



## ASAM

### Client Information

**Client Name:** Cabal, Boone

**Client ID:** 2184725

**DOB:** 02/28/1979

**Effective Date:** 02/22/2024

### Dimension 1

#### Dimension 1: Alcohol Intoxication and/or Withdrawal Potential

- No treatment recommended
- The patient is not at risk of withdrawal (Level 0.5)
- The patient is physiologically dependent on opiates and requires Opioid Maintenance Therapy to prevent withdrawal (Opioid Maintenance Therapy)
- The patient is not experiencing significant withdrawal or is at minimal risk of severe withdrawal (Level 1)
- The patient is at minimal risk of severe withdrawal (Level 2.1)
- The patient is at moderate risk of severe withdrawal manageable at Level 2 (Level 2.5)
- The patient is not at risk of withdrawal, or is experiencing minimal or stable withdrawal. The patient is concurrently receiving Level I-WM (minimal) or Level II-WM (Moderate) services (Level 3.1)
- The patient is at minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2 WM (Level 3.5)

### General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Low

### Comments:

None reported or indicated.

### Dimension 2

#### Dimension 2: Biomedical Conditions and Complications

- No treatment recommended
- None or very stable (Level 0.5)
- None or manageable with outpatient medical monitoring (Opioid Maintenance Therapy)
- None or very stable, or the patient is receiving concurrent medical monitoring (Level 1)
- None or not a distraction from treatment. Such problems are manageable at Level 2.1 (Level 2.1)
- None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5 (Level 2.5)
- None or stable, or the patient is receiving concurrent medical monitoring (Level 3.1)

### General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Low

### Comments:

None reported or indicated.

### Dimension 3

#### Dimension 3: Emotional, Behavioral or Cognitive conditions and Complications

- No treatment recommended
- None or very stable (Level 0.5)
- None or manageable with outpatient medical monitoring (Opioid Maintenance Therapy)
- None or very stable, or the patient is receiving concurrent mental health monitoring (Level 1)
- Mild severity, with the potential to distract from recovery; the patient needs monitoring (Level 2.1)
- Mild to moderate severity, with potential to distract from recovery; the patient needs stabilization (Level 2.5)
- None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not a co-occurring enhanced program is required (Level 3.1)
- Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization and a 24 hour setting to prepare for community Integration and continuing care. A co-occurring enhanced setting is required for those with servers and chronic mental illness (Level 3.5)

## General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Moderate

**Comments:**

"To get high, to help w/ my anxiety and ruminating."

## Dimension 4

### Dimension 4: Readiness to Change

- No treatment recommended
- The patient is willing to explore how current alcohol or drug use may affect personal goals (Level 0.5)
- The patient is ready to change the negative effects of opiate use, but not ready for total abstinence (Opioid Maintenance Therapy)
- The patient is ready for recovery, but needs motivating & monitoring strategies to strengthen readiness. Or, has high severity in this dimension but not other Dimensions. Needs Level 1 motivational enhancement program (Level 1)
- The patient has variable engagement in treatment, ambivalence or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change (Level 2.1)
- The patient has poor engagement in treatment, significant ambivalence, or lack of awareness of the substance use/mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through the stages of change (Level 2.5)
- The patient is open to recover, but needs a structured environment to maintain therapeutic gains (Level 3.1)
- The patient has marked difficulty with, or opposition to, treatment with dangerous consequences. Or there is high severity in this dimension but not other Dimensions. Therefore, patient requires a Level 1 motivational enhancement program (3.5)

## General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Low

**Comments:**

"I've not used since I went to prison 8 months ago but as long as I get help I don't want to use."

## Dimension 5

### Dimension 5: Relapse, Continued Use, Continued Problem Potential

- No treatment recommended
- The patient needs an understanding of, or skills to change, his or her current alcohol or drug use pattern (Level 0.5)
- The patient is at high risk of relapse or continued use without Opioid Maintenance Therapy and structured therapy to promote treatment progress (Opioid Maintenance Therapy)
- The patient is able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support (Level 1)

- Intensification of the patient's addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week (Level 2.1)
- Intensification of the patient's addiction or mental health symptoms, despite active participation in level 1 or level 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support (Level 2.5)
- The patient understands relapse but needs structure to maintain therapeutic gains (Level 3.1)
- The patient has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences (Level 3.5)

## General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Moderate

**Comments:**

He says that he will not "have the urges to use if I get the tx I need."

## Dimension 6

### Dimension 6: Recovery Environment

- No treatment recommended
- The patient's social support system or significant others increase the risk of personal conflict about alcohol, tobacco or other drug use (Level 0.5)
- The patient's recovery environment is supportive and/or the patient has skills to cope (Opioid Maintenance Therapy)
- The patient's recovery environment is supportive and/or the patient has skills to cope (Level 1)
- The patient's recovery environment is not supportive, but with structure and support, the patient can cope (Level 2.1)
- The patient's recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope (Level 2.5)
- The patient's environment is dangerous, but recovery is achievable if level 3.1 / 24 hour structure is available (Level 3.1)
- The patient's environment is dangerous and patient lacks skills to cope outside of a highly structured 24-hour setting (Level 3.5)

## General

**Level:** Level 1.0 Outpatient

**Documented Risk:** Moderate

**Comments:**

His environment is not conducive for staying away from substance and says that it is available at the Halfway House but he is not having any urges to use

## Final Determination

**Dimension 1**    Level 1.0 Outpatient    Risk: Low

None reported or indicated.

**Dimension 2**    Level 1.0 Outpatient    Risk: Low

None reported or indicated.

**Dimension 3**    Level 1.0 Outpatient    Risk: Moderate

"To get high, to help w/ my anxiety and ruminating."

**Dimension 4**    Level 1.0 Outpatient    Risk: Low

"I've not used since I went to prison 8 months ago but as long as I get help I don't want to use."

**Dimension 5**    Level 1.0 Outpatient    Risk: Moderate

He says that he will not "have the urges to use if I get the tx I need."

**Dimension 6**    Level 1.0 Outpatient    Risk: Moderate

His environment is not conducive for staying away from substance and says that it is available at the Halfway House but he is not having any urges to use

## Final Placement Determination

**Indicated/Referred Level:** Level 1.0 Outpatient

**Provided Level:**                  Level 1.0 Outpatient

**Signature Date:** 02/22/2024





## Assessment

<b>Client Name:</b>	Cabal, Boone	<b>Client ID:</b>	2184725
<b>Clinician Name:</b>	Barakat, Jamal	<b>Date:</b>	2/22/2024
<b>Assessment date:</b>	2/22/2024	<b>Inquiry Date :</b>	02/22/2024

### Initial

**Assessment type:**  Initial  Update  Annual

**Population type:**  Adult  Child  
 DD  SA  MH  Autism

Does the client have a guardian?

### Referral Type:

Parole

### Current Living Arrangement:

Private Residence-Independent

### Current Employment Status

Unemployed, seeking work

### Current Primary Care Physician:

NA

### Presenting problem:

ADHD. I also have complex PTSD and dissociative dis. I involuntarily dissociate very, very quickly, like every 15 seconds but there are some variations during the day, and they can last for less than a second up to a day. It is more like dissociative micro amnesia, like getting severely lost in my thoughts and daydreaming but they're so intense that I black out. Then, when I get out of it, I don't remember anything." He says that he feels "anxious a lot, not like in public, but I've performance anxiety." He also says that he tends "to ruminate about the past a lot, I'm short-tempered, and have vindictiveness." He is on meds and rates his anxiety as being high "like 7, but my depression is like a 2."

### Presence or Absence of Relevant Legal Issues of the Client and/or Family

Reports that he was "charged w/ an aggravated kidnapping in 2015, went to prison for 43 months, got out, but then violated the parole terms. I went 8 months, but it was my second violation, and got out on January 30th this yr." He says that it was "after I tried to kill myself and bracketed myself in my mom's RV, but she was not in it." He is staying at a Halfway House and his CM Shawn Harris.

### Desired Outcomes of Service (Hopes and Dreams) As Specified By The Person/Guardian:

His is on parole and is required to get into tx.

