**CBRS A**ccess Behavioral Health Services, Inc.

*Notes should reflect strengths based approach, and using existing skills to build on to assist the client in reaching goals.*

NEXT SCHEDULED SESSION: *When is the next appointment, this need to be identified on note and in your schedule*

Goal: *Goal as identified on treatment plan* Units: \_*units goal was addressed (not more than 8)*

Loc: *Home/Community/ABHS*

Risk Assessment: *Is the client currently expressing or displaying any of these? if yes then intervention should reflect how it was addressed in treatment session*

|  |  |  |
| --- | --- | --- |
| Suicidal | Homicidal | Gravely Disabled |
| No Risk | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Individuals in Attendance: Client Guardian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Who was directly involved in the treatment session?*

|  |  |  |
| --- | --- | --- |
| Referral Made\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No Referral needed *Did you refer the client to someone or somewhere? who/where was it?* |  |
|  |  |  |

Strengths Identified: *Strengths the client has to assist them or can be built on to reach the identified goal.*

Limitations Identified: *What is impacting their ability to reach identified goal?* Intervention: *What did you do with the client? What interventions were used? This is where your treatment time is justified: in this section it should be easy to identify what goal was being worked on, what interventions were used, and why those interventions were chosen, and it should justify the amount of time spent on that goal.*

Progress: *how independent was the client in using skills taught? if it is consistently unable, refusal, or independent use the goals and treatment plan needs to be reassessed to ensure it accurately reflects the client’s needs and goals.*

|  |  |  |
| --- | --- | --- |
| Independent Use | Use w/prompt | Use w/multiple prompts |
| Unable to use | Refusal | Reassessment needed |

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