APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COUNSELING PROGRESS NOTE

Client Name (First, MI, Last)	**Client No.**

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

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:

Provider Signature/Credentials	**Date**	**Supervisor Signature/Credentials** (if needed)	**Date**
☐ **Medicare "Incident to" Services Only**		**Supervisor Signature/Credentials (if needed)**	**Date**

Supervisor Consultation (if needed)

Date of Service	Staff ID No.	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code

APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COUNSELING PROGRESS NOTE

Client Name (First, MI, Last)	**Client No.**
Betty Borderline	5.0.5.

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

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): 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	**Date**	**Supervisor Signature/Credentials** (if needed)	**Date**
Thomas Therapist, LPC	12/23/10		
☐ **Medicare "Incident to" Services Only**		**Supervisor Signature/Credentials (if needed)**	**Date**

Supervisor Consultation (if needed)

Date of Service	Staff ID No.	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code
12/23/10	007	11	15	HE	-	-	-	1:00	-	:60	301.83

BELLEFAIRE JCB
OUTPATIENT TRAUMA FOCUS COGNITIVE BEHAVIORAL THERAPY (TFCBT) PROGRESS NOTE

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

Client Name: (Last, First)		**Client #:**		**Date of service:**	
Staff ID, Name:					
Client Start Time	: PM	**Client End Time**	: PM	**Billable Time**	***0.00*** UNITS
Staff Start Time	: PM	**Staff End Time**	: PM	**Total Time**	***0.00*** UNITS
Program RU <		***Location*** < ***Other:***		***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	☐ Identify and correct cognitive distortions
☐ Safety planning	☐ Behavior management techniques
☐ Identify and correct cognitive distortions	☐ Preparation of parent for sharing of narration
☐ Preparation of child for sharing narration with parent using CBT and client centered techniques	☐ Other:
☐ 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.

_____	_____	_____
STAFF SIGNATURE	CREDENTIAL	DATE
_____	_____	_____
SUPERVISOR SIGNATURE (If Applicable)	CREDENTIAL	DATE

Conversion chart: >

March 2010

BELLEFAIRE JCB
BEHAVIORAL HEALTH COUNSELING
OUTPATIENT TRAUMA FOCUS COGNITIVE BEHAVIORAL THERAPY (TFCBT) PROGRESS NOTE

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

Client Name: (Last, First) [redacted]		**Client #:** [redacted]		**Date of service:** 3/2/2010	
Staff ID, Name: [redacted]					
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	PSYCHOEDUCATIONAL: PARENT	RELAXATION SKILLS
Rationale for completing narrative	>	>
AFFECT EXPRESSION	COGNITIVE COPING TECHNIQUES	INVIVO DESENSITIZATION
Feeling Identification	Cognitive positive self talk	Exploration development of self efficacy

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

[redacted]	LPC	3/12/10
STAFF SIGNATURE	CREDENTIAL	DATE
SUPERVISOR SIGNATURE (If Applicable)	CREDENTIAL	DATE

Conversion chart: >

March 2010

Affix CLIENT label

Greater Cincinnati Behavioral Health Services

Counseling Progress Note

Affix STAFF label

Client Name: | ***Client ID:***

Staff Name: | ***Staff ID:***

Date of Service M M / D D / Y Y Y Y | ***Start Time*** : ☐ *am* ☐ *pm* | ***End Time*** : ☐ *am* ☐ *pm*

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:

☐ **None** ☐ **No significant change from last visit**

Client Condition

Appearance			☐ unusual/bizarre	☐ poor hygiene
☐ appropriate	☐ casual and neat	☐ fastidious	☐ appears younger	☐ apprehensive
☐ inappropriate	☐ unkempt	☐ disheveled	☐ appears older	☐ other:
Behavior				
☐ cooperative	☐ guarded	☐ aggressive	☐ passive	☐ agitated
☐ unusual/bizarre	☐ impulsive	☐ fearful	☐ dramatic	☐ other:
Stream of Thought				
☐ clear & coherent	☐ impoverished	☐ rapid	☐ flight of ideas	☐ incoherent
☐ fragmented	☐ disordered	☐ loose	☐ tangential	☐ other:
Abnormalities of Thought Content				
☐ none	☐ phobias	☐ concrete thinking	☐ paranoid ideation	☐ delusions
☐ overvalued ideas	☐ ideas of reference	☐ poverty of thought	☐ obsessions	☐ other:
Perceptual Disturbances				
☐ none	☐ depersonalization	☐ derealization	☐ auditory	☐ visual
☐ illusions	☐ tactile	☐ olfactory	☐ other:	
Affect				
☐ appropriate	☐ inappropriate	☐ expansive	☐ guilty	☐ bright
☐ congruent	☐ incongruent	☐ labile	☐ heightened	☐ depressed
☐ full range	☐ constricted	☐ blunted	☐ flat	☐ other:
Mood				
☐ euthymia	☐ elevated	☐ euphoria	☐ angry/irritable	☐ apprehensive
☐ anxious	☐ depressed	☐ dysphoria	☐ apathetic	☐ other:
Orientation				
☐ oriented x 3	☐ not time	☐ not place	☐ not person	
Insight				
☐ present	☐ adequate	☐ limited	☐ impaired	☐ faulty
Judgment				
☐ good	☐ fair	☐ impaired	☐ poor	☐ grossly inadequate

