody>
<tr>
<td>□ euthymia</td>
<td>□ elevated</td>
</tr>
<tr>
<td>□ anxious</td>
<td>□ depressed</td>
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<table>
<thead>
<tr>
<th>Orientation</th>
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<tbody>
<tr>
<td>□ oriented x 3</td>
<td>□ not time</td>
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<table>
<thead>
<tr>
<th>Insight</th>
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</tr>
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<tbody>
<tr>
<td>□ present</td>
<td>□ adequate</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ good</td>
<td>□ fair</td>
</tr>
</tbody>
</table>
Client Name: [REDacted]

Greater Cincinnati Behavioral Health Services
Counseling Progress Note

Issue(s) presented today:
☑️ Symptoms or impairment such as attitudes about illness: Increased anxiety and anger-recent arguments with JFS staff re benefits, fought with clerk
☑️ Emotional distress: Increased anxiety due to court problems @ work

Goal(s)/Objective(s) Addressed from ISP: To increase control over emotions and express them effectively and appropriately

Therapeutic interventions provided OR Group Topic/Activity/Intervention
Assisted clt in reviewing self-care and how lack of self-care has led to increased mood problems. Reviewed current use of meds & encouraged clt to see psychiatrist re: current stressors and Sx. Encourages clt to identify barriers to using coping skills. Encouraged clt to contact physical therapist re: back injury. Role-played home-visit w/ children's services identified triggers and anger responses.

Response to intervention/Progress toward goals OR Group Participation
Clt was able to recognize her tone, body language, and word choices as inconsistent with keeping calm. Clt has continued to fill schedule w/ activities instead of self-care. Agreed to make appointments w/ psychiatrist and physical therapist to reduce pain meds use.

Additional information/Plan
Will review diary card and self-care skills at next session

Provider Signature/Credential: [REDacted]
Date: 3/11/2010

Client Signature (Optional Based on Client Preference):

Counter-Signature/Credential: [REDacted]
Date: [REDacted]

Date/Time of next Appointment: 3/19/10

Client rating of progress: (write number in box)
(Not Rated = 0; None = 1; Some Progress = 2; or Good Progress = 3)