

SOWK 330

Client Case Assignment

Purpose: The purpose of this assignment is to provide students with the experience of documenting interactions with a client from intake to termination of services. The comprehensive assignment seeks to combine the skills learned throughout the semester into one collaborative, writing-intensive assignment that not only addresses course learning objectives, but also addresses core competencies reflected in the course.

Skills: The purpose of this assignment is to help you practice the following skills that are essential to your success in this course and professional journey

- Engagement
- Assessment
- Intervention
- Problem solving
- Professionalism

Task: Students will work in pairs and receive a mock client. Student pairs will be responsible for completing assessment, treatment plan, progress notes, and discharge documentation for the client. The assessment should be in BPSS format. The treatment plan should utilize the SMART goals and objectives as listed in the assessment. The student will then create a total of 10 progress notes (five in BIRP format and five in SOAP format) documenting 10 client sessions (not including the assessment). Progress notes should include the first session after the assessment through the final session of services (10 sessions total). At least one SMART goal should be addressed with each progress note. Students must also document suicidal/homicidal assessment, substance abuse assessments, and a safety plan.

Please note that although students will be completing this assignment in pairs, the pairs are working as the same social worker. Student pairs should complete all aspects of the assignment together/collaboratively. Student pairs should NOT assign each student with separate parts of the assignment to complete. Be sure to complete all documentation using the templates located on Canvas. Be sure to appropriately format/reformat the templates as needed to ensure that all documents are well-organized and easy to read.

References:

Discharge plan. (n.d.). Retrieved from

http://www.acbhcs.org/providers/qa/docs/training/Discharge_Plan_SUD.pdf

Suicide Risk Assessment Tool. (n.d.) Retrieved from

https://www.google.com/search?q=suicide+assessment+tool&rlz=1C1GCEA_enUS810US810&oeq=suicide+assessment&aqs=chrome.1.69i57j0l5.11167j1j9&sourceid=chrome&ie=UTF-8

Biopsychosocial-Spiritual Assessment

The client goes by Vickie Hall. She is a 40-year-old, white, non-disabled, female. The client is Catholic but does not attend church. He was born in Chesterfield County, Virginia on September 13, 1983.

Referral Statements

The client was referred to our services last Monday by her child's school social worker at Chesterfield County High. The school social workers' reason for referral was homelessness on the child's account. The presenting problem for the client is lack of stability, lack of housing and transportation, and lack of social support for the client. The client stated that she moved in with her abusive partner five years ago and physical and financial abuse began occurring shortly after. The client left with her child a month ago and they have been using her remaining resources to go from motel to motel, but she is running out of resources. The client's view of the problem is she has no stable residence, food, or transportation, and the client is facing effects of the domestic violence situation. The client stated that she fears her partner will "come and take her and her child" and she discloses that her ex-partner cut her off from her family and friends and now has little support system. The client has had no previous services with our agency or any other agencies. The client stated she thought about going to a shelter, but the closet shelter is across town. All data is collected by the client.

Biological Factors and Functioning:

The client is a White female. The client has blonde hair, is about 180 lbs., and is 5'5. The client is dressed appropriately for the weather. The client maintained eye contact for the majority of the session. The client's body language indicated she is slightly nervous evidenced by fidgety hands and tense posture. Observed physical functioning is normal, the client has no observable or stated disabilities. The client stated that she was born through a caesarian section. The client stated that her mother had prenatal care. The client stated that there were no complications during pregnancy. The client stated that her mother didn't have any complications during pregnancy. The client stated that she was born prematurely, but she wasn't sure how early, and her mother told her it was a few weeks. The client was unsure of the

ages when she began sitting, crawling, walking, talking, and potty training. The client stated that was hospitalized for pneumonia when she was a child. When asked to elaborate further, the client stated that she was seven years old and was unsure if she received any treatment or medication. The client stated that she was diagnosed with high blood pressure two years ago. The client has had one pregnancy. The client states that she didn't have any issues with conception. The client stated that she has never miscarried. The client stated that she has one child. The client stated that her child is fifteen. The client stated that she received prenatal care and had a healthy pregnancy. The client denied being prescribed medications. The client stated that she has never experienced sexual abuse. The client stated that she has experienced mental, emotional, and physical abuse with her ex-partner. The client stated that the emotional and mental abuse began first. The client explained that once her ex began taking control of her finances the physical abuse started. The client denied further elaboration. The client stated that she has never experienced a natural disaster or house fire. The client stated that she was in a bad car accident when she was a teenager but is unsure of the age. The client stated that she didn't sustain any injuries but was anxious about driving shortly after.