### Substance Use

**Use of Alcohol**  Never  Rarely  Moderate  Daily

Add Use of Alcohol to Needs List

**Use of Tobacco/Nicotine**  Never  Previously,but Quit: 06/01/2023  Type/Frequency

Add Use of Tobacco/Nicotine to Needs List

**Use of Illicit Drugs**  Never  Type/Frequency: Marijuana

Add Use of Illicit Drugs to Needs List

**Prescription/OTC Drugs**  Never  Type/Frequency:

Add Prescription/OTC Drugs to Needs List**UNCOPE**

Yes  No Is UNCOPE applicable? (If no, specify below)

*He says that "he'd rarely before I went to prison 8 months ago."*

Stage of Change:

**SU Assessment****Substance Use**

- Past Substance use admitted or suspected
- Family has a history of substance use
- Client has a history of substance use
- Client admits to current substance use
- Current substance use is suspected

**Comment** "An uncle on my mother's side who was an alcoholic."

**Details of substance Use****Substance Abuse Symptoms/Consequences (reported or observed)**

- Odor of substance
- Slurred speech
- Withdrawal symptoms
- Increased Tolerance
- Blackouts
- Loss of Control
- Related arrests
- Related Social Problems
- Frequent Job/School Absence
- None

**DUI**

*How Many Times last 30 days?*

*How Many Times last 5 years?*

**DWI**

*How Many Times last 30 days?*

*How Many Times last 5 years?*

**Possession**

*How Many Times last 30 days?*

*How Many Times last 5 years?*

**Other Comments****History and Current Use of Substances**

Substance	Age of First Use	Frequency	Route	Date Last Used	Initially Prescription	Preference
Marijuana/hashish	32	No use	Smoking	June 2023		Primary

Comments: "On and off."

**Periods of Abstinence:**

How long did the abstinence last? Was the abstinence voluntary or involuntary? When was the last period of abstinence?

Since last June 2023.

**Toxicology Results** (if available) (BAL, positive screen, etc.)

NA

**Previous / Current Treatment**

**Previous Substance Use Treatment?**  Yes  No

**Current substance use treatment?**  Yes  No

**Previous medication assisted treatment?**  Yes  No

**Current medication assisted treatment?**  Yes  No

**List Providers**

None.

**If current Substance Abuse symptoms, referral to SU or co-occurring Tx?**  Yes  No

**If Yes, where referred. If No, provide reason.**

NA

**Is the client interested in medication assisted treatment?**

Yes  No  Not applicable

**If Yes, where referred. If No, provide reason.**

**Risk of Relapse:** Minimal risk.

Add Substance Use Issues to Needs List

**Pre-Employment Activities****Education/Training**

**I understand the educational and training opportunities available to me and I am able to access them**

1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Education/Training to Needs List

**Personal Career Planning**

**I understand how to access services to assist me in career-related issues to gain employment**

1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Personal Career Planning to Needs list

**Employment Opportunities**

**I am able to identify and find employment opportunities consistent with my strengths, abilities, and preferences.**

1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Employment Opportunities to Needs List

**Support Employment and Work Practices**

**I understand my role at work and use job coaching and support at my work site.**

- 1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Supported Employment to Needs List

**Work History**

**I have worked consistently in the past and I am able to maintain employment.**

- 1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Work History to Needs List

**Gainful Employment**

**I understand how employment income will affect benefits.**

- 1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Gainful Employment – Benefits to Needs List

**I have been successful in the interview process and I am able to get and maintain a job.**

- 1 - This is just like me  2 - This is mostly like me  3 - Somewhat like me  4 - Less like me  5 - Not at all like me

Add Gainful Employment to Needs List

**Psychosocial Adult**

**Psychosocial History**

Family and Developmental History (past and current relational and family situation)  Yes  No Concerns  Unknown

Add health issues to needs list

B&R is in an intact family in OR. He has a younger sister and an older brother. He says that "life was unpleasant growing up because I had a very bad ADHD and started developing social anxiety in 7th grade. I'd be punished by my parents and brother because I couldn't perform in school; that's why I severed my relationship w/ them." He has never been married and has no children, but says, "I'm straight." He came to UT in 2015 and has worked in the past "on and off but usually get fired because of my anxiety and dissociative episodes."

He denies any medical issues other than "sweating a lot in my face and back but I had surgery and don't sweat in my face anymore." He is not aware of family hx.

**Medications**  Initialize Medications  List Medications  No Medications  Unknown

Add Medications to Needs List

Name	Dosage	Purpose	Prescribing Physician
Mydaydis	50 mg	ADHD	
Gabapentine	800 mg, 3x		
Cymbalta	60 mg	anxiety	
Lamictal	100 mg		

Note efficacy of current and historical medications and their side effect:

Prescribed by White Tree Clinic in Sandy.

Client experienced abuse or neglect either as victim or perpetrator and / or has had a previous traumatic incident?  Yes  No Concerns  Unknown

Add Abuse / Neglect / Trauma to Needs List

He reports that his "PTSD is caused by my ADHD and dissociative dis that I'll never recover from."

Are there cultural / ethnic issues that are of concern or need to be addressed? Describe cultural / ethnic values / spiritual or religious beliefs.

Yes  No Concerns  Unknown

 Add Cultural / Ethnic/Spiritual Values to Needs List

He is "Buddhist," but not seeking to include in the care plan.

## Educational Challenges/Barriers

Autistically Impaired

Behavioral Concerns

Has IEP

 Add Education Status to Needs List

Please discuss any issues with school, number of schools attended, and current and past academic performance.

He graduated but struggled d/t "my ADHD and social anxiety." However, he denies ever bullied in school.

Mental health treatment history. List previous diagnosis, family history, treatment history / efficacy, etc.

 Add Mental Health History to Needs List

Please list previous diagnosis, family history, treatment history/efficacy, etc.

Started tx in 1999 when he "went to a psychiatrist who treated the ADHD but not the social anxiety until 2003-4." He has been hospitalized "involuntarily 2 and voluntarily 9-10 for ideation of suicide." He also has been "through therapy repeatedly but never worked, but med did work, although created other problems."

Not aware of family hx of MH.

**Customer is At risk of....**

Loss / lack of placement Due to:

Loss of support? Due to:

Expulsion from school? Due to:

Hospitalization? Due to:

Involvement with the criminal justice system? Due to:

Elopement from home? Due to:

Loss of financial status? Due to:

**Communicable Disease Risk Assessment**

Have you had any of the below factors that may have put you at risk for a communicable disease such as HIV/AIDs, STDs, Hepatitis B or C, or TB?

Unprotected sexual relations with more than one partner during the past 24 months?

Sexual relations with anyone who is infected with HIV/AIDS, Hepatitis, or an STD?

Sexual relations with anyone who injects drugs?

Injected drugs or shared needles?

Received money, drugs, or other favors for sexual relations?

 Add Communicable Disease Risk to Needs List**Anxiety**

Have your feelings caused you distress or interfered with your ability to get along socially with friends or family?  Yes  No

How often have you felt nervous, anxious, or on edge?	Almost all of the time
How often were you not able to stop worrying or controlling your worry?	Almost all of the time
How often is stress a problem for you handling such things as: Health, Finances, Family or Social Relations, Work	Almost all of the time
How often do you get the social and emotional support you need?	Most of the time

Add Anxiety to Needs List

## PHQ-9

### Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	0 = Not at all
Feeling down, depressed, or hopeless	0 = Not at all
Trouble falling or staying asleep, or sleeping too much	1 = Several Days
Feeling tired or having little energy	0 = Not at all
Poor appetite or overeating	0 = Not at all
Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0 = Not at all
Trouble concentrating on things, such as reading the newspaper or watching television	0 = Not at all
Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.	0 = Not at all
Thoughts that you would be better off dead, or of hurting yourself in some way	1 = Several Days
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not Difficult At All

Add Depression to Needs List

**Total 2**

## Supports

### Support 1

"I don't have any."

