***Psychiatry/Psychotherapy follow-up SOAP note***

***and***

***Psychotherapy Treatment Plan***

***TEMPLATE***

*Replace all highlighted sections with your data for the assignment (\*\*\*insert an APA formatted title page as well)*

**Follow-up Session SOAP Note**

Patient Name: XXX

MRN: XXX

**Date of Service: 01-27-2020**

**Start Time:** 10:00

**End Time:** 10:54

**Billing Code(s):** 90213, 90836

*(be sure you include strictly psychotherapy codes or both E&M and add on psychotherapy codes if prescribing provider visit)*

**Accompanied by:** Brother

**CC:** follow-up appt. for counseling

**HPI:** 1 week from inpatient care to current partial inpatient care daily individual psychotherapy session and extended daily group sessions

**S-** Patient states that he generally has been doing well with depressive and anxiety symptoms improved but he still feels down at times. He states he is sleeping better, achieving 7-8 hours of restful sleep each night. He states he feels the medication is helping somewhat and without any noticeable side-effects.

Crisis Issues: He states he has no suicide plan and has not thought about suicide since the recent attempt. He states has no access to prescription medications, other than the fluoxetine. He believes the classes he participated in while inpatient have helped him with coping mechanisms.

 Reviewed Allergies: NKA

 Current Medications: Fluoxetine 10mg daily

 ROS: separate psych and all other ROS (what patient states) full list not by exception

**O-**

Vitals:

Ht: 61”, Wt: 127lbs, BMI: (calculate), T 98.4, P 82, R 16, BP 122/78, Pain: 0/0-10 scale

PE: (not always required and performed, especially in psychotherapy only visits)

Heart- RRR, no murmurs, no gallops

Lungs- CTA bilaterally

Skin- no lesions or rashes

Labs: CBC, lytes, and TSH all within normal limits

Results of any Psychiatric Clinical Tests: BAI=34

MSE:

Gary Davis, a 36-year-old white male, was disheveled and unkempt on presentation to the outpatient office. He was wearing dirty khaki pants, an unbuttoned golf shirt, and white shoes and appeared slightly younger than his stated age. During the interview, he was attentive and calm. He was impatient, but polite in his interactions with this examiner. Mr. Davis reported that today was the best day of his life, because he had decided he was going to be better and start his own company. His affect was labile, but appropriate to the content of his speech (i.e., he became tearful when reporting he had “bogeyed number 15” in gold yesterday). His speech was loud, pressured at times then he would quickly gain composure to a more neutral tone. He exhibited loosening of associations and flight of ideas; he intermittently and unpredictably shifted the topic of conversation from golf, to the mating habits of geese, to the likelihood of extraterrestrial life. Mr. Davis described grandiose delusions regarding his sexual and athletic performance. He reported no auditory hallucinations. He was oriented to time and place. He denied suicidal and homicidal ideation. He refused to participate in intellectual- or memory-related portions of the examination. Reliability, judgment, and insight were impaired.

**A -** with (ICD-10 code)

**Differential Diagnoses:**

**1.** choose 3 differential diagnoses (give rationale for diagnoses to support DSM5 criteria)

**2.**

**3.**

**Definitive Diagnosis:**

Major Depressive Disorder, recurrent, without psychotic features F33.4

Generalized Anxiety Disorder F41.1

**P-**

Pharm: Continue Fluoxetine increasing dose to 20mg.

Non/Pharm: Continue outpatient counseling: partial inpatient program continued with individual and group sessions

Psychotherapy Modality used: CBT

Interventions/Homework: 2 distortion worksheets, keep track of physical symptoms of anxiety or depression and triggers associated

**(Full Psychotherapy Treatment Plan attached)**

Educations: discussed smoking cessation

Reviewed medication side effects and adherence importance

Safety Plan: gave hotline and clinic numbers to patient

Follow-up: in one week or earlier if any depressive symptoms worsen.

Outpatient counseling sessions to continue weekly until further notice.

Referrals: none at this time

**Provider Signature:** *ANNA SMITH, PMHNP-BC.* **Date:** 01-23-2021

**Psychotherapy Treatment Plan**

Risks– isolated, no close family or relationships, high pressure family environment and expectations, full schedule with school and work.