The client stated that she has had fleeting thoughts about harming or killing herself. The client denied ever having a plan, and that she never considered what means and access she had. The client stated that she didn't have a date and mentioned again that it was just fleeting thoughts that occur every once in a while. The client stated that it occurs a few times a month. The client stated that she had never previously attempted suicide. The client denied a family history of suicide or suicidal attempts. The client denied using prescription drugs. The client stated that the only substance she uses is alcohol. The client stated that she only drinks a few times a week. The client stated that she typically drinks three bottles of wine a week. The client stated that she last drank a few months ago due to finances and that she is unsure of the exact date. The client stated that she started drinking when she was sixteen. The client stated that her periods of sobriety were when she was pregnant with her child, or whenever she didn't have the means to get it. The client stated that she did have a family history of substance use and that her mother was an alcoholic.

Psychological Factors and Functioning

The client seemed hopeless and exasperated about her situation, evidenced by pessimistic word choices and little thought about the future. The client stated that before she began her relationship with her abusive partner, she was always happy and motivated, and her friends and family would describe her as a “ball of sunshine.” The client understands the severity of her situation and is self-aware of the implications. She can elaborately discuss details of her abusive relationship and the presenting problem. The client seems to have appropriate impulse control evidenced by the ability to navigate difficult situations in a thoughtful manner. The client stated that she lost a lot of her motivation and enthusiasm when she began her relationship and recalls “surviving day-by-day” when describing her past relationship. The client discussed ‘repression’ as her defense mechanism. The client stated that she would explain situations away by making them seem unimportant or the fault of her own. The client is in Erik Eriksons stage of “generativity vs. stagnation” evidenced by her being 40 years old and showing that she is putting her child as her priority. The client was diagnosed with postpartum depression (PPD) after the birth of her first. The client states that she overcame her PPD with no medication or therapy. The client was diagnosed with anxiety at a wellness visit a year ago. She stated that she was prescribed 100mg of Zoloft and she described her mood and motivation to change in a positive way. The client stated that her partner refused to allow her to refill her prescription, so she has not been on medication since then. The client reports that her mother was diagnosed with bipolar disorder (BPD).

Social Factors and Functioning:

The client stated that she doesn't speak to her parents anymore, mostly because her ex-partner isolated herself from them. The client stated that she doesn't have siblings. The client has a 15-year-old child. The client stated that she used to be close with her cousin until the cousin moved across the country a few years ago. The client stated that she is very close with her child and that he is her world, however, she doesn't feel like she has anyone else that she can rely on. The client stated that she was close with her ex-partner but does not want to go back to him. The client stated that she wants to improve her relationship with her parents but doesn't know where to begin. The client states that her parents aren't aware of what happened between her and her ex-partner. The client escaped a domestic violence situation with her child but fears that her ex-partner will find her and try to get her back. The client stated that she

always had a good relationship with the people in her school. The client stated that she was a good student who always performed well academically. The client stated that she often struggled with attendance when she was in K-12 because her mother would “get drunk and forget to take her to school”. The client stated that she never had any behavioral concerns or disciplinary action taken against her. The client stated that she lived in the same county for all of her life, and has never switched school districts. The client stated that she lived in a decent neighborhood but wasn’t very involved with the community. The client denied currently having a place of worship. The client denied being involved in other agencies. The client denied being involved in any recreational activities. The client stated that she has a job as a waitress, however, the lack of her own transportation has limited her ability to work. The client stated that it is difficult to hold a job when she doesn’t have a home and doesn’t know where she will stay each day. The client stated that she likes her job and the people she worked with, but that the customers can be rude. The client stated that she was satisfied with her current job, but doesn’t know how long it is going to last with the current resources she has. The client stated that many people come and go at her place of work. The client stated that she used to be middle class but is now low-income. The client stated that her income is dependent on being able to work, and she hasn’t been able to do much in the last few weeks because she has been spending her money on motels and food. The client denied any other social networks. The client denied being in the military. The client stated that her present living arrangements are unstable, as they have been frequently changing motels. The client stated that the rooms aren’t very clean or ideal, but are safe. The client stated that she has been utilizing public transportation. The client denied any prior or current issues with the law.

Cultural Factors and Transitions

The client is 40 years old, white, non-disabled, and female. The client stated that she was a practicing Catholic during her childhood and into her adulthood, but stopped attending church and became distant from her religion in the recent years. The client recalls church as being one of her “happy places” as a child and she kept an active role in the church during her adult years. The client states she was administrating a youth group for teens at the church, and she would sing in the choir when she was able.

