Progress Note

Date: date of session **Client**: first and last name **Medicaid #:** xxxxxxxxxxAK **DOB**: xx/xx/xxxx (age xx)

Service: outpt or IOP note progress note? **Session Start**: face to face start time **Session End:** face to face end time

Type of Session: (Family, Individual, group, skill building, or CTA session) **Diagnosis:** xxx.01; xxx.81

Others Attending/Relationship to client: name and relationship of others in the session, note here if met with caretaker, guardian before or after an individual session
Current Medication/Changes/Dosages: names and doses noted – any changes, side affects, efficacy, compliance
Next Scheduled Medication Check: date of med check, provider noted – any coordination with clinician
Content/Process

Goal (From TX Plan): Goal from treatment plan – what did the client/caretakers identify as "why now" for therapy?

New/Current Symptoms/Change in Stressors: What are the current symptoms reported by client/caretakers since the last sessions? Note symptoms related to the diagnosis, new stressors or increased coping with stressors

Interventions/Client Response: What interventions is the clinician implementing during the session and for homework to increase positive coping to symptoms/impairments? What is the client's/family members' response during the session? Did the client/family follow through on homework since the last session?

Session Content (Narrative)

Subjective Report: What does the client/family members say about his/her feelings, thoughts, actions, concerns, progress in treatment, and anything else pertinent to his/her treatment goals? What subjects are avoided by the client/family? Document needs to include a record of client's or family member's statements using direct quotes from the client or family member or summarize what the client/family member says in the counselor's words. No counselor interpretation of client or family member's statements is entered in this section of the SOAP note.

Objective Report: What does counselor observe about the client/family during the session? This includes for example: posture, eye contact, signs of tension, appearance, hygiene, tearfulness, rate of breathing, voice tone, rate of speaking (e.g., normal, hesitant, and pressured), physical movement, and facial expression. Other objective material pertinent to the session such as physical, psychological or vocational test results, or pertinent excerpts from reports from other treatment professionals are also included here. No interpretation by the counselor regarding the client's physical appearance, activities, test results, or other objective reports is entered in this section of the SOAP notes.

Assessment: The assessment by the counselor of the material contained in the "S" and "O" sections of the SOAP note. The counselor interprets, forms tentative hypotheses, or hunches about the meaning and significance of client statements and counselor observations. Progress made during the session (e.g., new insights, expression of feelings, new thoughts/behaviors, improved therapeutic alliance, etc.) is also reported here. Family dynamic issues are noted here for family sessions – include assessment of individual family members' contribution to the family dynamic.

Progress Toward Goal: What was the baseline at intake? What is the frequency of assessing progress and what tool is used, e.g. Burns inventories, Beck screens,CHI, or CANS? What needs were indicated on the CANS assessment - what changes have been made in areas of need? Have strengths been maintained or strengthened? Using a 1-10 scale for depressive symptoms/anxiety symptoms where is the client functioning along that scale? What decreases in anxiety/depression /acting out with aggression/irritability have been accomplished? How often is client using coping skills when triggers occur? What progress has the family/supports made in supporting client's progress? How is the client's family changing to support changes he/she is making?

Barriers: What are the barriers preventing the client/family from implementing new coping skills/changing behaviors to increase level of functioning? What is the intervention planned to move client/family to progess.

Client Strengths: What positive coping skills/behaviors is client/family maintaining and utilizing to decrease mental health symptoms? What insights is the client/family gaining about the client and family members or supports?

Risks (Plan if necessary)

Risk of harm to self or others: Any self harm/suicide ideation/self-injurious behavior? Any hallucinations or increase in paranoia? Is there clear intent to harm? Was the safety/crisis plan reviewed?

Risk of Violence: Any physical aggression towards others or threats to harm others? Were threats made in anger – was there clear intent to harm someone else.

Substance use: For children and adolescents: any continued use/ any experimentation with any drugs/abuse of OTC meds-abuse of prescription meds/caffeine use/tobacco use – any UA's completed? For adults: any continued use? Increased use of OTC meds, caffeine, and tobacco? Any misuse of prescription meds? Would client benefit from an updated substance abuse evaluation? Any recommendations to psychiatrist or PCP for medication assisted Treatment for substance abuse?

Discharge/Transition Plan (Narrative) : What is the expected length of stay or targeted discharge date? What is the next level of care and what are the supports client will be using– e.g. discharge to home/attend school as scheduled by school district, contact therapist should symptoms increase or for crisis session to review coping skills gained; contact school counselor as needed; follow up with medication evaluations with psychiatrist; follow up with PCP; Community supportworker and coordination plan for crisis; attend Day program; attend AA/NA groups and follow up with sponsor, etc.

Community Support Considered: Support groups- e.g. children of divorce, Parents United; AA/NA /GA and sponsor; Girls Inc, Boys and Girls Club. Case Management needs: Case management with Region or NDHHS; Community Alliance; Salvation Army, Friendship Program Rainbow Center, Region II; Church; Support for aging issues; Auttism Society of Nebraska, etc. Does the parent need a Parent Advocate or Parent Skills Training class?

Treatment/Coordination Needed: Are releases signed to coordinate supports? What phone calls to school/PCP/psychiatrist or Case Manager are needed to follow up on? Any letters to supports required on member's behalf?

Plan for next session/Date of next session: What was the homework given related to client's symptoms since last session? Was client compliant with homework? Did client utilize any supports? What goal will be addressed the next session? What is date for next session?

Therapist_____ Date_____

Supervising Practitioner_____ Date_____