- Current       Not Current  
 Paid Support       Clinically Recommended  
 Unpaid Support       Customer desired

## Mental Status

### General Appearance

- Add to Needs List
- neat/clean     poor personal hygiene/self care     well-groomed     appropriately dressed
- younger than stated age     older than stated age     overweight     underweight
- eccentric     seductive     unkempt/disheveled     other/comment

**Intellectual Assessment**

- Add to Needs List
- appears above average     appears average     appears below average     possible MR
- documented MR               other/comment

**Communication**

- Add to Needs List
- normal     uses sign language     unable to read     need for Braille
- hearing impaired     does lip reading     English is second language
- translator (sign or spoken language) needed     other/comment

**Mood**

- Add to Needs List
- unremarkable     cooperative     anxious     tearful     calm     labile
- pessimistic     cheerful     guilty     euphoric     depressed
- hostile     irritable     dramatized     fearful     suspicious
- other/comment

**Affect**

- Add to Needs List
- primarily appropriate     restricted     blunted     flattened     detached
- primarily inappropriate     other/comment

**Speech**

- Add to Needs List
- normal for age & intellect     logical/coherent     tangential     sparse/slow
- rapid/pressured     soft/mumbles/inaudible     circumstantial     loud
- rambling     other/comment

**Thought/Content/Perceptions**

- Add to Needs List
- unremarkable     paranoid     grandiose     obsessive     bizarre
- flight of ideas     disorganized     auditory hallucinations     visual hallucinations
- tactile hallucinations     other/comment

**Behavior/Motor Activity**

- Add to Needs List
- normal/alert     restless/overactive     poor eye contact
- agitated/tense     peculiar mannerisms     self-destructive
- slowed/lethargic     destructive to others or property     compulsive/repetitious
- tremors/tics     other/comment

**Orientation**

- Add to Needs List
- oriented to person, place and time       not oriented to person       not oriented to place
- not oriented to time       other/comment

**Insight**

- Add to Needs List
- good     fair     poor     lacking     other/comment

**Memory**

- Add to Needs List
- good/normal     impaired short-term     impaired long-term
- other/comment

**Reality Orientation**

- Add to Needs List
- intact     tenuous     poor     other/comment2

**Risk Assessment****Suicidality / Other Risk to Self**

- Current Suicidality / Risk to Self     Previous Attempts / History
- No Current or Previous History of Suicidality / Other Risk to Self

Details (list current and previous behaviors, dates, method and lethality)

Reports that he "keeps it in the back of my mind and have access to fentanyl, but I don't have a plan and you don't need to worry about it." He also says that he has h/o "one attempt because I was denied SSI for the second time in 2015."

- Add Suicidality/ Other Risk to Self to Needs List

**Physical Aggression/ Sexual Aggression / Other Risk Factors**

- Current Physical / Sexual Aggression/ Risk to Others
- Prior Physical Aggression / Sexual Aggression / Risk to Others
- Homicidal
- No Current or Previous History of Physical Aggression / Sexual Aggression / Risk to Others

- Add Homicidality / Physical Aggression / Risk to Others to Needs List

**Other Risk Factors**

- No known other risk factors

Selected Risks

*Constricted thinking*

*Family – minimal or no support*

*Helplessness*

*Other Risk Factor(s)*

When not medicated.

Add Other Risk Factors to Needs List

### Advance Directive

Does client have an Advance Directive?  Yes  No

Does client desire an Advance Directive plan?  Yes  No

Would client like more information about Advance Directive planning?  Yes  No

What information was the client given regarding Advance Directive?

Info provided at registration.

Add Advance Directive to Needs List

### C-SSRS Adult Screener

#### SUICIDAL IDEATION DEFINITIONS AND PROMPTS

Ask questions 1 and 2. If YES to 2, ask questions 3,4,5, and 6. If NO to 2, go directly to question 6.  
Ask the questions that are bolded and underlined.

**Since Last Visit**

##### **1. Wish to be dead**

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Yes

**Have you wished you were dead or wished you could go to sleep and not wake up?**

##### **2. Suicidal Thoughts**

General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

Yes

**Have you actually had any thoughts of killing yourself?**

##### **3. Suicidal Thoughts with Method (without Specific Plan or Intent to Act)**

Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."

Yes

**Have you been thinking about how you might kill yourself?**

##### **4. Suicidal Intent (without Specific Plan)**

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts as opposed to "(I have the thoughts but I definitely will not do anything about them.)"

No

**Have you had these thoughts and had some intention of acting on them?**

##### **5. Suicidal Intent with Specific Plan**

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

No

**Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**

##### **6. Suicide Behavior**

##### **Have you done anything, started to do anything, or prepared to do anything to end your life?**

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Yes

Over a year ago?

If YES, ask: **How long ago did you do any of these?**

### Diagnosis

**Generalized anxiety disorder**

<b>DSM5/ICD10</b> F41.1	<b>DSMIV/ICD9</b> 300.02	<b>SNOMED</b>	21897009
<b>ICD/ DSM Description</b>	Generalized anxiety disorder		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Primary
<b>Source</b>	<b>Severity</b>	<b>Order</b>	1
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Dissociative amnesia**

<b>DSM5/ICD10</b> F44.0	<b>DSMIV/ICD9</b> 300.12	<b>SNOMED</b>	84209002
<b>ICD/ DSM Description</b>	Dissociative amnesia		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Attention-deficit/hyperactivity disorder, Combined presentation**

<b>DSM5/ICD10</b> F90.2	<b>DSMIV/ICD9</b> 314.01	<b>SNOMED</b>	406506008
<b>ICD/ DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b> Z65.3	<b>DSMIV/ICD9</b> V62.5	<b>SNOMED</b>	105508004
<b>ICD/ DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Persistent depressive disorder (dysthymia)**

<b>DSM5/ICD10</b> F34.1	<b>DSMIV/ICD9</b> 300.4	<b>SNOMED</b>	191753006
<b>ICD/ DSM Description</b>	Persistent depressive disorder (dysthymia)		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Cannabis use disorder, Mild**

DSM5/ICD10	F12.10	DSMIV/ICD9	305.2	SNOMED
ICD/ DSM Description	Cannabis use disorder, Mild			
Remission	Specifier	Type	Additional	
Source	Severity	Order	6	
Rule Out	No	Billable	Yes	

**Additional Information****Screening Tools Used****Other General Medical Conditions/Infectious Disease****Psychosocial, Environmental, and Other Factors****Level of Functioning Score**

GAF Score 45

WHODAS Score

CAFAS Score

**Need List****Substance Use**

Substance Use Since last June 2023.

Anxiety Anxiety

Mood "cooperative, anxious"

**Education Challenges/Barriers** No Challenges/Barriers Known  
He graduated but struggled d/t "my ADHD and social anxiety." However, he denies ever bullied in school.**Suicidality** "Current Suicidality / Risk to Self, Previous Attempts / History"  
Reports that he "keeps it in the back of my mind and have access to fentanyl, but I don't have a plan and you don't need to worry ab out it." He also says that he has h/o "one attempt because I was denies SSI for the second time in 2015."**Other Risk Factor** "Constricted thinking, Family – minimal or no support, Helplessness, Other Risk Factor(s)"  
When not medicated.**Summary/Level of Care****Treatment**Does client meet criteria for services?  Yes  NoIf client does not meet, was referral or other options offered?  Yes  No

Supportive therapy to meet court/probation requirements.

**Accommodations**

Indicate any accommodations client requires for treatment

**Strengths**

"I'm a good listener, try to be kind, honest, and generous."

### Clinical Interpretive Summary

Integrate and interpret from a broader perspective all history and assessment information. Identify any co-occurring disabilities or disorders. Identify needs beyond the scope of the program and specify referrals for additional services. Include symptoms that justify the diagnosis and strengths that could contribute to stated outcomes. Include important biographical facts or events in the person's life.

Boone is a 44 yo single man who presents via telehealth. He says that he is seeking tx because "it's required by my parole." He is cooperative, pleasant, oriented X4, w/ fair grooming, but w/ poor insight/judgement. He seems to be somewhat guarded and reticent to provide details unless probed. He has a h/o struggling w/ "social anxiety and ADHD. I also have complex PTSD and dissociative dis."

At the present time, Boone is on meds and reports being somewhat stable, but continues to struggle d/t his current stressors related to being in a Halfway House, not employed, and not having an alternative living place. He describes his sxs of DID as follows: "I involuntarily dissociate very, very quickly, like every 15 seconds but there are some variations during the day, and they can last for less than a second up to a day. It is more like desiccative micro amnesia, like getting severely lost in thought and daydreaming but they're so intense that I black out. Then, when I get out of it, I don't remember anything." He says that he feels "anxious a lot, not like in public, but performance anxiety." He rates his anxiety as being high "like 7, but my depression is like a 2."

Boone continues to endorse sxs of high anxiety that include feeling on edge, restless, nervous, tense, worrying constantly and having hard time controlling her worrying, disturbance of sleep when not medicated, irritability, and having hard time concentrating w/o his med. He also seems to present w/ a h/o some underlying depressive mood that has been persisting for over two years now and lasting for most of the day, occurring on more days than not, and is accompanied w/ feeling down, sadness, hopelessness, helplessness, worthlessness, w/ disturbance of sleep, flatulating petite, and feeling being a failure. He endorses some passive SI w/ a plan but denies any intent and seems to have some protective factors in place. He also reports having frequent episodes of dissociative dis that include a sense of being separated from self and emotions, thinking that people and things around him are distorted and not real, as well as a blurred sense of reality, which he describes as "micro amnesia." He reports h/o PTSD but denies full range of sxs for such a dx and says that his "PTSD is caused by my ADHD and dissociative dis that I'll never recover from." He appears to endorse sxs of poor attention to detail, making careless mistakes, difficulty sustaining attention/concentration, avoids/dislikes tasks that require mental effort, loses/forgets things, easily distracted, fidgets and squirms.