The client states that she now feels distant from the church and feels discouraged to rekindle the relationship because “most people my age have it figured out.” The client hopes to revitalize her relationship with the church. The client stated that her culture makes her apprehensive to ask for help, but she is not ashamed to. She stated that assistance would be beneficial.

Spirituality:

The client stated that she used to be catholic, however feels disconnected recently. The client stated that she isn't sure how to cope with the trauma she has experienced. The client stated that her ex-partner isolated her from her old place of worship and that she did not want to return to that church. The client denied other significant factors.

Other Significant Factors

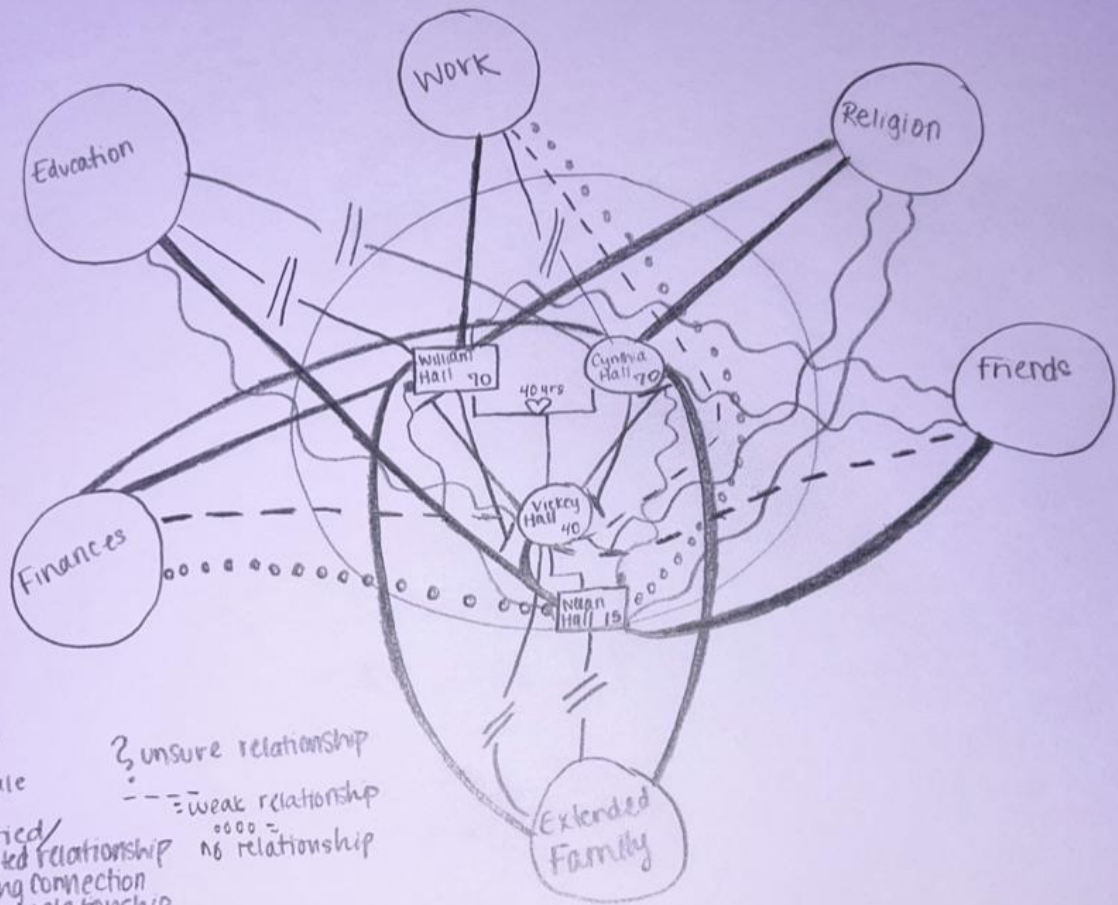
The client denied other significant factors.

Diagnostic Statement

The client's primary problem is she is homeless and has scarce resources or a support system. The client is coming out of an emotionally, financially, and physically abusive relationship and she is experiencing fear that her abusive partner will find her. The client's strengths include her strong relationship with her son, her current understanding of the problem, compassion for others, and her motivation to find solutions. The client was forced to distance herself from her friends and family by her abusive ex-partner, so now she has little support. She does not have a car and she is finding it difficult to be on time at her job using public transportation or walking. The client is interested in community and federal organizations that can offer support and resources during this time. She is aware of the domestic abuse shelter in her area, but apprehensive to go. The client is committed to utilizing services and resources that are introduced in these sessions.

