

McLaren Flint Health Psychology Note

Name: _____

Date: _____ **Time:** From _____ pm To _____ pm

Session Type:

Group Initial Assessment Follow Up/Reassessment Intervention-Pt.

Psychotherapy Phone Contact Other (Specify): _____

Focus of Session:

Engaging/joining Assessment/planning Relationships Crisis Intervention

Relapse Problem resolution Termination Other:

Behavioral Observations:

<p>Affect:</p> <input type="checkbox"/> Full Range (Appropriate) <input type="checkbox"/> Constricted (Blunt/Flat) <input type="checkbox"/> Expansive (Labile) <input type="checkbox"/> Other (Specify): _____	<p>Thought Process:</p> <input type="checkbox"/> Logical/Goal Directed <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Other (Specify): _____	<p>Insight:</p> <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Guarded	<p>Crisis Management:</p> <input type="checkbox"/> None Reported <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Desire to Self-Harm
<p>Mood:</p> <input type="checkbox"/> Euthymic <input type="checkbox"/> Dysphoric <input type="checkbox"/> Depressed <input type="checkbox"/> Manic <input type="checkbox"/> Other (Specify): _____	<p>Thought Content:</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Other (Specify): _____	<p>Judgment:</p> <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Impulsive	<p>Comments/Symptoms: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Therapist's interventions, assessment, impression, and implementation of treatment plan:

<p><i>Social/Group Based</i></p> <input type="checkbox"/> Instilled hope <input type="checkbox"/> Developing social skills <input type="checkbox"/> Provided structure <input type="checkbox"/> Provided feedback <input type="checkbox"/> Provided support <input type="checkbox"/> Provided reality testing <input type="checkbox"/> Confronted behavior <input type="checkbox"/> Engaged client <input type="checkbox"/> Model appropriate behavior <input type="checkbox"/> Other (Specify): _____	<p><i>Affective/Communication</i></p> <input type="checkbox"/> Explored feelings <input type="checkbox"/> Clarified feelings <input type="checkbox"/> Normalized feelings <input type="checkbox"/> Provided catharsis <input type="checkbox"/> Gave interpretations <input type="checkbox"/> Reassured client <input type="checkbox"/> Active listening <input type="checkbox"/> Effective communication <input type="checkbox"/> Established treatment plan <input type="checkbox"/> Empathy skills	<p><i>Cognitive/Skill Based</i></p> <input type="checkbox"/> Provided information <input type="checkbox"/> Provided skills <input type="checkbox"/> Provided crisis intervention <input type="checkbox"/> Gave suggestions, advice, instruction <input type="checkbox"/> Set limits <input type="checkbox"/> Gathered data <input type="checkbox"/> Provided education <input type="checkbox"/> Reinforced gains/insight <input type="checkbox"/> Reinforced med. mgmt. <input type="checkbox"/> Other (Specify): _____
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Response of client (as of this encounter):

Positive, agreeable Negative, oppositional Neutral Other (Specify): _____

	1-Poor	2-Fair	3-Neutral	4-Good	5-Excellent
Level of engagement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided meaningful feedback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment concerns addressed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands group topics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected prognosis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plans for the future:

Continue with established care and milieu activities.

Discuss this patient with psychiatrist/social workers.

Patient scheduled for discharge.

Other (Specify): _____

Treating Therapist _____ Date/Time: _____

Supervising Psychologist: _____ Date/Time: _____

