

Session Notes - Individual v3 - Header Timestamp: 2/25/2009 4:19:53 PM

Instructions: Please complete this form for each scheduled session, regardless of whether the session occurred.

1. I am the


- Primary individual therapist
- Backup individual therapist
- Ancillary therapist, describe:

2. The contact was with

- Client only
- Client and...

3. The contact was

(include sessions rescheduled for same day)

- Regularly planned
- Rescheduled time(s) by the client and time(s) by the therapist / provider.
- Extra, crisis, or unexpected session 
- Special session (e.g., family session)

page: **1** [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#)

Application developed by Behavioral Research and Therapy Clinics, University of Washington, original assessment
Generated for client xxxxxx and assessor 708539422 for a First treatment assessment on 2/25/2009, sequence #1 of
assessment 47778908
[Report a bug](#)

Session Notes - Individual v3 - Header

Timestamp: 2/25/2009 4:19:53 PM

**4. Since the last session note, I had the following routine contacts:
(Do NOT include clinically significant contacts.)**

How many were by:	And of these, how many were:	And how many were:
<input type="text"/> Phone	<input type="text"/> Scheduled	<input type="text"/> Less than 5 minutes
<input type="text"/> Text message / email	<input type="text"/> Unscheduled	<input type="text"/> 5-10 minutes
<input type="text"/> Don't remember	<input type="text"/> Don't remember	<input type="text"/> 10-15 minutes
<input type="text"/> Other, describe:		<input type="text"/> 15-30 minutes
		<input type="text"/> More than 30 minutes
		<input type="text"/> Don't remember

What was addressed in these contacts?

(Indicate how many of each, can exceed total number of calls.)

<input type="text"/> Check in	<input type="text"/> To get safe / check safety
<input type="text"/> Coaching or help with problem solving	<input type="text"/> Repair alliance
<input type="text"/> Talk but with no clear goal	<input type="text"/> To report on event
<input type="text"/> To report drug relapse	<input type="text"/> To report strong cravings
<input type="text"/> In crisis	<input type="text"/> To schedule or reschedule appointment
<input type="text"/> Prompt/reminder for scheduled contact	<input type="text"/> To ask for a referral/resource
<input type="text"/> To get homework	<input type="text"/> Don't remember exactly
<input type="text"/> Other, describe:	

Optional comments about contacts:

Are needed clinically significant phone notes completed? Yes No None needed

5. Since the last session note, my client called:

Yes	No	
<input type="radio"/>	<input type="radio"/>	...too little
<input type="radio"/>	<input type="radio"/>	...too often or stayed on phone too long
<input type="radio"/>	<input type="radio"/>	...at inappropriate time(s)
<input type="radio"/>	<input type="radio"/>	...for inappropriate reason(s)
<input type="radio"/>	<input type="radio"/>	...and the phone call was aversive
<input type="radio"/>	<input type="radio"/>	...and is burning me out

6. The session:

- Occurred
- Did not occur (on day scheduled) because the:

page: [1](#) **[2](#)** [3](#) [4](#) [5](#) [6](#) [7](#) [8](#)

Session Notes - Individual v3 - Header

Timestamp: 2/25/2009 4:19:53 PM

**4. Since the last session note, I had the following routine contacts:
(Do NOT include clinically significant contacts.)**

How many were by:	And of these, how many were:	And how many were:
<input type="text"/> Phone	<input type="text"/> Scheduled	<input type="text"/> Less than 5 minutes
<input type="text"/> Text message / email	<input type="text"/> Unscheduled	<input type="text"/> 5-10 minutes
<input type="text"/> Don't remember	<input type="text"/> Don't remember	<input type="text"/> 10-15 minutes
<input type="text"/> Other, describe:		<input type="text"/> 15-30 minutes
		<input type="text"/> More than 30 minutes
		<input type="text"/> Don't remember

What was addressed in these contacts?

(Indicate how many of each, can exceed total number of calls.)