Ecomap and Genogram

ECOMAP



- Key:
- = male
 - = female
 - ♥ = married/committed relationship
 - = strong connection
 - //- = ended relationship
 - /- = paused connection
 - ? = unsure relationship
 - - - = weak relationship
 - o o o o = no relationship

Client name: Vickie Hall

Date: November 16, 2023

Revision dates:

Treatment Plan

Target problem: Homelessness

SMART Goal #1: By the end of services, the client will secure a place of residence.

Objective 1: The client will discover three potential housing options.

Objective 2: The client will research and determine if public transportation is accessible at potential homes.

Target problem: Lack of social support

SMART Goal #2: By the end of services, the client will reintegrate two social support systems into her life.

Objective 1: The client will explore places of worship in her community and attend a service once a week.

Objective 2: Research and implement communication strategies regarding disconnected relationships.

Client signature: _____

Date: _____

Staff signature: _____

Date: _____

Individual Safety Plan

An individual safety plan addresses unsafe behavior that could cause a person to harm him/herself, hurt others, or damage property in a way that could be dangerous to the individual and/or others.

Client Name:	DOB:	File #:	Date:
Vickie Hall	09/13/1983	101	11/16/2023

Contact Information		
Client: Vickie Hall		
Cell Phone: 434-897-5689	Home Phone: N/A	Other: N/A
Emergency Contact: Lola Smith		Phone: 434-923-7779

Unsafe Behaviors Which May Require The Use Of My Safety Plan	
<p>Check what applies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Having a tantrum <input type="checkbox"/> Fighting (hitting others) <input type="checkbox"/> Running out of the room/ building without permission <input type="checkbox"/> Eating Harmful foods <input type="checkbox"/> Cutting or burning myself <input type="checkbox"/> The urge to self-medicate (drugs, alcohol, substance abuse, other addictions) <input type="checkbox"/> Pulling out my hair out strand by strand <input type="checkbox"/> Isolating myself from everyone <input type="checkbox"/> Other _____ 	<p>Check what applies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Setting Fires (or the urge to) <input type="checkbox"/> Destroying property (punching holes in the wall, breaking equipment or other items, kicking things in my path, stealing, setting fires, keying cars, ripping up papers and books, writing on walls or cars, etc.) <input type="checkbox"/> Feeling like I want to throw caution to the wind and do something fun and wild <input type="checkbox"/> Not eating or binge eating <input type="checkbox"/> Feeling like I do not want to live <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Other _____

My Warning Signs (thoughts, images, mood, situation, behavior) a crisis may be developing	
<p>Check what applies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Grinding or gritting my teeth <input type="checkbox"/> Pounding heart beat <input type="checkbox"/> Cold fingers or feet <input type="checkbox"/> Sweaty Palms 	<p>Check what applies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Butterflies or tightness in my tummy <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Feeling Nervous

<input type="checkbox"/> Racing Hearts <input type="checkbox"/> Legs or Hands shaking, or shaking all over <input type="checkbox"/> Breathing Hard <input type="checkbox"/> I want to kick everyone out <input type="checkbox"/> Crying or feeling "weepy" <input type="checkbox"/> Change in my appetite <input type="checkbox"/> I feel like the walls are closing in on me <input type="checkbox"/> I am about to panic <input type="checkbox"/> Other _____	<input type="checkbox"/> Thinking a lot about hurting myself or others <input type="checkbox"/> I see red---I'm about to explode <input type="checkbox"/> My mind is racing <input type="checkbox"/> Crazy thoughts <input type="checkbox"/> Long periods of blank stares <input type="checkbox"/> Feeling like I don't want to live anymore <input type="checkbox"/> Feeling worthless or hopeless <input type="checkbox"/> I am easily irritated or agitated <input type="checkbox"/> Clinched fists <input type="checkbox"/> Other _____
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Coping Strategies