The OQ score is not available at this time. Considering his hx, current presentation, and lack of collateral info, Boone meets criteria for the dx of GAD, Persistent Depressive dis, ADHD, Dissociative amnesia, and Cannabis use dis, which she denies use in over 8 months. He also seems to present w/ cluster B traits consist w/ the dx of PD. He has fear of abandonment, unstable relationships, unclear or shifting self-image, chronic feelings of emptiness, explosive anger, and says that he tends "to ruminate about the past a lot, I'm short-tempered, and have vindictiveness." He has currently on parole but denies any other prior charges.

### Transition/Level of Care/Discharge Plan

#### Level of Care (recommendation and justification):

Boone reportedly has extended h/o OP w/ mixed results. He says that therapy has never helped him, but he always benefited from ed. He is currently seeking tx secondary to current his parole terms. He requires therapeutic services to stabilize his sxs so that he is able to function w/ regard to his daily living needs. After discharge, he will be referred out for continuation of other tx options that are deemed necessary. He appears to be able to function w/ regard to his living needs when stable, advocate for self, but not able to maintain employment, get on SSI, and has no support. He also has h/o SUD but denies any use in over 8 months.

### Transition/Level of Care/Discharge Plan

Criteria – How will the staff/client/parent/guardian know that a change in level of care is indicated?

**Reduction in symptoms as evidenced by:**

Will discharge from services when is able to show consistent ability to address SUD and legal problems and meet court/probation requirements.

**Attainment of higher level of functioning as evidenced by:**

Treatment is no longer medically necessary as evidenced by: Other:**Estimated Discharge Date:****Safety Plan****General** Initial Safety Plan Review Client has current crisis**Reason for Living & Sense of Purpose****What things in your life are important to you? What is your reason for living? What gives you a sense of purpose and meaning in life?**

"Stabilizing my fiances and reducing my sxs."

**Warning Signs of a Crisis and Triggers****Signs that a crisis might be developing. What are past triggers, thoughts, daydreams, wishes, etc, that signal danger for me?**

"I'd say being in a homeless shelter and fearing of being killed, going to prison, getting fired repeatedly, and having anxiety."

**Plan to prevent access to means to harm self or others**

Do you have access to firearms?

 Yes No

Have you been stockpiling medications?

 Yes No

Do you have access to other means to harm yourself or others? (please specify)

 Yes No

Denies having access to firearms but says that he has access to fentanyl.

**Coping Strategies****What takes my mind off problems? Relaxation techniques, physical activity, hobbies, something else?**

"Buddhism has been helping a lot; I meditate and read to keep myself busy."

**People and Social settings that can distract me. Who can I call? Where can I go?**

"I reach out to people all the time."

**People who can help. Who can I call when I need help? Friends, family, someone else?**

"I reach out to people all the time."

**Professional or Agency I can contact during a crisis. Who can I call when I need help? Friends, family, someone else?**

Knows how to seek help and is willing to call crisis line.

**Making the environment safe. How can I make my environment safe? For example, can I remove guns, medications, and other items?**

Appears to be confident about the safety of current environment.

**Support Systems****Whom do I contact when I need help?\***

Name	Relationship	Address	Phone
None			

**Next Review**

Review Safety Plan Every 30 Days [Next Review date: 03/23/2024 ]

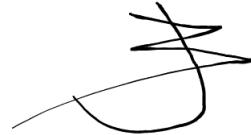
### Disposition

Referred In – VBH Mental Health  
Psychotherapy Services

Error: Subreport could not be shown.

**Clinician:** Jamal Barakat, CMHC

**Signature Date:** 02/22/2024





### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** David Haymond      **Service:** Ind Thrp Tx Pln Rev  
**Date Of Service:** 04/09/2024      **Start Time:** 5:00 PM      **End Time:** 6:30 PM      **Duration:** 90 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Forensic Unit- Office 337  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:**

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

1- F41.1 Generalized anxiety disorder

### Information

Current Life Events    No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.02

Mr. Boone will use his strength of being honest to learn 3 new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more by 07/31/24.

 Objective #1.03

As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly.

**Client's Current Condition**

Mood/Affect

 Unremarkable  Remarkable

Thought Process/Orientation

 Unremarkable  Remarkable

Behavior/Functioning

 Unremarkable  Remarkable

Medical Condition

 Unremarkable  Remarkable

Substance Abuse

 Unremarkable  Remarkable
Self Harm  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Room/Apt Inspection  Not Completed  Completed

**Safety Plan**

- The Safety Plan was Reviewed       Not Reviewed
- With the Client     Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

**Intervention/Progress**

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Boone Cabal was assessed through Valley Access on 02/22/24 and he has been recommended to attend General Outpatient Mental Health treatment services. Mr. Cabal scored HIGH Risk on the LS/CMI. Mr. Cabal presented today for enrollment in treatment and creation of treatment plan. Mr. Cabal and this writer completed Care Plan and Crisis/ Safety Plan. Mr. Cabal was educated concerning his treatment options and he was connected with therapy services that suited his treatment needs as well as his schedule and life needs. Mr. Cabal reported he is ready and willing to engage treatment services. Mr. Cabal denied any recent substance use or any other unsafe behavior. Mr. Cabal denied any current criminogenic risk factors. Due to the mental health challenges Mr. Cabal reports experiencing, he states he is unable to maintain employment. Mr. Cabal reports experiencing symptoms of dissociative disorder which include forgetting what is going on and where he is from moment to moment. He reports he is unable to work or fulfill the expectations of the daily tasks required for employment. Mr. Cabal will be meeting with the med team and an individual therapist to address his mental health challenges and needs.

\*The OQ was addressed, and Mr. Boone stated he has been experiencing no current thoughts of suicide.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Using Motivational Interviewing (MI), and through insight-oriented discussion Mr. Cabal was educated on the concept of the cycle of change and the different stages that make up the cycle of change. Precontemplation: A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists Contemplation: The person becomes aware that there is a problem, but has made no commitment to change Preparation: The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change) Action: The person is in active modification of behavior Maintenance: Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional Relapse: The person falls back into old patterns of behavior Precontemplation: The person may be unaware that there's a problem, thus there is no intention to change behavior.

Using supportive psychotherapy for the development of insight Mr. Cabal and this writer discussed how the model does not show an end to the process of change and suggests that a person is ever-progressing in the cycle. Logically, Relapse, or recurrence of previously undesired behaviors, would follow Maintenance of the newly acquired behaviors. It is possible for someone to stay years at the Maintenance stage or to never have a Relapse. When one Relapse, they may not be aware of it (i.e. Precontemplation) or may go through the Precontemplation phase quickly to being aware of the problem (i.e. Contemplation). It is hoped that in the stages of Preparation, Action, and Maintenance, that a person has developed resiliency, a support system and other coping mechanisms so that they can avoid the Relapse stage or get through it quickly.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Mr. Cabal was present and on time to his individual psychotherapeutic treatment session today. He expressed his understanding of the cycle of change and shared how it relates to him personally in his life. Mr. Cabal talked about his goals and wanting to better understand the ups and downs of life and how they can affect his daily life as well as the need to stick with remain free from criminogenic risk factors and move forward with his mental health recovery. Mr. Cabal stated he is going to work to apply the cycle of change in his life and his efforts with his mental health and criminogenic risk factor recovery.

Document the plan. If there were barriers describe the plan to overcome the barriers

Mr. Cabal is recommended to receive pharmacological management/ medication management treatment services to address mental health stability. Mr. Cabal is recommended to meet with a case manager, as needed, to become connected with community resources he might be able to utilize.

Mr. Cabal is recommended to attend individual psychotherapeutic treatment every 30 days to review treatment progress and recovery needs.

Mr. Cabal is scheduled for his next individual psychotherapeutic treatment session on Wednesday May 15th at 3:30pm with David Haymond, CMHC.

Due to the mental health challenges Mr. Cabal reports experiencing, he states he is unable to maintain employment. Mr. Cabal reports experiencing symptoms of dissociative disorder which include forgetting what is going on and where he is from moment to moment. He reports he is unable to work or fulfill the expectations of the daily tasks required for employment. Mr. Cabal will be meeting with the med team and an individual therapist to address his mental health challenges and needs.

Mr. Cabal is staying at Fortitude Halfway House; he will be submitting to weekly random drug testing at Fortitude. He will not be submitting to weekly random drug testing at Valley.

