

# Therapeutic Alternatives, Inc.

Sample Provider MA, LMFT

## PROGRESS NOTE

**Client:** Sample Client  
**Appt:** IT - Individual Therapy  
**Note:** Session Attended

**Case #:**  
**Date:** 09/08/05  
**Time:** 10:00 to 12:00  
**Length:** 2

**Mood:**  Dysphoric  Elevated  Euthymic  Expansive  Irritable  Even  Other

**Affect:**  Congruent  Blunted  Anxious  Depressed  Angry  Euphoric  Flat  Labile  
 Incongruent  Restricted  Other

**Risk of Harm to Self:**  No Change  Low  Moderate  High

**Rationale:**

**Risk of Harm to Others:**  No Change  Low  Moderate  High

**Rationale:**

**Risk of Harm from Others:**  No Change  Low  Moderate  High

**Rationale:**

**Participation:**  Responsible  Defensive  Interrupting  Restless  Humoring  Active  Minimal  
 Interactive  None  Other

**Processing Skills:**  No Change  Improved Understanding  Increased Verbalization  Decreased Verbalization  
 Utilizing New Skills  Developing/Exploring New Skills

**Functioning:**  Better  Same  Worse  Other

**Assignment Done:**  Yes  No  N/A

**Goal Addressed:**  1  2  3 **Progress toward Goal:**  None  Fair  Good  Excellent  Other

**Focus:** Assessed progress toward goals.

**Therapist's Intervention:**  Supported  Clarified  Educated  Oriented  Assisted in Problem Solving  Assigned  
 Established Limits  Confronted  Other

**Notes:** Sample expressed her wish to terminate therapy. Will arrange a conference with her parents to explore possible solution.

**Plan:** Conference with parents.

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Date