<p>Use distraction, such as a change in environment. You can go to another room or outside (if a minor, must be accompanied by an adult).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sort a deck of cards by color <input type="checkbox"/> Watching a video about my issue <input type="checkbox"/> Having a good cry <input type="checkbox"/> Doing vigorous activity or exercising <input type="checkbox"/> Writing all my feelings down, drawing or using other creative expressions <input type="checkbox"/> Telling someone else how I am really feeling <input type="checkbox"/> Using a list of feelings words to underline which ones I am feeling right now <input type="checkbox"/> Verbalizing or writing down what triggered me <input type="checkbox"/> Getting some of my school work done <input type="checkbox"/> Reading something positive <input type="checkbox"/> Asking for a break or to see my QMHP <input type="checkbox"/> Other _____ 	<p>Self Soothing Techniques</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have a soothing bath <input type="checkbox"/> Take a nice long hot shower <input type="checkbox"/> Go for a walk with upbeat music on my mp3 plater <input type="checkbox"/> Focus on my breathing <input type="checkbox"/> Listen to a relaxation or mindfulness mp3 <input type="checkbox"/> Take a therapeutic walk <input type="checkbox"/> Listen to calming music <input type="checkbox"/> Whisper a prayer <input type="checkbox"/> Remind myself how awesome I am and that no one is going to push my buttons <input type="checkbox"/> Use my stress balls <input type="checkbox"/> Use sensory objects that calm me down <input type="checkbox"/> Holding something cool <input type="checkbox"/> Place my feet firmly on the floor and relax <input type="checkbox"/> EFT-Tapping <input type="checkbox"/> Squeezing Hands and feet <input type="checkbox"/> Other _____
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Other Coping Strategies	Other Coping Strategies
(School/Work) Confide in a trusted coworker.	(Home) N/A
(School/Work) N/A	(Home) N/A
(School/Work) N/A	(Home) N/A

People Who May Be Called For Help (personal and professional)

List phone numbers and addresses

(Social worker) Chandler Harney (434-909-7893)	(Emergency/Police) 911
(Friend) Lola Smith (434-923-7779)	(Urgent Care/Hospital) Chippenham Hospital (804-483-0000)
(Family Member) Nolan Hall (434-491-0984)	(Suicide Prevention Lifeline Phone) 1-800-273-Talk (8255)
(Other)	Emergency Services Administrative Number: 804-748-1251
Local Community Services Board (CSB): Brook Cook (804-768-7220)	

Crisis Response Plan (What should be done by staff/ guardian to support me if I am in Crisis)

Check what applies:	Check what applies:
<input type="checkbox"/> Increase supervision <input type="checkbox"/> Set limits and or offer options <input type="checkbox"/> Securing a location at a Domestic Violence Shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Make the environment safe (removal of harmful substances, sharp items, weapons, etc.) <input type="checkbox"/> Follow VA Mandated reporting protocol (All CVSS staff are mandated reporters and responsible for contacting CPS, local CSB, 911 as necessary for imminent danger)

Client signature: _____

Date: _____

Staff signature: _____

Date: _____

SUICIDE/HOMICIDE RISK ASSESSMENT TOOL

INSTRUCTIONS: Complete the following questions to assess the patient's risk of harm to self.

Vickie Hall

November 16, 2023

Patient Name

Date

QUESTIONNAIRE:

1. Have you ever felt depressed for several days at a time? yes no
2. During this time, have you ever had thoughts of killing yourself? yes no
3. When did these thoughts occur? When the abuse was occurring in her old relationship.
4. What did you think of doing to yourself? She didn't have a plan, just fleeting thoughts of harming herself.
5. Did you act on your thoughts? No
6. How often have these thoughts occurred? They occur a few times a month.
7. When is the last time you had these thoughts? One week ago.
8. Have your thoughts ever included harming someone else in addition to yourself? No
9. How often has that occurred? N/A
10. What have you thought about doing to the other person? N/A
11. What would be the outcome or benefit be of this act toward this other person? N/A
12. When does this thought occur? N/A
13. Recently, what specifically have you thought about doing to yourself? N/A
14. Have you taken any steps towards acquiring a gun, pills, and so forth? No.
15. Have you thought about when you would do this? No.
16. Have you thought about where you would do this? No.
17. Have you thought about what effect your death would have on your family and friends? Yes, specifically her child because he doesn't have another parent.

18. What are some of the reasons that have kept you from acting on them so far? Her child and her religion.
19. What are your feelings about religion, suicide, spirituality, and/or God? Her religion doesn't condone suicide.
20. What are your thoughts about your responsibilities for your family and/or children if you kill yourself? The client feels like it's too much to pass to her child.
21. What are your thoughts about other reasons for living and staying alive? She wants to further her education at some point in her life.
22. What help could make it easier for you to cope with your current thoughts and plans? Having a more stable day to day life. She doesn't know where she will stay most nights.
23. Have you made any plans for your possessions or to communicate with people after your death such as a note or a will? No.
24. How does talking about this make you feel? Upset because she doesn't want to consider the possibility of suicide.

