

Progress Notes for Mental Health Counselors Template

Client Information

John

Doe

12/22/1990

First Name

Last Name

Date of Birth

Date/Time	Progress Note
10/04/2022 9:00 - 9:45am	John reported his feelings of anxiety have reduced in intensity, although he still feels "somewhat anxious pretty much all the time". Spent the session discussing anxiety coping mechanisms including how John can practice replacing anxiety triggers with calming thoughts. John presented neatly and was well groomed. He showed normal awareness of his presenting symptoms. No suicidal ideation present. Compliance with medication is good. Will continue with current treatment plan and weekly sessions.
10/11/2022 9:05 - 9:50am	Session focused on an event at work: John is struggling with feelings of low self-worth, saying he feels like he "isn't good at anything he does". Practiced replacing negative self-talk with positive self-talk. John's feelings of anxiety are associated with low self-esteem. Compliance with medication is good. Insight into anxiety is normal. John will focus on strengthening professional relationships with colleagues. Weekly sessions to continue.
10/18/2022 9:00 - 9:45am	John says he is "enjoying work a bit more". John attended a work event and said it made him feel "better about his relationships". John has demonstrated an improvement with his feelings of low self-esteem. Continue working on this area. John arrived to session promptly and was neatly dressed and well groomed. John's anxiety continues to decrease in intensity. Continue with current treatment plan.
10/25/2022 9:00 - 9:45am	John says he feels "better" but still can't "shake the anxiety feeling". Session focused on identifying causes of anxiety (apart from work). Anxiety may be associated with social relationships. John is struggling to find time to maintain his friendships. John will reach out to friends and organize a social event. Work anxiety has reduced significantly. John is showing improvement. Current treatment plan to continue.
11/01/2022 9:05 - 9:50am	John caught up with a friend and said he opened up about his work-related struggles, saying the conversation made him feel "so much better". John's anxiety at work continues to reduce. He practices replacing negative self-talk with positive self-talk and this appears to be improving his anxiety. Treatment plan will continue, but will reduce therapy sessions to once every fortnight. John will continue focusing on strengthening his relationships with friends, family members, and colleagues.
Counselor Name Dr Jane Example	
Counselor Signature 	

Mental Health Progress Notes

Rhonda Sutton

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name bar.

Mental Health Progress Notes:

The Counselor's Steps for Progress Notes Rhonda Sutton, 2015-06-21 Dr Rhonda Sutton's second edition of the straightforward guide to progress notes includes additional examples information documentation and clinical language that expands on the utility and readability of the first book Additional case studies provide examples of how to use the STEPs to format notes New chapters include information on clinical language and documentation This book covers everything about progress notes from how to write them to how to store them and even what to do when someone requests to them In addition clinical terms and abbreviations are included as well as suggestions for other clinical documentation such as termination letters privacy statements and professional disclosure statements Suited for all types of mental health clinicians this book will help therapists improve upon their progress notes and other forms of clinical documentation *The Clinical*

Documentation Sourcebook Donald E. Wiger, 2010-02-02 All the forms handouts and records mental health professionals need to meet documentation requirements fully revised and updated The paperwork required when providing mental health services continues to mount Keeping records for managed care reimbursement accreditation agencies protection in the event of lawsuits and to help streamline patient care in solo and group practices inpatient facilities and hospitals has become increasingly important Now fully updated and revised the Fourth Edition of The Clinical Documentation Sourcebook provides you with a full range of forms checklists and clinical records essential for effectively and efficiently managing and protecting your practice The Fourth Edition offers Seventy two ready to copy forms appropriate for use with a broad range of clients including children couples and families Updated coverage for HIPAA compliance reflecting the latest The Joint Commission TJC and CARF regulations A new chapter covering the most current format on screening information for referral sources Increased coverage of clinical outcomes to support the latest advancements in evidence based treatment A CD ROM with all the ready to copy forms in Microsoft Word format allowing for customization to suit a variety of practices From intake to diagnosis and treatment through discharge and outcome assessment The Clinical Documentation Sourcebook Fourth Edition offers sample forms for every stage of the treatment process Greatly expanded from the Third Edition the book now includes twenty six fully completed forms illustrating the proper way to fill them out Note CD ROM DVD and other supplementary materials are not included as part of eBook file Mental Health and Psychiatric Nursing Janet L. Davies, Ellen Hastings Janosik, 1991 **Handbook of Correctional Mental Health** Charles L. Scott, 2009-10-06 Clinicians who work on the

frontlines of correctional mental health know that the challenges are only increasing Not only is the proportion of inmates with mental disorders growing at a rate that exceeds that of the correctional population as a whole but this group is expanding at both ends of the aging continuum so that increasing numbers of both geriatric and juvenile offenders require assessment and treatment Changing patient demographics and evolving treatment modalities make it essential that psychiatrists psychologists social workers nurses and other professionals who serve the prison population have access to the