Strengths- XX

Outcome tool used and results: Beck anxiety inventory (BAI): 24

<https://res.cloudinary.com/dpmykpsih/image/upload/great-plains-health-site-358/media/1087/anxiety.pdf>

**Psychotherapy Modality:** Cognitive Behavioral Therapy

**Frequency:** Weekly sessions until further notice

**Long Term Goals:**

1. Reduce overall frequency, intensity, and duration of the anxiety so that daily functioning is not impaired.

 **Short Term Goals:**

* 1. Reduce daily frequency of anxiety by recognizing patterns in thought processes.
	2. Implement behaviors to recognize triggers for anxiety.
1. Learn and implement coping skills that result in a reduction of anxiety and worry, and improved daily functioning.

 **Short Term Goals:**

* 1. Learn deep breathing exercises.
	2. Implement daily mediation exercises.

|  |  |
| --- | --- |
| **OBJECTIVES** | **INTERVENTIONS** |
| 1. Describe situations, thoughts, feelings, and actions associated with anxieties and worries, their impact on functioning, and attempts to resolve them.
 | 1. Focus on developing a level of trust with the client; provide support and empathy to encourage the client to feel safe in expressing his/her GAD symptoms.

2. Ask the client to describe his/her past experiences of anxiety and their impact on functioning; assess the focus, excessiveness, and uncontrollability of the worry and the type, frequency, intensity, and duration of his/her anxiety symptoms (consider using a structured interview such as The Anxiety Disorders Interview Schedule–Adult Version). |
| 2. Verbalize an understanding of the cognitive, physiological, and behavioral components of anxiety and its treatment. | 1. Discuss how generalized anxiety typically involves excessive worry about unrealistic threats, various bodily expressions of tension, overarousal, and hypervigilance, and avoidance of what is threatening that interact to maintain the problem (see Mastery of Your Anxiety and Worry—Therapist Guide by Zinbarg, Craske, and Barlow; Treating GAD by Rygh and Sanderson). 2. Discuss how treatment targets worry, anxiety symptoms, and avoidance to help the client manage worry effectively, reduce overarousal, and eliminate unnecessary avoidance. 3. Assign the client to read psychoeducational sections of books or treatment manuals on worry and generalized anxiety (e.g., Mastery of Your Anxiety and Worry—Workbook by Craske and Barlow; Overcoming Generalized Anxiety Disorder by White). |
| 3. Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms. | 1. Teach the client calming/ relaxation skills (e.g., applied relaxation, progressive muscle relaxation, cue controlled relaxation; mindful breathing; biofeedback) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to his/her daily life (e.g., New Directions in Progressive Muscle Relaxation by Bernstein, Borkovec, and Hazlett-Stevens; Treating GAD by Rygh and Sanderson). 2. Assign the client homework each session in which he/she practices relaxation exercises daily, gradually applying them progressively from non-anxietyprovoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.  |
| 4. Learn and implement a strategy to limit the association between various environmental settings and worry, delaying the worry until a designated “worry time.” | 1. Explain the rationale for using a worry time as well as how it is to be used; agree upon a worry time with the client and implement. 2. Teach the client how to recognize, stop, and postpone worry to the agreed-upon worry time using skills such as thought stopping, relaxation, and redirecting attention (or assign “Making Use of the Thought Stopping Technique” and/or “Worry Time” in the Adult Psychotherapy Homework Planner by Jongsma to assist skill development); encourage use in daily life; review and reinforce success while providing corrective feedback toward improvement |
| 5. Verbalize an understanding of the role that cognitive biases play in excessive irrational worry and persistent anxiety symptoms. | 1. Assist the client in analyzing his/her worries by examining potential biases such as the probability of the negative expectation occurring, the real consequences of it occurring, his/her ability to control the outcome, the worst possible outcome, and his/her ability to accept it (see “Analyze the Probability of a Feared Event” in the Adult Psychotherapy Homework Planner by Jongsma; Cognitive Therapy of Anxiety Disorders by Clark and Beck). |
| 6. Identify, challenge, and replace biased, fearful self-talk with positive, realistic, and empowering self-talk. | 1. Explore the client’s schema and self-talk that mediate his/her fear response; assist him/her in challenging the biases; replacing the distorted messages with reality-based alternatives and positive, realistic self-talk that will increase his/her self-confidence in coping with irrational fears (see Cognitive Therapy of Anxiety Disorders by Clark and Beck). 2. Assign the client a homework exercise in which he/she identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments (or assign “Negative Thoughts Trigger Negative Feelings” in the Adult Psychotherapy Homework Planner by Jongsma); review and reinforce success, providing corrective feedback toward improvement. |
| **Provider Signature:** *ANNA SMITH, PMHNP-BC* | **Patient Signature:** *Jill Smith* |

**Notes:**