<input type="text"/> Check in	<input type="text"/> To get safe / check safety
<input type="text"/> Coaching or help with problem solving	<input type="text"/> Repair alliance
<input type="text"/> Talk but with no clear goal	<input type="text"/> To report on event
<input type="text"/> To report drug relapse	<input type="text"/> To report strong cravings
<input type="text"/> In crisis	<input type="text"/> To schedule or reschedule appointment
<input type="text"/> Prompt/reminder for scheduled contact	<input type="text"/> To ask for a referral/resource
<input type="text"/> To get homework	<input type="text"/> Don't remember exactly
<input type="text"/> Other, describe:	

Optional comments about contacts:

Are needed clinically significant phone notes completed? Yes No None needed

5. Since the last session note, my client called:

Yes	No	
<input type="radio"/>	<input type="radio"/>	...too little
<input type="radio"/>	<input type="radio"/>	...too often or stayed on phone too long
<input type="radio"/>	<input type="radio"/>	...at inappropriate time(s)
<input type="radio"/>	<input type="radio"/>	...for inappropriate reason(s)
<input type="radio"/>	<input type="radio"/>	...and the phone call was aversive
<input type="radio"/>	<input type="radio"/>	...and is burning me out

6. The session:

- Occurred
- Did not occur (on day scheduled) because the:
 - Client
 - Therapist/provider
 - Cancelled
 - Came too late

No showed

Reason:

And action taken (or to take) **was:**

- Scheduled another session before next session
- Will see C at next scheduled session
- Will try to get another session scheduled
- Other, describe:

And also (Check all that apply):

- Put in call to client, waiting a call back
- Will wait for client to call me/come to next session (did not talk to client)
- Calling would reinforce dysfunctional behavior
- Talked to client about session by phone, describe:
- Client refused to schedule another appointment and or quit therapy: (Check all that apply)
- Will make home visit or otherwise do outreach to find client
- Will send note
- Will use other attachment strategy, describe:
- Other, describe:

If session did not occur stop notes here and submit:

page: [1](#) **2** [3](#) [4](#) [5](#) [6](#) [7](#) [8](#)

Session Notes - Individual v3 - Session information

Timestamp: 2/25/2009 4:19:53 PM

7. Session started at 1 : : 00 : AM - On time, or minutes late due to the Client reason:


8. Duration of Session was minutes. (Session ended at NaN:NaN AM)
It was planned for minutes.

9. Location of session was University clinic

10. The session _____ successfully video recorded. (Select one)

- was
- was not, because no agreement to record

11. The session _____ audio-taped for the client? (Select one)

- was
- was not, because no agreement to tape / not part of treatment 
- don't know

12. The diary card _____ reviewed?

- was, and filled out completely before session
- was not
- don't know

15. The primary type of the session was a:

The secondary type of the session was a: 

page: 1 2 3 4 5 6 7 8

Session Notes - Individual v3 - Since the last session

Timestamp:

2/25/2009 4:19:53 PM

19. Since the last session, my client:

	Don't know / not applicable	No	Some	Completely
Went to scheduled group therapy session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Went to scheduled pharmacotherapy session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did agreed upon activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Went to self-help/support group meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Since the last session, did client get any crisis services or non-routine medical care?

- No
- Don't know
- Yes, client had episodes since the last session. [Click here](#) to launch a pop up and fill out an Ancilliary or Crisis Care form for each episode since the last session.

page: [1](#) [2](#) [3](#) **4** [5](#) [6](#) [7](#) [8](#)

Session Notes - Individual v3 - Therapy Interfering Behaviors

Timestamp:

2/25/2009 4:19:53 PM

22. Please place a check mark by all of the THERAPY INTERFERING BEHAVIORS of your client since last session (including in this session):

Failed to return phone calls, answer phone calls or hung up on me

Behaved in an angry or hostile defiant condescending/sarcastic
 inflexible argumentative demanding manner

Criticized me

Failed to make eye contact

Screamed, yelled, or cursed at me

Withdrew; behaved in an inattentive or apathetic manner

Blamed me for problems

Behaved in a non-responsive manner to my interpretations, solutions, etc.


Criticized or complained about my colleagues to me

Behaved in a needy, clinging, dependent way

Engaged in psychotic behavior during therapy

Arrived at sessions under the influence of drugs or alcohol

Lied to me

Any other behaviors that are stressful for me. Please specify: 

Threatened to physically harm me someone related to me

someone else

Physically attacked

me someone related to me

someone else

Threatened to report me to:

licensing board, etc. my supervisors

Complained / reported me to:

licensing board, etc. my supervisors

colleagues/others

Threatened to sue me

Sued me

Asked: to see me socially for inappropriate personal information to borrow money

- Behaved in a seductive manner toward me Touched me inappropriately
in a non-sexual manner in a sexual manner
- Revealed personal information about me that I had shared in confidence

page: [1](#) [2](#) [3](#) [4](#) **5** [6](#) [7](#) [8](#)


Application developed by Behavioral Research and Therapy Clinics, University of Washington, original assessment
Generated for client 508771404 and assessor 708539422 for a First treatment assessment on 2/25/2009, sequence #1 of
assessment 47778908