#### **Prescribed Intervention Services**

<b>Intervention History/Updates</b>	<b>How Many Session</b>	<b>How Often</b>	<b>Duration</b>	<b>Person Responsible</b>
Ind Thrpy Tx Pln Review	1	Every two months	60.00 Minutes	Designated LMHT
Ind Thrpy Tx Pln Review				
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT

**Clinician:** David Haymond, CMHC

**Signature Date:** 04/09/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** David Haymond      **Service:** Individual Therapy  
**Date Of Service:** 05/15/2024      **Start Time:** 2:30 PM      **End Time:** 4:00 PM      **Duration:** 90 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Forensic Unit- Office 337  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:**

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

- 1- F44.0      Dissociative amnesia
- 2- F41.1      Generalized anxiety disorder

### Information

Current Life Events      No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.02

Mr. Boone will use his strength of being honest to learn new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more by 07/31/24.

**Client's Current Condition**

Mood/Affect  Unremarkable  Remarkable

Thought Process/Orientation  Unremarkable  Remarkable

Behavior/Functioning  Unremarkable  Remarkable

Medical Condition  Unremarkable  Remarkable

Substance Abuse  Unremarkable  Remarkable

Self Harm  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Others  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Property  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Room/Apt Inspection  Not Completed  Completed

**Safety Plan**

The Safety Plan was Reviewed  Not Reviewed

With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

**Intervention/Progress**

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Mr. Cabal presented today for individual psychotherapeutic treatment for the medical necessity of addressing mental health and criminogenic risk factors. Mr. Cabal stated he is experiencing frustration in connection with his parole case manager's expectations and what he feels like he is able to do. Mr. Cabal reported he was told he needed to stabilize and find a job, but he stated he can't get a job due to his dissociative amnesia. He stated he forgets from moment to moment what he is doing and where he is at. Mr. Cabal did exhibit confusion and lost of memory during our session. Mr. Cabal expressed stress connected with people being out to get him and the universe being against him. Mr. Cabal's med appointment on 04/10 was cancelled. He has been rescheduled for tomorrow, Thursday 05/16 at 8:30am. Mr. Cabal was encouraged to make sure and attend this pharm/med management appointment to make sure and see if medication options might help him with having clearer thinking. Mr. Cabal stated he has been having no issues with substance use or any other unsafe behavior. Mr. Cabal reported he has been experiencing no current criminogenic risk factors. Mr. Cabal stated he would like to be able to start meeting with a therapist that specializes in EMDR treatment. This writer told Mr. Cabal, that they would make an effort to connect him with one of the two therapists at Forensic Unit that are trained in EMDR treatment.

\*The OQ was addressed, and Mr. Cabal stated he has been experiencing no thoughts of suicide.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Using Motivational Interviewing (MI), and a cognitive discussion of reality Mr. Cabal and this writer discussed the goals of interpersonal effectiveness and how interpersonal effectiveness can be achieved. We talked about the value of describing the current situation and tell the person exactly what you are reacting to. Stick to the facts. We also talked about the importance of expressing your feelings and opinions about the situation. Assume that your feelings and opinions are not self-evident. Give a brief rationale. Use phrases such as "I want", "I don't want" instead of "I need", "you should" or "I can't".

Mr. Cabal and this writer also talked about being able to assert oneself. Assert yourself by asking for what you want or saying no clearly. Assuming that others will not figure it out or do what you want unless you ask. Assume that others cannot read your mind. Don't expect others to know how hard it is for you to ask directly for what you want. Using supportive interactions we addressed reinforcement and that to reinforce or reward the person ahead of time by explaining the consequences. Tell the person the positive effects of getting what you want or need. Tell him or her the negative effects of you not getting it. Help the person feel good ahead of time for doing or accepting what you want.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barries to progress.

Mr. Cabal was on time to individual therapy and he was respectful during the length of the therapy session. Mr. Cabal shared his thoughts on being able to ask for what he wants and also being able to refuse a request when he is not willing to do it and how this affects his ability to cope with emotional struggles. Mr. Cabal shared his thoughts on being able to describe, express, assert and reinforce issues in his life. Mr. Cabal stated these skills will better enable him to have success with his goals in treatment as well as generally in life.

Document the plan. If there were barriers describe the plan to overcome the barriers

Mr. Cabal will return in 4 weeks' time for his next individual psychotherapeutic treatment session on Friday June 14th at 11:00am. Mr. Cabal will work on using healthy support system. He is also going to make an effort to begin to set up healthy boundaries in his life and the people he interacts with. Mr. Cabal will spend time with positive, safe and healthy people.

**Prescribed Intervention Services**

<b>Intervention History/Updates</b>	<b>How Many Session</b>	<b>How Often</b>	<b>Duration</b>	<b>Person Responsible</b>
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT
Individual Psychotherapy				

**Clinician:** David Haymond, CMHC

**Signature Date:**

05/15/2024



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99204 NEW TLH 45-59  
**Date Of Service:** 05/16/2024      **Start Time:** 8:40 AM      **End Time:** 9:25 AM      **Duration:** 45 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  Family Member(s)  Internal Collateral  External Collateral  
**Goals and Objectives:**

#### General

Adult  Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**  **Same as Last Visit**

Boone was seen today for "to get my meds"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records

Yes  No

#### Comments

#### Past History

#### Medical/Psychiatric History

Reviewed No Changes

Reviewed With Changes

Client Name: Boone Cabal

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History**

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History**

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases					
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Other				
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Distractible	<input type="checkbox"/> Other				

**Thought Content and Process; Cognition**

Assessed all sections below     Not Assessed     WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge

**Thought Process Abnormalities (leave unchecked if not present)**

Disorganized     Blocking     Persecution     Broadcasting     Derailed  
 Thought insertion     Incoherent     Racing     Illogical     Other

**Thought Content Abnormalities (leave unchecked if not present)**

Delusional     Paranoid     Ideas of Reference     Thought insertion     Thought withdrawal

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions  
 Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness  
 Other

**Cognitive Abnormalities (leave unchecked if not present)**

- Concrete       Unable to follow instructions       Poor Computation       Other

**Associations**       Assessed all sections below       Not Assessed       WNL – Intact

- Loose    Clinging    Word salad    Circumstantial    Tangential    Other

**Abnormal/Psychotic Thoughts**       Assessed       Not Assessed       WNL- no disturbance of perception

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

**Suicide/Homicide**       No Suicidal/homicidal concerns       Present

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Disoriented to Person Place Time Situation Other

#### **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

**As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance  
 IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed  Not Assessed  WNL for developmental level

Excellent     Good     Fair     Poor     Grossly Impaired

Substance related       Other

**As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact

Immediate	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By /3 Words In Five Minutes
Recent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By
Remote	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By

Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL

Atrophy     Abnormal Movements     Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness     Staggered     Shuffling     Unstable     Other

### **Mental status exam additional comments, Descriptions**

#### **Medical Decision Making**

##### **Problem 1**

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He reports that his mood is "fine" and he denies depression or anhedonia. He reports that his last period of depression was sometime last year. He denies suicidal ideation or thoughts of wanting to die. He is currently prescribed duloxetine 60mg daily, gabapentin 800mg three times daily, and lamotrigine 200mg daily. I will continue these medication as prescribed. Will continue to monitor in upcoming visits.

##### **Problem 2**

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "good." He feels duloxetine controls his anxiety well. Will continue to monitor in upcoming visits.

##### **Problem 3**

Dissociative amnesia

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that he is sleeping about 8 hours per night and he sleeps "surprisingly well." Will continue to monitor in upcoming visits.

##### **Problem 4**

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. He is currently prescribed Mydayis 50mg daily which was confirmed through CSDB and Fortitude and I will continue this medication as prescribed. Will continue to monitor in upcoming visits.

### Problem 5

Cannabis use disorder, Mild

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He first used cannabis at age 31 and he began using daily at that time. He denies cravings and reports that his last use was prior to prison. There is no evidence based Medication Assisted Treatment for this problem, but he will continue to attend supportive therapy per program protocol. Will continue to monitor in upcoming visits.

