

Placer County Systems of Care
Systems of Care Progress Note

Date of Service: 8/20/2014

Billing Formula: Minutes of Service: 50 + Documentation Time: 10 + Travel Time:* 0 = Total Billable Minutes: 60

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided: Individual Psychotherapy

Location of Service: Office

Treatment Plan objective client is working on:

Client's diagnosis of Anxiety Disorder NOS, as manifested by her frequent panic attacks, are impairing her relationships with her family members and her ability to maintain employment. Client will improve her ability to recognize automatic thoughts in regards to her anxiety as evidenced by a reduction in panic attacks from 3 times a week to 2 times per week during a period of 3 months.

Narrative:

Client's Current Functioning/Progress: Client states that she had 3 panic attacks in the past week. She had to go home from work each day due to inability to control overwhelming anxiety. Relationships with husband and her daughter remain strained.

Current Intervention: Session today centered on recognition of triggers to her anxiety. Led client through progressive relaxation. Reviewed client's automatic thoughts, and used reframing techniques.

Client's Response: Client remains unsure of her ability to recognize triggers of her anxiety, but is willing to try.

Follow-up and/or Referrals Made: Gave client homework to write down antecedents of panic attacks during the week, and asked her to bring it in next week to discuss.

Signature (include licensure or job title)

Therapist One

Print Name

8/20/14
Date Completed

Client Name: Client One

AVATAR Number: 123 456

Systems of Care Progress Note

Date of Service: 8/27/2014

Billing Formula: Minutes of Service: 50 + Documentation Time: 10 + Travel Time:* 0 = Total Billable Minutes: 60

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Service Provided: Family Psychotherapy

Location of Service: Office

Treatment Plan objective client is working on:

Client's diagnosis of Anxiety Disorder NOS, as manifested by her frequent panic attacks, are impairing her relationships with her family members and her ability to maintain employment. Client will improve her ability to recognize automatic thoughts in regards to her anxiety as evidenced by a reduction in panic attacks from 3 times a week to 2 times per week during a period of 3 months

Narrative:

Client's Current Functioning/Progress: Client brought in her homework from last's week's session. She experienced two panic attacks this week. She comes in this week accompanied by her husband. Client stated that her husband helped her to write down what happened prior to the two panic attacks she had this week, which both occurred at home. Husband states that client was unable to remember what happened prior to the attacks, and helped her to soothe through deep breathing and going into the back yard.

Current Intervention: Reviewed homework with client and if it was helpful for her to recognize triggers. Praised client for her willingness to complete this activity. Reviewed homework with both client and her husband, and discussed with husband how he can better assist client when he observes her experiencing these episodes of anxiety.

Client's Response: Client felt supported having her husband there in session so he can better understand what she is experiencing. Client is open to additional homework exercises.

Follow-up and/or Referrals Made: Gave client additional homework to write down her daily tasks for the week, both at home and work, and write down the times when she routinely completes these activities.

Signature (include licensure or job title)

Therapist One

Print Name

8/27/14
Date Completed

Client Name: Client One

AVATAR Number: 123 456

Systems of Care Progress Note

Date of Service: 9/3/2014

Billing Formula: Minutes of Service: 95 + Documentation Time: 10 + Travel Time:* 40 = Total Billable Minutes: 145

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Service Provided: Rehabilitation

Location of Service Home

Treatment Plan objective client is working on:

Client's diagnosis of Oppositional Defiant Disorder, as evidenced by frequent property destruction and non-compliance with adult direction, is impairing his interpersonal relationships. Client's behaviors are placing him at risk for placement in a higher level of care. Client will improve his ability to comply with reasonable requests from adults from 2 times per week to 5 times per week.

Narrative:

Client's Current Functioning/Progress: Client continues to reside in foster care, and this is his third month in this placement. Per foster parent report, client continues to struggle complying with reasonable requests, which mainly center around his household chores and his homework. Client did have one incident this week in which he punched a hole in the wall of his room when he was not allowed to go "hang out with my friends and play video games" because his chores were not completed. Foster family reports that this is his fourth incident of property destruction in 3 months, and they are beginning to question if they can provide appropriate care for client.

Current Intervention: Discussed antecedents of behaviors with client, and if he had used any of the anger management techniques that we had discussed in earlier sessions. Asked family the "Miracle Question" and discussed their responses. Engaged the family in conversation about the incident this week, and their roles that they played. Facilitated a role-playing exercise in which the client was the parent, and therapist was the client.

Client's Response: Client was reluctant to participate in the exercises. He did state in his response to the Miracle Question that he just wished that everyone would leave him alone. At the end of the session, client did state that he likes his placement, and wished that he could stay there "forever."

Follow-up and/or Referrals Made: Will see client next week in his home. Gave client homework of journaling each night of what he did that day.

Signature (include licensure or job title)

9/3/14
Date Completed

Therapist Two

Print Name

Client Name: Client Two

AVATAR Number: 654 321

Systems of Care Progress Note

Date of Service: 9/5/2014

Billing Formula: Minutes of Service: 20 + Documentation Time: 5 + Travel Time:* _____ = **Total Billable Minutes:** 25

* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.

Service Provided: Collateral

Location of Service Phone

Treatment Plan objective client is working on:

Client's diagnosis of Adjustment Disorder with depressed mood, as manifested by poor academic functioning, tearfulness, and fears of separation, are impairing his ability to develop emotionally and to have meaningful relationships with caregivers. Client will increase his use of positive statements from zero times per week to twice a week for a period of 3 months. Currently client is having difficulty seeing positives in anything.

Narrative:

Client's Current Functioning/Progress: Per foster parent report, client is withdrawing from peers at school and is having difficulty with interpersonal relationships at home. Phone call from foster mother who is concerned about client.

Current Intervention: I asked foster mother if client had made any statements/had any thoughts about wanting to hurt himself or others. She stated that she had not heard this from client, and that she knows to dial 9-1-1 if she does. Foster mother was wanting some advice on how to engage client in the home. I discussed with foster mother the techniques that we had discussed in session that client had agreed to, including giving the client space in his room when he asked, and inviting the client to have a conversation. Foster mother told me that she will try these, she sometimes forgets and feels overwhelmed and feeling like she does not know what to do.

Client's Response: N/A Foster mother appreciative for phone call and will use techniques discussed in session.

Follow-up and/or Referrals Made: Will meet with the family in the home on 9-9-14

Signature (include licensure or job title)

Therapist Three

Print Name

9/5/14

Date Completed

Client Name: Client Three

AVATAR Number: 456 789