[Report a bug](#)

Session Notes - Individual v3

Timestamp: 2/25/2009 4:19:53 PM

23. Was a behavioral or chain analysis conducted?

- Yes, a _____ behavior  analysis was _____
- No
- Don't know

Current Suicidality / Urges**24. Was there CURRENT COMMUNICATION (explicit or implicit) of suicidal ideation or urges to self-injure, SIGNIFICANT INCREASE in RISK FACTORS?**

- No
- Yes, background suicide ideation ONLY
- Yes, see [Imminent Risk and Action Plan](#)

25. Urge to

...quit therapy: _____ ...use drugs: _____ ...commit suicide: _____

26. Did this contact include any information about an adverse event? Yes No

Describe the adverse event:

Important! Email a copy of this description to the [principal investigator](#).

27. Are changes needed to the [ER List](#)? Yes No

page: [1](#) [2](#) [3](#) [4](#) [5](#) **6** [7](#) [8](#)

Application developed by Behavioral Research and Therapy Clinics, University of Washington, original assessment
Generated for client 508771404 and assessor 708539422 for a First treatment assessment on 2/25/2009, sequence #1 of assessment 47778908
[Report a bug](#)

Session Notes - Individual v3


Timestamp: 2/25/2009 4:19:53 PM

28. Did you collect any fees from the client? Yes No

Amount collected: \$.00

Targeted Behaviors

29. Enter the label for any NEW behavior targeted at the bottom of the list and then enter numbers for daily behaviors based on both diary card and session.

Stop Tracking Behavior tracked # of Comment			
[show all] 			
<input type="checkbox"/>	Self-Injury	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Suicide Attempt	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Heroin	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Other Drug	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Lying	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Bingeing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Purging	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Restricting	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Greater than or equal to 3 point spread: Self-Injury urges	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Greater than or equal to 3 point spread: Suicide urges	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Greater than or equal to 3 point spread: Heroin urges	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Greater than or equal to 3 point spread: Other drug urges	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

page: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) **7** [8](#)

Application developed by Behavioral Research and Therapy Clinics, University of Washington, original assessment
Generated for client 508771404 and assessor 708539422 for a First treatment assessment on 2/25/2009, sequence #1 of assessment 47778908
[Report a bug](#)

Session Notes - Individual v3 - Final page

Timestamp: 2/25/2009 4:19:53 PM

30. The client has the following current problems:

	Not reported or observed	New or stable	Worse	Improved	Comment / description	Crisis?
Financial difficulties (e.g. foreclosure, bankruptcy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Behavior posing high risk for arrest; jail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Interpersonal or family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Employment or school problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
No role appropriate structured activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Housing problems (e.g. homeless, eviction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Axis I disorders (e.g. depression, psychosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Mismanagement of physical illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Suboxone problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>

31. Is there new history from *before treatment started* to report? Yes No

32. General note about session (optional):

33. What homework/assignments did you give in the session today?

34. Treatment plan

35. Items for consultation/supervision:

36. Date of next scheduled appointment:

Session Notes - Individual v3 - Final page

Timestamp: 2/25/2009 4:19:53 PM

30. The client has the following current problems:

	Not reported or observed	New or stable	Worse	Improved	Comment / description	Crisis?
Financial difficulties (e.g. foreclosure, bankruptcy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Behavior posing high risk for arrest; jail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Interpersonal or family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Employment or school problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
No role appropriate structured activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Housing problems (e.g. homeless, eviction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Axis I disorders (e.g. depression, psychosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Mismanagement of physical illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Suboxone problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>

31. Is there new history from *before treatment started to report*? Yes No

Suicidal/intentional self-injury history (Pre-treatment)

ER visits / Other emergency care for mental health history (Pre-treatment)

Psychiatric / Substance abuse inpatient history (Pre-treatment)

Drug abuse history (Pre-treatment)

Criminal history (Pre-treatment)

Eating disordered history (Pre-treatment)

Job loss or quitting / School failure or quitting history (Pre-treatment)

32. General note about session (optional):

33. What homework/assignments did you give in the session today?

34. Treatment plan

35. Items for consultation/supervision:

36. Date of next scheduled appointment:

page: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) **8**

Application developed by Behavioral Research and Therapy Clinics, University of Washington, original assessment
Generated for client 508771404 and assessor 708539422 for a First treatment assessment on 2/25/2009, sequence #1 of assessment 47778908
[Report a bug](#)