most practical up to date and comprehensive resource Handbook of Correctional Mental Health now in an expanded second edition is that resource This book addresses key concepts to ensure that the reader meets the current standard of care for inmates through all phases of the criminal justice system In 20 state of the art chapters nationally recognized providers and correctional mental health experts address the most pressing issues facing clinicians Unique to this edition the Handbook Summarizes the literature regarding unique populations observed in a correctional environment thereby assisting the provider in tailoring treatment to various target populations Provides a clear overview of both malpractice law and the concept of deliberate indifference that aids the reader in understanding the legal requirements for providing care and minimizing risks of lawsuits Educates clinicians on how to differentiate feigned versus legitimate mental health symptoms and how to understand and interpret inmate motivations for psychiatric malingering Discusses important administrative aspects regarding documentation issues quality assurance and practicing under a consent decree Provides useful tables throughout the text with key summary points emphasized Includes five new clinically focused chapters on the assessment and treatment of inmates with substance use disorders geriatric offenders juvenile offenders inmates with self injurious behaviors offenders who have experienced various traumas during their lives and inmates housed on maximum security units and death row Other titles in the field are either out of date or limited in scope By contrast this new edition of Handbook of Correctional Mental Health includes everything mental health professionals need to provide the highest standard of care to this growing and complex patient population

The OTA's Guide to Writing SOAP Notes Sherry Borcharding, Marie J. Morreale, 2007 Written specifically for occupational therapy assistants The OTA s Guide to Writing SOAP Notes Second Edition is updated to include new features and information This valuable text contains the step by step instruction needed to learn the documentation required for reimbursement in occupational therapy With the current changes in healthcare proper documentation of client care is essential to meeting legal and ethical standards for reimbursement of services Written in an easy to read format this new edition by Sherry Borcharding and Marie J Morreale will continue to aid occupational therapy assistants in learning to write SOAP notes that will be reimbursable under Medicare Part B and managed care for different areas of clinical practice New Features in the Second Edition Incorporated throughout the text is the Occupational Therapy Practice Framework along with updated AOTA documents More examples of pediatrics hand therapy and mental health Updated and additional worksheets Review of grammar documentation mistakes Worksheets for deciphering physician orders as well as expanded worksheets for medical abbreviations Updated information on billing codes HIPAA management of health information medical records and electronic documentation Expanded information on the OT process for the OTA to fully understand documentation and the OTA s role in all stages of treatment including referral evaluation intervention plan and discharge Documentation of physical agent modalities With reorganized and shorter chapters The OTA s Guide to Writing SOAP Notes Second Edition is the essential text to providing instruction in writing SOAP notes specifically aimed at

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Planner Arthur E. Jongsma, Jr.,David J. Berghuis,2009-06-05 PracticePlanners The Bestselling treatment planning system for mental health professionals The Addiction Progress Notes Planner Third Edition contains complete prewritten session and patient presentation descriptions for each behavioral problem in The Addiction Treatment Planner Fourth Edition The prewritten progress notes can be easily and quickly adapted to fit a particular client need or treatment situation Saves you hours of time consuming paperwork yet offers the freedom to develop customized progress notes Organized around 44 behaviorally based presenting problems including depression gambling nicotine abuse dependence anxiety and eating disorders Features over 1 000 prewritten progress notes summarizing patient presentation themes of session and treatment delivered Provides an array of treatment approaches that correspond with the behavioral problems and DSM IV TRTM diagnostic categories in The Addiction Treatment Planner Fourth Edition Offers sample progress notes that conform to the requirements of most third party payors and accrediting agencies including CARF The Joint Commission TJC COA and the NCQA Presents new and updated information on the role of evidence based practice in progress notes writing and the special status of progress notes under HIPAA Basic Concepts of Psychiatric-mental Health Nursing Louise Rebraca Shives,2007

This seventh edition includes new chapters and maintains popular features from previous editions such as self awareness prompts while adding research boxes and student worksheets at the end of each chapter Note Designer Patricia C Baldwin,2016-03-23 This book provides step by step guidelines tips and instruction on how to create and write psychotherapy treatment notes Information and guidance are provided on how to write a treatment intake report treatment progress notes and termination summary A number of sample notes reports and templates are provided The book also includes hundreds of representative statements for therapists to use in the design of their own psychotherapy progress notes A valuable resource for experienced mental health professionals and trainees alike from the creator of Note Designer therapy note writing software A time saving reference to capture the essence and the methods of professional note writing for psychotherapists Easy to apply and great to keep close by when writing reports and progress notes Alexandre Smith Peter Psy D candidate

The Adolescent Psychotherapy Progress Notes Planner Arthur E. Jongsma, Jr.,Katy Pastoor,David J. Berghuis,Timothy J. Bruce,2023-09-08 Save hours of time consuming paperwork with the bestselling planning system for

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The Severe and Persistent Mental Illness Progress Notes Planner David J. Berghuis, Arthur E. Jongsma, Jr., 2008-07-10 The flexible format of The Severe and Persistent Mental Illness Progress Notes Planner 2nd Edition enables you to choose between evidence based and traditional best practice treatment approaches for your patients Fully revised to meet your needs as a mental health professional working in today s long term care facilities this time saving resource will save you hours of time consuming paperwork without sacrificing your ability to develop customized progress notes This guide is organized around 31 behaviorally based issues from employment problems and family conflicts to financial needs and homelessness to intimate relationship conflicts and social anxiety

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