### Data Reviewed

- Review labs/other tests
- Order labs/other tests
- Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

### Relevant/Test Results

### Lab Comments

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

### Risk of complications and/or Morbidity or Mortality of Patient Management

- Over the Counter Drugs
- Prescription Drug Management
- Diagnosis or treatment significantly limited by social determinants of health
- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- Limited quantities of medication for safety reasons
- Other

### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

### Information and Education

### Activities Completed

Total time spent on encounter Minutes

**Counseling Activities**

- |   |   |
|---|---|
| <input type="checkbox"/> Discussed the nature and course of the illness                       | <input type="checkbox"/> Discussed treatment options  |
| <input type="checkbox"/> Discussed potential medication side-effects                          | <input type="checkbox"/> Discussed medication risks and benefits  |
| <input type="checkbox"/> Discussed pros and cons of hospitalization                           | <input type="checkbox"/> Discussed laboratory testing results   |
| <input type="checkbox"/> Discussed pros and cons of out of home placement                     | <input type="checkbox"/> Discussed behavioral strategies to handle difficult symptoms                   |
| <input type="checkbox"/> Education provided on how to interact with school and other agencies | <input type="checkbox"/> Discussed psychological testing results  |
| <input type="checkbox"/> Discussed risk factors and strategies to reduce them                 | <input type="checkbox"/> Education provided on the importance of adherence to treatment recommendations |
| <input type="checkbox"/> Education provided on the importance of medication compliance        | <input type="checkbox"/> Instructions given on how to start or discontinue a medication                 |
| <input type="checkbox"/> Instructions given on how to remedy medication side-effects          | <input type="checkbox"/> Brief alcohol counseling provided  |
| <input type="checkbox"/> Instructions given on how to enhance the benefits of the medications | <input type="checkbox"/> Discussed PMP report findings with patient                                     |
| <input type="checkbox"/> Other  |   |

**Elaborate on activities checked above****Non Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Documentation | <input type="checkbox"/> Ordered Medications                |
| <input type="checkbox"/> Ordered Labs            | <input type="checkbox"/> Consulted with other medical staff |
| <input type="checkbox"/> Research                | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Reviewed PMP Report     |   |

**Elaborate on activities checked above****Plan**

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

 Yes     No
**Plan**     **Same as Last Visit**

Next Visit

 PRN N/A**Next Physician's Visit**

- Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.

**Interactive Complexity Add Ons**Is Interactive Complexity Present?  Yes     No

- Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).
- Caregiver emotions/behavior that interfere with implementation of treatment plan.
- Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.

Client Name: Boone Cabal

- Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language).
- Supporting Documentation.

## Diagnosis

### Generalized anxiety disorder

<b>DSM5/ICD10</b>	F41.1	<b>SNOMED</b>	21897009
<b>ICD / DSM Description</b>	Generalized anxiety disorder		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Primary
<b>Source</b>	<b>Severity</b>	<b>Order</b>	1
<b>Rule Out</b>	No	<b>Billable</b>	Yes

### Dissociative amnesia

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
<b>ICD / DSM Description</b>	Dissociative amnesia		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
<b>Rule Out</b>	No	<b>Billable</b>	Yes

### Attention-deficit/hyperactivity disorder, Combined presentation

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD / DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

### Problems related to other legal circumstances

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD / DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Persistent depressive disorder (dysthymia)**

<b>DSM5/ICD10</b>	F34.1	<b>SNOMED</b>	191753006
<b>ICD/ DSM Description</b>	Persistent depressive disorder (dysthymia)		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Cannabis use disorder, Mild**

<b>DSM5/ICD10</b>	F12.10	<b>SNOMED</b>	
<b>ICD/ DSM Description</b>	Cannabis use disorder, Mild		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	6
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score**

**Clinician:** Christian Judd, APRN      **Signature Date:** 05/16/2024





### Nurse Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Lisa Turner      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 05/20/2024      **Start Time:** 1:00 PM      **End Time:** 1:20 PM      **Duration:** 20 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** North Valley      **Specific Location:** Nurses office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis      **Other Participants:**  
**Second Staff:**  Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

### General

Medication Management       Injection Only       Both

### Billing Diagnosis

F34.1 Persistent depressive disorder (dysthymia)  
F90.2 Attention-deficit/hyperactivity disorder, Combined presentation  
F12.10 Cannabis use disorder, Mild  
F41.1 Generalized anxiety disorder

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."
- Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more by 07/31/24.      Moderate Improvement

### Reason For Visit

#### Reason For the Visit

Boone is here for medication management and mental health assessment.

#### Chief Complaint

Boone said he felt "Do you have my meds?"

### Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone states he only used cannabis in his past. He deals with depression, but states it is situational. He takes medication for his ADHD and states he has to have his medication's and that that particular med is a specialty stimulant and spent a great deal of time explaining how important it is.

**Progress or Lack of Progress Towards Goal**

Boone is progressing towards his goal and has continuously been taking his medication as prescribed

**Barriers to Progress and Plan to Address**  No barriers identified  Specify below

**Barriers**

Boone states he has been trying for months to get his medication's transferred to Valley Rx but didn't realize he was supposed to be managed by a nurse. He doesn't seem very happy about that or the fact that I do not have all of his medications. Our nurse yesterday did confirm they could fill his medication's yesterday, but they did not and also did not order in his specialty stimulant. - name brand dextroamphetamine by Cardinal named Mydayis

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

None noted

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "worried"

**Thought Process**  Linear and goal directed  Specify below

**Anxiety**  None observed or reported this visit  Specify below

Boone is quite anxious about us being able to get in his name brand stimulant

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is dressed appropriately. He looks clean and is non-odorous

**Other Comments**

**Medications**

**The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.**

**The medications below were reviewed with the client**  Yes  No

**Risk/benefits have been discussed with the client and understood**  Yes  No

**Any newly emergent side effects have been discussed with the patient**

**Current Medications**

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	07/06/2024

**Not ordered by Valley Behavioral Health providers**

**Side Effects**

Boone denies having any side effects to his medications

**Information and Education**

I explained how important it is to stay compliant and take the medications as prescribed and to keep them safe

**Medical Decision and Plan of Care****Plan - Last Visit****The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.**

Boone was given four weeks of all oral medication's except for Mydayis. Valley Rx is confirming it will be in tomorrow's order. If it is not in tomorrow's order, we will need to have his APRN send it to CVS in Sandy (1138 S 700 E) as he knows for sure they have that medication

**Previous Diagnosis**

**Effective Date:** 05/16/2024

**Diagnosis List**

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
1	F41.1	300.02	Generalized anxiety disorder	Primary	
2	F44.0	300.12	Dissociative amnesia	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
4	Z65.3	V62.5	Problems related to other legal circumstances	Additional	

5	F34.1	300.4	Persistent depressive disorder (dysthymia)	Additional	
6	F12.10	305.2	Cannabis use disorder, Mild	Additional	

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:** Lisa Turner, RN

**Signature Date:** 06/18/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** David Haymond      **Service:** Ind Thrpy Tx Pln Rev  
**Date Of Service:** 06/14/2024      **Start Time:** 10:30 AM      **End Time:** 12:00 PM      **Duration:** 90 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Forensic Unit- Office 337  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:**

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

- 1- F41.1 Generalized anxiety disorder
- 2- F44.0 Dissociative amnesia

### Information

Current Life Events    No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.02

Mr. Boone will use his strength of being honest to learn new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more by 07/31/24.

 Objective #1.03

As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly.

**Client's Current Condition**

Mood/Affect

 Unremarkable  Remarkable

Thought Process/Orientation

 Unremarkable  Remarkable

Behavior/Functioning

 Unremarkable  Remarkable

Medical Condition

 Unremarkable  Remarkable

Substance Abuse

 Unremarkable  Remarkable
Self Harm  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Room/Apt Inspection  Not Completed  Completed

**Safety Plan**

- The Safety Plan was Reviewed       Not Reviewed
- With the Client     Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

**Intervention/Progress**

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Boone Cabal presented today (06/14/24) for treatment plan review and update to treatment recommendations. Mr. Cabal reported he met with the med team during May and those services seem to be beneficial. Mr. Cabal reported no concerns related to substance use. Mr. Cabal stated he has been having no issues related to criminogenic risk factors. Mr. Cabal reported he would like to meet with a therapist specializing in EMDR therapy. He will no longer be meeting with this writer and will start meeting the therapist Stephanie Larsen, LCSW to receive individual psychotherapeutic treatment with a focus on EMDR treatment. Mr. Cabal's treatment appears to be working as evidenced by his self-reported increase in stable moods and his compliance with AP&P parole expectations. Mr. Cabal reported he has been working on writing articles as a healthy means of coping. He stated he is doing all he can to avoid returning to prison. He stated he has been making an effort to be more accepting of people he finds to be annoying. He reported he is making an effort to be kinder to people. He stated he has been practicing mindfulness meditation to let go of his frustrations and be able to be more accepting of the flow of life rather than fighting in and becoming irritated with the people in encounters in life. Mr. Cabal stated he has been having no issues with substance use or any other unsafe behaviors. Mr. Cabal reported he missed his last pharmacological management appointment, but he has a goal to not miss his upcoming appointment with the med team scheduled on Monday June 17th.

