

Overcomers Counseling
Clinician: Jennifer Luttman, LPC, ACS
Patient: Example Example, DOB 1/1/1982

Date and Time: June 27, 2023 4:30PM - 5:30PM
Duration: 60 minutes
Service Code: 90837
Location: Teletherapy
Participants: Client only

Diagnosis

F32.2 Major Depressive Disorder, Single episode, Severe
F41.1 Generalized Anxiety Disorder

Major Depressive Disorder, Single episode, Severe:

The client reported the following symptoms that meet the diagnostic criteria for major depressive disorder: She reported her symptoms of depressed mood most of the day, nearly every day (feelings of hopelessness), anhedonia (poor interest in activities), sleep and appetite disturbances (insomnia and a lack of appetite), fatigue (low energy/motivation), feeling bad about herself (worthlessness/uselessness), difficulty concentrating (on the task at hand), psychomotor retardation (moving slower than usual), and SI (every other day) have been present most days to nearly every day for the past 2 years and represent a change from previous functioning. The episode is not attributable to the physiological effects of a substance, another medical condition, cannot be better explained by any schizophrenia spectrum or psychotic disorder, and she denied ever having a manic or hypomanic episode.

Generalized Anxiety Disorder:

The client reported the following symptoms that meet the diagnostic criteria for a generalized anxiety disorder: She experiences excessive anxiety and worry about her previous and current relationship, her ability to obtain a job, and her future living situation occurring nearly every day for the past two years and finds it difficult to control the worry (ruminative thoughts). She reported her anxiety manifests in the form of feelings of restlessness (difficulty relaxing, increased heart rate), easily fatigued (physically and mentally), difficulty concentrating (indecisiveness due to overthinking), irritability (toward herself and others), muscle tension (per her report), and sleep disturbances (difficulty falling/unsatisfying sleep). Her symptoms are not attributable to the effects of substance use, another medical condition, or another mental disorder.

Current Mental Status

Orientation:	X3: Oriented to Person, Place, and Time
General Appearance:	Appropriate
Dress:	Appropriate
Motor Activity:	Unremarkable
Interview Behavior:	Appropriate
Speech:	Normal
Mood:	Depressed, Anxious
Affect:	Flat
Insight:	Good
Judgment/Impulse Control:	Fair
Memory:	Intact
Attention/Concentration:	Good
Thought Process:	Unremarkable
Thought Content:	Appropriate
Perception:	Unremarkable
Functional Status:	Intact

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Risk Assessment

Area of Risk: Passive Suicidal ideation on Monday
Level of Risk: Low
Intent to Act: No
Plan to Act: No
Means to Act: No
Risk Factors: Access to means, History of attempts/behaviors, Hopelessness, Loneliness, Impulsivity
Protective Factors: Positive social support, Cultural/religious beliefs, Social responsibility, Children, Positive coping skills, Strong therapeutic rapport, Sufficient problem-solving skills
Additional Details: The clinician used the ASQ short version to assess the client's suicidal ideation and a copy has been uploaded to the client's file. The clinician reviewed the client's safety plan and reminded client of the crisis resources which the client reports having access to.

Medications

No change was reported by the client since the last session.

Symptom Description and Subjective Report

The client reports the following symptoms of depression since the last session: passive suicidal ideation on Monday of this week, feelings of sadness, loneliness, hopelessness, irritability, exhaustion, and depressed mood. The client reported experiencing these feelings for the majority of the day, every day, since returning home from her trip to Texas (except for the SI which she reports only occurred this past Monday). The severity of the symptoms appears to be moderate to severe and is impacting her ability to focus at work, take care of tasks at home (she stated "my house could be on Hoarders"), and negatively impacting her interpersonal relationships due to wanting to isolate and sleep because of her exhaustion (she reports going to bed at 5pm and still sleeping through her alarm in the morning).