Completed by: Chandler Harney Date: November 16, 2023

ANTISUICIDE CONTRACT

Patient Name Vickey Hall Patient #101 Date: November 16, 2023

I, **Vickey Hall**, agree to the following terms:

1. I agree that one of my major goals is to live my remaining life with less unhappiness than I have now. I want my family and friends to have happy memories of me after my death.
2. I understand that becoming suicidal when depressed or upset stands in the way of achieving this goal, and I therefore would like to overcome this tendency. I agree to learn better ways to reduce my emotional stress.
3. Since I understand that this will take time, I agree in the meantime to refuse to act on urges to injure or kill myself between this day and **January 25, 2024**.
4. If at any time I should feel unable to resist suicidal impulses, I agree to call Lola Smith. If this person is unavailable, I will call **Chandler Harney at (434-909-7893)** or go directly to **Chippenham Hospital at 7101 Jahnke Rd, Richmond, VA 23225**
5. My social worker, **Chandler Harney**, agrees to work with me in scheduled visits to help me learn constructive alternatives to self-harm and to be available as much as is reasonable during times of crisis.
6. I agree to abide by this agreement either until it expires or until it is openly negotiated with my social worker. I understand that it is renewable at or near the expiration date of **January 25, 2024**.

Patient's Signature: Vickie Hall Date: November 16, 2023

Social Worker's Signature: Chandler Harney Date: November 16, 2023

Progress Note (BIRP)
INDIVIDUAL COUNSELING

Date Provided: November 30th, 2023 **Duration (minutes):** 20 30 45 60 Other:

Goal: By the end of services, the client will discover three potential options for her residence.

Objective: The client will research residences available in her area.

Behaviors: The client seemed nervous evidenced by breaking eye contact frequently as well as fidgety hands. The client seemed apprehensive at the beginning of the session but seemed to become more comfortable indicated by her posture. The client seemed apprehensive when discussing finances.

Interventions: The purpose of the session was to determine what resources could assist the client regarding her living situation. The client stated that since leaving her abusive partner she has been living in motels with her child and cannot financially afford this to continue. The purpose of the session was to build rapport, collect data regarding finances, and discuss what she has already tried.

Response: The client seemed frustrated and apprehensive when finances were being discussed. The client stated that she doesn't believe she can afford anywhere else because all of her income is going towards housing and food. ▾

Plan: The next session is scheduled for Thursday, December 7th. The client will continue to determine her finances.

Staff Signature: Chandler Harney

Date: November 30th, 2023

Progress Note (BIRP)

INDIVIDUAL COUNSELING

Date Provided: December 7th, 2023

Duration (minutes): 20 30 45 60 Other: 45 minutes

Goal: By the end of services, the client will secure a place of residence.

Objective: The client will discover three potential housing options.

Behaviors: The client appeared to be motivated to begin her services evidenced by optimistic word-choice. The client appeared less apprehensive this session. The client was active and responsive to the treatment plan and interventions discussed.

Interventions: The purpose of the session was to research potential housing options and identify how the client will access the housing. The client and practitioner listed ways to access these housing options outside of sessions and identified important factors to the client's housing location.

Response: The client expressed that the locality was important to their decision. The client stated she wanted to be close to her son's school and expressed interest in being close to a church or even her parents. The client disclosed that "this could be a fresh start to her life."

Plan: The next session will be Thursday, December 15th. The session will focus on locating support groups and churches in potential housing localities.



Staff Signature: Chandler Harney

Date: December 7th, 2023

Progress Note (BIRP)

INDIVIDUAL COUNSELING

Date Provided: December 14th, 2023 **Duration** (minutes): 20 30 45 60 Other: _____

Goal: By the end of services, the client will reintegrate two social systems into her life.

Objective: The client will research places of worship and attend a service.

Behaviors: The client seemed comfortable and excited regarding the progress she has made on finding potential living residences evidenced by eye contact and discussing future plans. The client seemed nervous when discussing returning to a church evidenced by closed off body language and breaking eye contact when discussing it

Interventions: The purpose of the session was to rediscuss finances and the potential housing reviewed before. The client expressed that she wanted support systems near the area she will move to. The client wants to find a church and a support group for single mothers who have experienced domestic violence.

Response: The client stated that she was able to locate a few churches in the area but was not sure where to find a support group. The client seemed frustrated that she was nervous to return to church because she wants to be active in the community and build relationships with people.

Plan: The next session is scheduled for Thursday, December 14th. The client will attend one session at a church before the next session.

Staff Signature: Chandler Harney

Date: December 14th, 2023

Progress Note (BIRP)
INDIVIDUAL COUNSELING

Date Provided: December 21, 2023

Duration (minutes): 20 30 45 60 Other: 45 minutes

Goal: By the end of services, the client will reintegrate two social support systems into her life

Objective: The client will explore places of worship in her community and attend a service once a week.

Behaviors: The client began the session seemingly nervous, evidenced by picking her nails and constantly averting her eyes. The client disclosed that "I let myself and my son down this week by not going to church."