\*The OQ was addressed, and Mr. Cabal stated he has been having no issues with any thoughts of suicide.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Using Motivational Interviewing (MI), and supportive psychotherapy for the development for affective understanding Mr. Cabal and this writer discussed how becoming assertive is more than finding the right words to say and how this can relate to sobriety and remaining safe and stable. Using a cognitive discussion of reality we talked about how the foundation for effective assertion is our own thinking. Our thinking can either block us from being assertive or help us become more assertive. When we are in the process of developing a new assertive pattern, we will want to develop new ways of thinking as well as new ways of saying things.

With supportive interactions Mr. Cabal further shared his thoughts on giving and receiving criticism. Delivering criticism and being criticized are probably two of the more difficult aspects of human relationships and interactions and being able to deal with these situations can aid in remaining sober and reducing criminogenic thoughts and behaviors. Because there are many times when these behaviors are appropriate and useful it is important to learn the differences between negative feedback and inappropriate criticism. Through supportive psychotherapy for the development of insight Mr. Cabal and this writer interacted while discussing the differences between appropriate criticism which is using assertiveness and inappropriate criticism which uses aggressiveness and how taking this into consideration can allow a person to interact with people without being overly triggered to use substances or participate in any unhealthy or unsafe behaviors.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Mr. Cabal was on time for his individual psychotherapeutic treatment; he was open and candid about his life and his concerns during the length of our individual therapy session. Mr. Cabal shared his thoughts on being assertive and how it can help him deal with stressful moments in life and not let difficult emotions dwell inside of him or allow these stressors to lead to any potential unsafe behaviors that might include criminogenic risk factors. Mr. Cabal offered personal insight during the length of today's session into his personal life and the struggles he is going through with his symptoms of dissociative amnesia and Generalized anxiety disorder. Mr. Cabal was an active member of the individual psychotherapeutic process.

Document the plan. If there were barriers describe the plan to overcome the barriers

Mr. Cabal is recommended to receive pharmacological management/ medication management treatment services to address mental health stability. Mr. Cabal is recommended to meet with a case manager, as needed; to become connected with community resources he might be able to utilize.

Mr. Cabal is recommended to attend individual psychotherapeutic treatment every 30 days to review treatment progress and recovery needs.

Due to the mental health challenges Mr. Cabal reports experiencing, he states he is unable to maintain employment. Mr. Cabal reports experiencing symptoms of dissociative disorder which include forgetting what is going on and where he is from moment to moment. He reports he is unable to work or fulfill the expectations of the daily tasks required for employment. Mr. Cabal will be meeting with the med team and an individual therapist to address his mental health challenges and needs.

\*Mr. Cabal is staying at Fortitude Halfway House; he will be submitting to weekly random drug testing at Fortitude. This has been approved through his parole officer. He will not be submitting to weekly random drug testing at Valley.

#### **Prescribed Intervention Services**

<b>Intervention History/Updates</b>	<b>How Many Session</b>	<b>How Often</b>	<b>Duration</b>	<b>Person Responsible</b>
Ind Thrpy Tx Pln Review	1	Every two months	60.00 Minutes	Designated LMHT
Individual Psychotherapy				
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT

**Clinician:** David Haymond, CMHC

**Signature Date:** 06/14/2024

**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 06/17/2024      **Start Time:** 10:03 AM      **End Time:** 10:15 AM      **Duration:** 12 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** I met with Boone in the nurse's office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis      **Other Participants:**  
**Second Staff:**  Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

**General**

Medication Management       Injection Only       Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)

F41.1 Generalized anxiety disorder

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."  
 Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more by 09/30/24. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone comes in today for scheduled med management and nurse assessment.

**Chief Complaint**

Boone said "for my meds." He is assessed for med compliance and mental health concerns.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Medication Management	1	Monthly	15.00	Minutes	Nurse
Medication Management					

## Review of Mental Status/Behavioral Health Status

### Mental/Behavioral Health Issues

Boone is here on his scheduled day. He is alert & oriented. He says, "my mood is fine. I have never had depression. I don't know why people keep telling me that." He reports getting enough sleep. He is slightly irritable asking why he has to come in for med management. He says, "I want to get my medicine in bottles not these things."

### Progress or Lack of Progress Towards Goal

Boone reports taking meds.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

Boone has no barriers. He says, "I always take my meds. I've never had a problem."

Non-Smoker  Smoker, specify # of cigarettes per day

### Education

### Health Issues

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "fine ". His affect is irritated.

**Thought Process**  Linear and goal directed  Specify below

Boone's thought process is linear.

**Anxiety**  None observed or reported this visit  Specify below

Boone says, "everything is exactly the same as it was last month." He reports anxiety as baseline.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

### Comments

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

### Comments

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

### Comments

### Appearance

Boone is clean and neat. He doesn't want to engage in the assessment. He appears frustrated that he has to be here and doesn't want to answer questions. He keeps telling me everything is the same.

### Other Comments

## Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

**The medications below were reviewed with the client** Yes No**Risk/benefits have been discussed with the client and understood** Yes No **Any newly emergent side effects have been discussed with the patient****Current Medications**

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	07/06/2024

**Not ordered by Valley Behavioral Health providers****Side Effects**

Boone denies

**Information and Education**

Boone is familiar with his meds. HE is instructed to keep meds safe

**Medical Decision and Plan of Care****Plan - Last Visit****The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.**

Boone is given 28 days of meds in dispill packs. He will take as directed. He is asked to report any side effects of concerns. He is scheduled for next visit on July 15th.

**Previous Diagnosis****Effective Date:** 05/16/2024**Diagnosis List**

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
6	F12.10	305.2	Cannabis use disorder, Mild	Additional	
5	F34.1	300.4	Persistent depressive disorder (dysthymia)	Additional	
4	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
2	F44.0	300.12	Dissociative amnesia	Additional	

1	F41.1	300.02	Generalized anxiety disorder	Primary	
---	-------	--------	------------------------------	---------	--

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

06/23/2024



### Nurse Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 07/15/2024      **Start Time:** 11:00 AM      **End Time:** 11:22 AM      **Duration:** 22 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** I met with Boone in the nurse's office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

### General

Medication Management       Injection Only       Both

### Billing Diagnosis

F34.1 Persistent depressive disorder (dysthymia)  
F41.1 Generalized anxiety disorder  
F12.10 Cannabis use disorder, Mild

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."
- Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more by 09/30/24. Some Improvement

### Reason For Visit

#### Reason For the Visit

Boone comes in today for scheduled med management and nurse assessment as part of treatment plan.

#### Chief Complaint

Boone said he felt "pick up my meds ". He is assessed for med compliance and mental health concerns.

### Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone is here on his scheduled day. He says, "the meds are fine." When asked about his mood he says, "fine." He reports getting good sleep. He is not very talkative and quickly reports everything as fine or okay. He denies drug use.

**Progress or Lack of Progress Towards Goal**

Boone is compliant coming to unit for medications.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

Boone will continue taking meds as prescribed. He will attend recommended treatment.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

Boone has no complaints.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "fine." He denies feelings of depression.

**Thought Process**  Linear and goal directed  Specify below

Boone's thought process is organized and linear.

**Anxiety**  None observed or reported this visit  Specify below

Boone denies anxiety.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is neatly groomed. He is clean. He makes good eye contact. He appears in a hurry and is not very engaging in the assessment.

**Other Comments****Medications**

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

**The medications below were reviewed with the client**  Yes  No

**Risk/benefits have been discussed with the client and understood**  Yes  No

**Any newly emergent side effects have been discussed with the patient**

### Current Medications

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/04/2024
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	08/03/2024

**Not ordered by Valley Behavioral Health providers**

### Side Effects

Boone denies side effects

### Information and Education

Boone is instructed on his meds. He voices understanding.

### Medical Decision and Plan of Care

#### Plan - Last Visit

Boone is given 28 days of meds in dispill packs. He will take as directed. He is asked to report any side effects or concerns. He is scheduled for next visit on July 15th.

#### The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.

Boone is provided with medication for 28 days in sealed, labeled dispill packs. He agrees to keep meds safe and take as prescribed. He is due to return on August 12th.

