

Progress Note

Client Name: Last, First		Date of Service: 10/25/21
Length of Session:45	CPT Code: 90834	Diagnosis: Major Depressive Disorder
Present at session <i>(if others present, list name(s) and relationship to client):</i>		
<input checked="" type="checkbox"/> Client Present <input type="checkbox"/> Others Present: _____ <input type="checkbox"/> Client No Showed/Cancelled		
Significant Changes in Client's Condition		
<input type="checkbox"/> No significant change from last visit		
<input checked="" type="checkbox"/> Mood/Affect	Positive mood	
<input checked="" type="checkbox"/> Thought Process/Orientation	Circumstantial thought process	
<input type="checkbox"/> Behavior/Functioning		
<input checked="" type="checkbox"/> Substance Use	3 drinks past week	
<input type="checkbox"/> Physical Health Issues		
<input type="checkbox"/> Other		
DANGER to:		
<input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Property <input type="checkbox"/> None <input checked="" type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Means <input type="checkbox"/> Attempt		
Specifics regarding risk assessment <i>(include safety planning, reports made, etc.):</i>		
<p>Client reported continued alcohol use over the past week both socially and alone. Client reported no current SI, however, experiences SI after substance use. No plan or means reported. Therapist reviewed safety plan with client to identify triggers, coping strategies and supports, as well as ways to cope following substance use. Client agreed to modifications made to safety plan, as well as intent to attend 3 AA meetings and utilize sponsor.</p>		
Focus of session <i>(Client's complaints, symptoms, new precipitators, etc.):</i>		
<p>Client reported depressive symptoms have been improving, to include improved motivation to complete ADLs and increased appetite. Client reported continued insomnia, sadness, and low self-esteem, which impacts his functioning at work and with friends. Client presented with cognitive distortions pertaining to how his friends and coworkers view him and had difficulty presenting information to support his ideas of not being liked by peers.</p>		
Therapeutic Intervention(s) and Response to Interventions:		
<p>Therapist provided client with psychoeducation on how substance use can increase symptoms of depression. Client reported understanding and intent to reduce use and increase utilization of AA and his sponsor. Therapist encouraged client to explore triggers to improved functioning of ADL's and appetite. Client reported uncertainty about triggers resulting in moderate improved mood. Therapist reviewed how negative thoughts impact emotions and behaviors, as they pertain to client's peer interactions. Therapist facilitated cognitive restructuring exercise to help client identify how negative thoughts impact relationships and depression. Client was responsive to interventions and engaged in each exercise.</p>		

Progress Toward Treatment Plan Objectives:

Client reports moderate decrease in frequency and severity of depressive symptoms. Client was open to feedback and exhibited insight to how his thinking impacts functioning socially and at work. Client illustrated motivation to decrease substance use as a coping strategy to manage depressive symptoms.

Treatment plan updated (if applicable)

Recommendations and/or Referrals:

Client to keep journal of triggers which result in improved mood throughout the week. Client to track negative thinking and practice cognitive restructuring. Client to utilize supports at AA.

Follow-up appointment: 11/2/21

Provider Signature & Credentials (if signature illegible, include printed name):

Caring Provider, LCSW

Date of Signature:

10/25/21