The client reports the following symptoms of anxiety since the last session: excessive anxiety and worry, ruminating thoughts, feelings of restlessness and finding it difficult to relax, fatigue, difficulty concentrating, muscle tension, and sleep disturbances. She reports these symptoms have been present every day for the majority of each day with a moderate to severe impact on her ability to function at work and in her home duties/responsibilities.

The session was held via teletherapy per the client's request, she was on time for the session and engaged in the session in the conference room of her place of work alone with sufficient privacy to speak confidentially.

Objective Content

The main themes of the session were: sharing by the client about her recent passive SI thoughts that occurred on Monday to which she reports "I wanted to take a bottle of pills and just not wake up." The clinician conducted an ASQ with the client, reviewed her safety plan, and discussed crisis resources in case these thoughts return. The clinician and client explored what took place on Monday that was different from the previous days in an attempt to determine what might have triggered the suicidal ideation, but the

Progress Note

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client could not pinpoint anything that was different. The client expressed that she "thinks it is just a habit I have had since childhood" (meaning having suicidal thoughts). The clinician used psychoeducation to discuss pathways in the brain and how in order to decrease her suicidal ideation she needs to create new pathways in her brain. The clinician and client discussed ways for her to help herself when she is feeling lonely and sad as she expressed that these two emotions have been "pretty strong" the last week since returning from Texas. The clinician encouraged the client to create a gratitude or joy list that she writes down every day until her next session in order to help create positive thoughts and create new pathways in her brain. The client shared about feeling hopeless about her medical issues due to "nothing working right" and the financial strain her medical bills are putting on her. The client reported that she canceled her 6-month checkup with her doctor because the last one "cost me \$1200 and I can't afford that again." The clinician assisted the client in problem-solving ways she can communicate with her doctors via their portal in order to still allow her to be in contact with them if she is unable to attend her appointments.

Interventions Used

Cognitive Behavioral Therapy, Exploration of Coping Patterns, Exploration of Emotions, Interactive Feedback, Preventative Services, Psycho-Education, Structured Problem Solving, Supportive Reflection, and Symptom Management

Treatment Plan Progress

Objectives

1. The client agrees to use her strength of perseverance in order to continue implementing skills for preventing lapses back into more maladaptive coping. The client will continue to listen to and follow her physical "limitations," use effective coping skills to "not go 0-100," and "listen to my body when it is telling me I need to stop, instead of just pushing through." The client will implement these techniques at a minimum of once daily to increase her acceptance of the consequences of her diagnosis and increase her ability to engage in life to her fullest potential. Progress will be measured per the clients reports of her ability to learn to stop using a 1-10 scale where she currently reports her ability at a 5 and she would like to see it move to a 2 with 1 being the complete ability to stop when her body is telling her to do so.
Progress: Progressing - the client reports using her coping skills this past week to not "over do it."
2. The client agrees to use her strength of commitment in order to maintain the firm boundaries she has set in her personal and professional relationships. The client has progressed in this area and she stated it is important to her that "I don't backslide." The client will continue to implement assertiveness skills to be used at least once daily, in order to assist her in maintaining the boundary that "they don't get to tell me how to be," and maintain her ability to stick to boundaries. Progress will be measured per the client's reports of her ability to maintain her boundary at least 8 out of every 10 times her boundaries are pushed.
Progress: Not Addressed - this was not discussed during the session today due to the focus being more on the clients recent SI.

Additional Notes / Assessment

None at this time.

Plan

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The ongoing plan includes: the client continues to need outpatient treatment services and the clinician recommended that the client be seen next week instead of waiting for two weeks due to the client's recent suicidal ideation. The client will focus on creating her gratitude/joy list in the upcoming week as homework. The client will be seen again in one week for an individual teletherapy session.

Prescribed frequency of treatment: Weekly

Recommendation: Continue current therapeutic focus

Jennifer Luttmann, LPC, ACS, Therapist, License #LPC.0006503 signed this note and declared this information to be accurate and complete on June 27, 2023 at 7:08PM.