Interventions: The purpose of the session was to recall her experiences going back to church. The session shifted into working through her anxiety of going back to church and identifying coping mechanisms to remediate the anxiety. The client and practitioner researched the church she will be attending to ease some anxiety.

Response: The client stated that she would be motivated this week to participate in a church service. The client recognized that she was anxious to go back to church because she felt like she was too old to begin again and felt like others would judge her.

Plan: The next session will be Thursday, December 28. The next session will focus on her experience at church and creating a weekly budget to manage her financing as she begins moving.

Staff Signature: Chandler Harney

Date: December 21, 2024

Progress Note (BIRP)
INDIVIDUAL COUNSELING

Date Provided: December 28th, 2023 **Duration** (minutes): 20 30 45 60 Other: _____

Goal: By the end of services, the client will reintegrate a social support system into her life.

Objective: The client will research places of worship and attend a service.

Behaviors: The client seemed comfortable during the session, evidenced by relaxed body language. The client seemed excited and inspired regarding her progress in attending a church evidenced by the client's responses. The client seemed more comfortable discussing finances this session, evidenced by the paperwork she brought in which was a layout of her spending and finances within the last week.

Interventions: The purpose of the session was to rediscuss finances and create a weekly budget to manage her finances so she can save. The client said that she is starting to feel more confident in her ability to save for a home. The purpose of the session was to discuss the visit to a church of her choosing.

Response: The client appeared ecstatic about her visit to the church. The client stated that she found a few people who go there and has been reaching out to them. The client seems more confident in her ability to provide for herself and her child, evidenced by her hopeful outlook when talking about her plans.

Plan: The next session is scheduled for Thursday, January 4th. The client will try to reduce the number of options to move forward in choosing a home.

Staff Signature: Chandler Harney

Date: December 28th, 2023

Progress Note (SOAP)
INDIVIDUAL COUNSELING

Date Provided: January 4th, 2024

Duration (minutes): 20 30 45 60 Other: 45 Minutes

Goal: By the end of services, the client will reintegrate two social support systems into her life.

Objective: The client will explore places of worship in her community and attend a service once a week. Research and implement communication strategies regarding disconnected relationships.

Subjective: The client disclosed that her ex-partner cut off her communication with her parents over 5 years ago. The client stated that she is anxious her parents will hold negative feelings for her and that their relationship cannot be mended. The client expressed that she would rather not try to rekindle the relationship with her parents than be presented with a negative reaction from the parents.

Objective: The client presented to be standoffish and angry when the topic of her parents came up evidenced by short responses and a flat affect.

Assessment: The client discussed the two housing options that she is choosing from. The client and practitioner reviewed pros and cons of both housing options. The client disclosed that one housing option was close to her employment and one was close to her church, as well as her parents. The client spoke of her past relationship with her parents, recalling the relationship between both parents as supportive and warm. The client was asked to research communication strategies to become prepared to reach out to her parents. The client set up meetings with property managers to aid her decision and begin completing the renting process.

Plan: The next session is planned for Thursday, January 11. The next session will focus on implementing communication strategies into a roleplay.

Staff Signature: Chandler Harney

Date: January 4, 2024

Progress Note (SOAP)

INDIVIDUAL COUNSELING

Date Provided: January 11th, 2024 **Duration** (minutes): 20 30 45 60 Other: _____

Goal: By the end of services, the client will reintegrate two social support systems into her life.

Objective: The client will research and implement communication strategies regarding disconnected relationships.

Subjective: The client stated that she felt anxious after researching communication strategies for disconnected relationships. The client stated that she wasn't sure how to implement them into real life conversations, especially if there becomes a conflict. The client stated that she went to both of the houses and is still deciding which one to choose, but that she is confident in her budgeting ability.

Objective: The client appeared nervous when discussing communication strategies evidenced by her fidgety mannerisms. The client seemed to relax after the roleplay evidenced by relaxed body language and maintained eye contact.

Assessment: The purpose of the session was to identify helpful communication strategies when reconnecting with disconnected relationships. Client expressed that she wanted to practice utilizing these skills in a conversation. The client roleplayed what a conversation with her parents would look like in order to determine how to put the skills to use. The purpose of the session was to check in on the progress of determining a living residence and budgeting

Plan: The next session is on Thursday, January 18th. The client will implement the communication skills and reach out to her parents.

Staff Signature: Chandler Harney

Date: January 11th, 2024

Progress Note (SOAP)
INDIVIDUAL COUNSELING

Date Provided: January 18, 2024

Duration (minutes): 20 30 45 60 Other: 45 minutes

Goal: The client will discover three potential housing options. Research and implement communication strategies regarding disconnected relationships.