Affix CLIENT label

Greater Cincinnati Behavioral Health Services

Counseling Progress Note

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 ☐ 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):**
Counter-Signature/Credential: **Date:**	**Date:** _____

Date/Time of next Appointment:	**Client rating of progress:** (write number in box) Have you made progress toward your goals today? ⟶ (Not Rated = **0**; None = **1** Some Progress = **2**; or Good Progress= **3**	

Affix CLIENT label

Greater Cincinnati Behavioral Health Services

Counseling Progress Note

Affix STAFF label

Client Name:	Client ID:
Staff Name:	Staff ID:

Date of Service: 03 / 01 / 2010 (M M / D D / Y Y Y Y)

Start Time: 09:38 ☒ am ☐ pm

End Time: 10:29 ☒ am ☐ pm

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:

☐ None ☐ No significant change from last visit

Clt. was found not-guilty of assault at trial last week. Clt had to testify. Reported new prescriptions for pain meds for back pain & Med.

Client Condition

Appearance			☐ unusual/bizarre	☐ poor hygiene
☐ appropriate	☒ casual and neat	☐ fastidious	☐ appears younger	☐ apprehensive
☐ inappropriate	☐ unkempt	☐ disheveled	☐ appears older	☐ other:
Behavior				
☐ cooperative	☐ guarded	☐ aggressive	☐ passive	☒ agitated
☐ unusual/bizarre	☐ impulsive	☐ fearful	☐ dramatic	☐ other:
Stream of Thought				
☐ clear & coherent	☐ impoverished	☐ rapid	☐ flight of ideas	☐ incoherent
☐ fragmented	☐ disordered	☐ loose	☒ tangential	☐ other:
Abnormalities of Thought Content				
☒ none	☐ phobias	☐ concrete thinking	☐ paranoid ideation	☐ delusions
☐ overvalued ideas	☐ ideas of reference	☐ poverty of thought	☐ obsessions	☐ other:
Perceptual Disturbances				
☒ none	☐ depersonalization	☐ derealization	☐ auditory	☐ visual
☐ illusions	☐ tactile	☐ olfactory	☐ other:	
Affect				
☐ appropriate	☐ inappropriate	☐ expansive	☐ guilty	☐ bright
☐ congruent	☐ incongruent	☐ labile	☒ heightened	☐ depressed
☐ full range	☐ constricted	☐ blunted	☐ flat	☐ other:
Mood				
☐ euthymia	☐ elevated	☐ euphoria	☒ angry/irritable	☐ apprehensive
☐ anxious	☐ depressed	☐ dysphoria	☐ apathetic	☐ other:
Orientation				
☒ oriented x 3	☐ not time	☐ not place	☐ not person	
Insight				
☐ present	☐ adequate	☒ limited	☐ impaired	☐ faulty
Judgment				
☐ good	☐ fair	☒ impaired	☐ poor	☐ grossly inadequate

Affix CLIENT label

Greater Cincinnati Behavioral Health Services

Counseling Progress Note

Client Name: | **Client ID:**

Issue(s) presented today:

- [x] symptoms or impairment such as attitudes about illness: increased anxiety/anger-recent arguments w/ JFS staff re benefits; fought w/ clerk
- [ ] early life experiences:
- [x] emotional distress: increased anxiety due to court & problems @ work
- [ ] maladaptive behavior patterns:
- [ ] personality growth and development:
- [ ] stabilization of mental status or functioning:
- [x] issues related to establishing therapeutic relationship: clt had to be re-directed several times to stay on topic and decrease volume of voice & anger reactions
- [x] coping strategies or techniques: clt did not complete diary card or practice breathing techniques; decreased self-care and time management
- [ ] other:

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

Recommended Revision to ISP: [x] None [ ] Revise ISP

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 SAMI hx. Prompted 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 with Psychiatrist and Physical Therapist to reduce pain med use.

Additional information/Plan

Will review diary card and self care skills at next session

Provider Signature/Credential:	Date:	Client Signature (Optional Based on Client Preference):
Mg Counselor, LISW	3/1/2010	
Counter-Signature/Credential:	Date:	Date: _____

Date/Time of next Appointment:	Client rating of progress: (write number in box) Have you made progress toward your goals today? → (Not Rated = 0; None = 1 Some Progress = 2; or Good Progress= 3	
3/9/10		2