

Client Name: Test PatientAB DOB: 09/11/1950 Facility: Happy Home N&R Room #: 317

PROGRESS NOTE

Date of Service: 01/06/2021 Start Time: 9:04am End Time: 9:25am Total Visit Minutes: 21 Skilled Part A: Yes

CPT CODE: 90832 Units: 1

CPT Code add on (if applicable): # Units:

Primary Diagnosis:

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Active Signs/Symptoms showing medical necessity to target in Tx:

Continued non-compliance in PT. Observed to be yelling/cussing at nurse who was attempting to administer medication.

Secondary Diagnosis:

Active Signs/Symptoms showing medical necessity to target in Tx:

THEME of Session Related to Primary Dx:

Anger management and mind/body connection.

Subjective Complaint/Specific Patient Quote or Behavioral Examples Supporting

Medical Necessity for Therapy Visit This Date:

Patient stated to writer, "I want these people to leave me alone and just let me be!"

Active Behaviors, Thoughts, Feeling from Tx Plan Targeted This Date of Service: Labile mood

Progress Toward Needed Change:

Pt. willing to explore concepts and be educated on mind/body connection and how is physical pain and changes in medication adherence and food intake cause him to feel "up and down." He agreed that how is thinking and feeling results in certain "go to" maladaptive behaviors he has defaulted to his whole life.

Active Behaviors, Thoughts, Feeling from Tx Plan Targeted This Date of Service: Hopeless/helpless

Progress Toward Needed Change:

Patient stated he has had fewer thoughts per day about dying/self harm over past several days since intake session compared to when he was first admitted to SNF setting post hospitalization.

Active Behaviors, Thoughts, Feeling from Tx Plan Targeted This Date of Service: Thoughts of death

Progress Toward Needed Change:

Patient continues to adamantly deny plan or means to recent thoughts of self harm. He reported the frequency of intrusive thoughts about wanting to die to avoid pain is "decreasing each passing day."

NEW/Additional Behaviors, Thoughts, Feelings Targeted This Date of Service: None this session.

Progress Toward Needed Change:

Long Term Goals Addressed This Date of Service:

Reduction/Stabilization of Psychiatric Symptoms

Patient score on GDS (Geriatric Depression Scale) will improve by 5 pts over the next 12 weeks.

Maintain highest possible level of functioning

Patient will recall and articulate 3 positives that give meaning/purpose to his life in 4 weeks.

Adaptation to loss of limb/leg & mobility.

Pt. will be void of any remaining thoughts of self-harm in 2 weeks.

Measurable outcomes/progress toward goals observed this date of service

Grief over recent loss of limb has reduced from an 8 at baseline to a 6.5 (out of 10)...

As evidenced by:

...patient self report at start of this visit.

Therapeutic intervention(s) used this visit:

☐ Acceptance & Commitment Therapy ☐ Anger Management

☒ Cognitive Behavioral Therapy ☐ Crisis Management

☒ Grief/Bereavement Psychotherapy ☐ Gestalt Therapy

☐ Behavior Management

☐ Existential Psychotherapy

☐ Interpersonal Psychotherapy

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- | | | |
|--|---|--|
| <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Psychoeducation |
| <input type="checkbox"/> Stress Management | <input checked="" type="checkbox"/> Skills Training: <u>How to identify positives in daily life</u> | |
| <input type="checkbox"/> Other: _____ | | |

Therapeutic techniques employed this visit:

- | | | |
|---|--|--|
| <input type="checkbox"/> Assertiveness Training | <input type="checkbox"/> Externalization | <input type="checkbox"/> Positive Reinforcement |
| <input type="checkbox"/> Cathartic Release | <input type="checkbox"/> Guided Imagery | <input type="checkbox"/> Practiced Pain Management |
| <input checked="" type="checkbox"/> Clarification of Goals | <input type="checkbox"/> Homework Assignment /Exploration | <input type="checkbox"/> Progressive Muscle Relaxation |
| <input type="checkbox"/> Cognitive Restructuring | <input type="checkbox"/> Identification of Emotion | <input type="checkbox"/> Promotion of Insight |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Identification of Faulty Cognitions | <input type="checkbox"/> Promotion of Self-Efficacy |
| <input checked="" type="checkbox"/> Confronted Resistance to Change | <input checked="" type="checkbox"/> Identification of Triggers | <input type="checkbox"/> Prompting/Cuing |
| <input type="checkbox"/> Developed Safety Plan | <input type="checkbox"/> Mindfulness Training | <input type="checkbox"/> Reality Testing |
| <input type="checkbox"/> Evaluation of Defense Mechanisms | <input type="checkbox"/> Modeling | <input type="checkbox"/> Reframing |
| <input checked="" type="checkbox"/> Examine Interpersonal Patterns | <input type="checkbox"/> Normalization | <input type="checkbox"/> Rehearsal |
| <input type="checkbox"/> Explored Coping Strategies | <input type="checkbox"/> Planning/Decision-Making | <input type="checkbox"/> Relaxation Training |
| <input type="checkbox"/> Reviewed Cognitive Dissonance | <input type="checkbox"/> Solution-Focused Problem-Solving | <input type="checkbox"/> Validation |
| <input type="checkbox"/> Role Playing | <input type="checkbox"/> Stress Inoculation Training | <input checked="" type="checkbox"/> Other: <u>Behavioral Activation</u> |
| <input type="checkbox"/> Self-Monitoring Training | <input type="checkbox"/> Story Line Work | <input checked="" type="checkbox"/> Other: <u>Promoted Self-Regulation</u> |
| <input type="checkbox"/> Shaping | <input type="checkbox"/> Systematic Desensitization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Skills Training | <input type="checkbox"/> Thought Stopping | <input type="checkbox"/> Other: _____ |

Description of what the psychotherapy entailed and how it addressed the presenting problem:

Used CBT and Skills Training to teach interplay between thoughts and behaviors. Patient admitted his outbursts toward staff reflect his negative feelings and catastrophic thinking. Linked treatment non-compliance to despair, normalizing this, and giving permission to get in touch with his underlying grief over loss of limb. Discussed importance of homework completion toward meeting goals of treatment. Practiced identification/verbalization of positives.