Objective: Research and implement communication strategies regarding disconnected relationships.

Subjective: **The client stated that rekindling her relationship with her parents “went better than expected.”** The client stated that she and her parents are planning regular visits. The client disclosed that she felt better than she has felt in a long time. The client expressed an interest in seeking employment close to her new residence.

Objective: **The client appeared calm and content this session evidenced by maintaining eye contact and an optimistic tone. The client was confident in her job skills and able to identify strengths and areas of improvement.**

Assessment: The purpose of the session was to develop job skills and build a resume for the client. The client recalled interactions with her parents during their reunion. The client and practitioner developed a working resume and discussed job prospects in her desired locality.

Plan: **The next session is planned for Thursday, January 25. The client will reassess her budget and discuss any concerns regarding housing or employment.**

Staff Signature: Chandler Harney

Date: January 18th, 2024

Progress Note (SOAP)
INDIVIDUAL COUNSELING

Date Provided: January 25th, 2024 **Duration** (minutes): 20 30 45 60 Other: _____

Goal: By the end of services, the client will reintegrate two social support systems into her life.

Objective: The client will research and implement communication strategies regarding disconnected relationships.

Subjective: The client stated that she is frustrated because she had a disagreement with her parents. The client stated that it affected her because she didn't know how to create boundaries with them since rekindling their relationship. The client expressed a need for a support group and more communication/coping skills that she can utilize

Objective: At the beginning of the session, the client seemed to be upset, evidenced by closed off body language and short responses. As the session continued, the client seemed to become calmer after discussing the argument she had with her parents. The client maintained eye contact and her resilience to improve her communication skills remained.

Assessment: The purpose of the session was to discuss budgeting, and to provide the client with information to a domestic violence support group for women. The client expressed that she was grateful that there is a support group near where she is moving to.

Plan: The next session is on Thursday, February 1st. The client will try to attend a session at the support group and utilize the skills learned in a conversation with her parents.

Staff Signature: Chandler Harney

Date: January 25th, 2024

Progress Note (SOAP)
INDIVIDUAL COUNSELING

Date Provided: February 1, 2024

Duration (minutes): 20 30 45 60 Other: 45 minutes

Goal: By the end of services, the client will secure a place of residence. By the end of services, the client will reintegrate two social support systems into her life.

Objective: Research and implement communication strategies regarding disconnected relationships. The client will explore places of worship in her community and attend a service once a week. The client will discover three potential housing options.

Subjective: The client expressed that she was nervous about sessions ending and afraid she will face setbacks. The client stated she felt ready to continue with her discharge plan and utilize the skills she developed during sessions.

Objective: The client appeared nervous evidenced by picking at nails. Near the end of the session, the client was more clam evidenced by a warm manner and maintaining eye contact.

Assessment: The purpose of the session was to create a discharge plan. The client and practitioner discussed methods to maintain progress. The client talked through ways to overcome setbacks that may develop during the end of services.

Plan: End of sessions. Client will adhere to the discharge plan.

Staff Signature: Chandler Harney

Date: February 1, 2024

Discharge Plan

The discharge plan must be completed with the client and the social worker by the last day of services. Complete all relevant areas and insert N/A for services that do not apply.

Client Name: Vickey Hall **Discharge Date:** February 1st 2024 **Admission Date:** November 30th, 2023

This treatment program has my permission to contact me during the next 12 months as a follow-up to my treatment and recovery. Yes No Client Signature: **Vickey Hall**

Referral Agency/Provider: N/A

Services will be provided: Daily Weekly Monthly Other: **N/A**

Description of this commitment: **N/A**

Support Group Commitments (Community or Other Volunteer Services-Hospitals & Institutions, Coffee Maker, Religious/Spiritual): Continue to attend the Catholic Church and the Domestic Violence Support Group

Describe this commitment: **The client will attend at least one of these services a week to maintain a social support system.**

Additional Support (individual therapy, outside groups, social activities):**N/A**

Triggers and Warning Signs:

Trigger	Warning Signs	Action Plan
N/A	N/A	N/A
	↓	

Social Supports:

Name	Relationship	Phone #
Lola Smith	Friend	(434-923-7779)
Leah Green	Friend (Met at the support group)	(434-997-5723)
Pastor John Smith	Pastor at the Church	(434-556-3245)

Upon discharge I will do the following to maintain my positive progress:

I will continue to explore social support systems and continue to budget to ensure the security of my housing. I will search for a job that will provide me with better benefits than the one I currently have; I will utilize the resume I created.

Client signature: Vickey Hall Date: February 1st, 2024

Staff signature: Chandler Harney Date: February 1st, 2024