Patient's behavior during therapeutic intervention:

- | | | | | | |
|---|---|--|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Cooperative | <input checked="" type="checkbox"/> Alert | <input checked="" type="checkbox"/> Relevant/Goal Directed | <input type="checkbox"/> Guarded/Resistant | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Incoherent |
| <input checked="" type="checkbox"/> Coherent | <input checked="" type="checkbox"/> Focused | <input type="checkbox"/> Receptive but Non-Verbal | <input type="checkbox"/> Drowsy | <input type="checkbox"/> Other: _____ | |

Patient's level of participation: Moderately Active

Patient's reaction to session:

Patient visibly calmed down by end of session. He committed to participating in another visit in 2 days. Will administer GDS next session to track score compared to baseline at time of diagnostic interview. Reminded patient of agreed upon homework: generating list of all positives in his life at present. He verbalized agreement that this is valuable despite resistance to follow through between sessions.

Demonstrated benefits of treatment evidenced by:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alleviated Emotional Disturbance | <input checked="" type="checkbox"/> Improved Treatment Compliance | <input type="checkbox"/> Increased Interest in Activities |
| <input type="checkbox"/> Stabilized Mood | <input type="checkbox"/> Developed Relaxation Skills | <input type="checkbox"/> Improved Positive Thinking/Hope |
| <input type="checkbox"/> Reduced Maladaptive Behaviors | <input type="checkbox"/> Improved Adjustment to Changes | <input type="checkbox"/> Reduced Anxiety/Fear |
| <input type="checkbox"/> Increased Reality Orientation | <input type="checkbox"/> Improved Energy Level | <input type="checkbox"/> Improved Coping Mechanisms |
| <input type="checkbox"/> Encouraged Pxy Growth/Dev | <input type="checkbox"/> Improved Concentration | <input checked="" type="checkbox"/> Adjustment to Physical Limitations |
| <input type="checkbox"/> Improved Adaptive Behaviors | <input checked="" type="checkbox"/> Improved Frustration Tolerance | <input type="checkbox"/> Enhanced Ability to Express Needs |
| <input type="checkbox"/> Reduced Guilt/Shame/Regret | <input type="checkbox"/> Improved Anger Control | <input type="checkbox"/> Reduced Relocation Stress |
| <input checked="" type="checkbox"/> Decreased Thoughts of Death | <input type="checkbox"/> Facilitated Decision-Making | <input type="checkbox"/> Improved Self-Esteem |
| <input type="checkbox"/> Reduced Somatic Complaints | <input type="checkbox"/> Facilitated Problem-Solving | <input type="checkbox"/> Other: _____ |

Current Psychotherapeutic Medications

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Anti-Psychotic: (Specify Below) | Date Started: _____ | Date of last dose reduction attempt: _____ |
| <input checked="" type="checkbox"/> Anti-Depressant: (Specify Below)
Zoloft | Date Started: <u>1/1/2021</u> | Date of last dose reduction attempt: <u>N/A</u> |
| <input type="checkbox"/> Anti-Anxiety: (Specify Below) | Date Started: _____ | Date of last dose reduction attempt: _____ |

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☐ Sedative/Hypnotic: (Specify Below) Date Started: _____ Date of last dose reduction attempt: _____

Suicide Behaviors Questionnaire-Revised Total Score = N/A (if given this date)

Current Risk of Harm to Self or Others: ☐ None ☒ Self ☐ Others EXPLAIN: Thoughts are subsiding.

☐ No Ideation ☒ Ideation EXPLAIN: Pt reports having fewer thoughts about dying each day.

☐ Plan ☒ No Plan ☐ Means ☒ No Means EXPLAIN: Pt continues denying plan and means.

Estimated Current Risk Level: Low If Critical / Precautions Needed - Explain:
No precautions needed at this time.

Did you Baker Act this client this date of service? No

PLAN (see current treatment plan for specific goals):

☒ Continue current frequency/length of sessions; without such care, client is at risk of decompensation and needing higher levels of intervention

☐ Reduce frequency/length of sessions; client demonstrates improved functioning, yet requires some intervention to meet goals and/or maintain status

☐ Increase frequency/length of sessions; client demonstrates decompensation in functionality and/or worsening of status

☐ Other: _____

Active Behaviors & Symptoms Related to Treatment Goals to be Targeted in the next 90 days:

Depressed mood _____ Thoughts of death _____ Hopeless/helpless _____

Labile mood _____ Irritable _____ Pain _____

Other _____

Additional Comments/Recommendations to Care Team:

Patient still agrees it would be valuable to have his wife present for a family therapy session. We will hold off for a few more sessions to observe what kind of progress he can make in individual therapy.

I hereby certify the above information is true and correct and that psychotherapy is medically necessary to treat the identified Dx/condition:

Susie Sunshine, Ph.D.

Ph.D.

FL12345



01/06/2021

Clinician Name

Credentials

License #:

Signature

Date