### Previous Diagnosis

**Effective Date:** 06/14/2024

### Diagnosis List

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
6	F12.10	305.2	Cannabis use disorder, Mild	Additional	
2	F44.0	300.12	Dissociative amnesia	Additional	
1	F41.1	300.02	Generalized anxiety disorder	Primary	
5	F34.1	300.4	Persistent depressive disorder (dysthymia)	Additional	

4	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
---	-------	-------	---	------------	--

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

07/24/2024



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99214 EST TLH 30-39  
**Date Of Service:** 07/17/2024      **Start Time:** 11:15 AM      **End Time:** 11:30 AM      **Duration:** 15 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

#### General

Adult       Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**       **Same as Last Visit**

Boone was seen today for "my meds"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records

Yes       No

#### Comments

#### Past History

#### Medical/Psychiatric History

Reviewed No Changes

Reviewed With Changes

Client Name: Boone Cabal

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History**

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History**

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases					
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Other					
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL-with good concentration and attention span				
<input type="checkbox"/> Distractible	<input type="checkbox"/> Other						
<b>Thought Content and Process; Cognition</b>							
<input type="radio"/> Assessed all sections below	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge					
<b>Thought Process Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Disorganized	<input type="checkbox"/> Blocking	<input type="checkbox"/> Persecution	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Derailed			
<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Racing	<input type="checkbox"/> Illogical	<input type="checkbox"/> Other			
<b>Thought Content Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Delusional	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Thought withdrawal			

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions
  - Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness
  - Other

**Cognitive Abnormalities (leave unchecked if not present)**

- |                                    |  |   |   |                                     |                                |
|------------------------------------|--|---|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Concrete  | <input type="checkbox"/> Unable to follow instructions       | <input type="checkbox"/> Poor Computation | <input type="checkbox"/> Other                          |                                     |                                |
| <b>Associations</b>                | <input checked="" type="radio"/> Assessed all sections below | <input type="radio"/> Not Assessed        | <input checked="" type="radio"/> WNL - Intact           |                                     |                                |
| <input type="checkbox"/> Loose     | <input type="checkbox"/> Clanging                            | <input type="checkbox"/> Word salad       | <input type="checkbox"/> Circumstantial                 | <input type="checkbox"/> Tangential | <input type="checkbox"/> Other |
| <b>Abnormal/Psychotic Thoughts</b> | <input checked="" type="radio"/> Assessed                    | <input type="radio"/> Not Assessed        | <input type="radio"/> WNL- no disturbance of perception |                                     |                                |

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

## **Suicide/Homicide**

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Disoriented to  Person  Place  Time  Situation  Other

#### **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

**As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance

IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed       Not Assessed       WNL for developmental level

Excellent       Good       Fair       Poor       Grossly Impaired

Substance related       Other

**As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact

Immediate	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By /3 Words In Five Minutes
Recent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By
Remote	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By

Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL

Atrophy     Abnormal Movements     Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness     Staggered     Shuffling     Unstable     Other

### Mental status exam additional comments, Descriptions

#### Medical Decision Making

##### Problem 1

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies depression or anhedonia and reports that he has been writing which he enjoys. He denies suicidal ideation or thoughts of wanting to die. He states that "I'm dealing with a lot of things with trying to get employed, but I'm working through it." Will continue to monitor in upcoming visits.

##### Problem 2

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "manageable." He feels duloxetine controls his anxiety well. Will continue to monitor in upcoming visits.

##### Problem 3

Dissociative amnesia

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that he is sleeping about 7-8 hours per night and he sleeps "really well." Will continue to monitor in upcoming visits.

##### Problem 4

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. He states that "it's helping me stay focused." Will continue to monitor in upcoming visits.

##### Problem 5

Cannabis use disorder, Mild

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies cravings or recent use. There is no evidence based Medication Assisted Treatment for this problem, but he will continue to attend supportive therapy per program protocol. Will continue to monitor in upcoming visits.

#### Data Reviewed

- Review labs/other tests
- Order labs/other tests
- Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

#### Relevant/Test Results

05/16/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Lab Comments

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Risk of complications and/or Morbidity or Mortality of Patient Management

- Over the Counter Drugs
- Prescription Drug Management
- Diagnosis or treatment significantly limited by social determinants of health
- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- Limited quantities of medication for safety reasons
- Other

#### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

#### Current Medications

##### Current Medications

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
Duloxetine	60mg, CpDR, Oral 1.00 each Morning	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	

Client Name: Boone Cabal

Lamotrigine	200mg, Tab, Oral 1.00 each Morning	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Mydayis	50mg, CT24, oral 1.00 each Morning	07/05/2024	08/03/2024	0.00	Judd, Christian APRN UT-Psych/MH	

**Self-Reported Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Discontinued Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Information and Education****Activities Completed**

Total time spent on encounter Minutes

**Counseling Activities**

- |   |   |
|---|---|
| <input type="checkbox"/> Discussed the nature and course of the illness                       | <input type="checkbox"/> Discussed treatment options  |
| <input type="checkbox"/> Discussed potential medication side-effects                          | <input type="checkbox"/> Discussed medication risks and benefits  |
| <input type="checkbox"/> Discussed pros and cons of hospitalization                           | <input type="checkbox"/> Discussed laboratory testing results   |
| <input type="checkbox"/> Discussed pros and cons of out of home placement                     | <input type="checkbox"/> Discussed behavioral strategies to handle difficult symptoms                   |
| <input type="checkbox"/> Education provided on how to interact with school and other agencies | <input type="checkbox"/> Discussed psychological testing results  |
| <input type="checkbox"/> Discussed risk factors and strategies to reduce them                 | <input type="checkbox"/> Education provided on the importance of adherence to treatment recommendations |
| <input type="checkbox"/> Education provided on the importance of medication compliance        | <input type="checkbox"/> Instructions given on how to start or discontinue a medication                 |
| <input type="checkbox"/> Instructions given on how to remedy medication side-effects          | <input type="checkbox"/> Brief alcohol counseling provided  |
| <input type="checkbox"/> Instructions given on how to enhance the benefits of the medications | <input type="checkbox"/> Discussed PMP report findings with patient                                     |
| <input type="checkbox"/> Other  |   |

**Elaborate on activities checked above****Non Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Documentation | <input type="checkbox"/> Ordered Medications                |
| <input type="checkbox"/> Ordered Labs            | <input type="checkbox"/> Consulted with other medical staff |
| <input type="checkbox"/> Research                | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Reviewed PMP Report     |   |

**Elaborate on activities checked above****Plan**

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

 Yes  No

Client Name: Boone Cabal

**Plan**  **Same as Last Visit**

Continue

Next Visit

PRN

N/A

### Next Physician's Visit

- Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.

### Interactive Complexity Add Ons

Is Interactive Complexity Present?  Yes  No

- Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).
- Caregiver emotions/behavior that interfere with implementation of treatment plan.
- Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.
- Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language).
- Supporting Documentation.

### Diagnosis

#### Generalized anxiety disorder

<b>DSM5/ICD10</b>	F41.1	<b>SNOMED</b>	21897009
<b>ICD / DSM Description</b>	Generalized anxiety disorder		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Primary
<b>Source</b>	<b>Severity</b>	<b>Order</b>	1
<b>Rule Out</b>	No	<b>Billable</b>	Yes

#### Dissociative amnesia

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
<b>ICD / DSM Description</b>	Dissociative amnesia		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
<b>Rule Out</b>	No	<b>Billable</b>	Yes

#### Attention-deficit/hyperactivity disorder, Combined presentation

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD / DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD/ DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Persistent depressive disorder (dysthymia)**

<b>DSM5/ICD10</b>	F34.1	<b>SNOMED</b>	191753006
<b>ICD/ DSM Description</b>	Persistent depressive disorder (dysthymia)		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Cannabis use disorder, Mild**

<b>DSM5/ICD10</b>	F12.10	<b>SNOMED</b>	
<b>ICD/ DSM Description</b>	Cannabis use disorder, Mild		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	6
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score**

**Clinician:** Christian Judd, APRN**Signature Date:** 07/17/2024

**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 08/12/2024      **Start Time:** 10:22 AM      **End Time:** 10:41 AM      **Duration:** 19 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** I met with Boone in the nurse's office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis      **Other Participants:**  
**Second Staff:**  Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

**General**

Medication Management       Injection Only       Both

**Billing Diagnosis**

F44.0 Dissociative amnesia  
F34.1 Persistent depressive disorder (dysthymia)

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."  
 Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more by 09/30/24. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone comes to unit for med management and nurse assessment as part of treatment.

**Chief Complaint**

Boone said "to get medicine". He is assessed for mental health needs and med compliance.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone is here on his scheduled day. He says, "I have a concern. I am gaining a lot of weight and I don't like it." He says, "I can't keep a job I keep getting fired. It happens sooner and sooner this last time I got fired before I even got there." He says, "I talked to my CM and he told me he didn't care why I couldn't keep a job but I will keep going out there and find work or I will go back to prison." He says, "I feel threatened." He says, "last time I went in I disassociated and lost my phone twice. Then I got lost on tracks and was 20 minutes late. Then the lady didn't have any work for me so I wrote a nasty review on google and yelp. Now I have been blackballed from working anywhere." He tells me he is taking his medications but often disassociates.

**Progress or Lack of Progress Towards Goal**

Boone reports taking medications.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

He is agitated. He is c/o disassociating. He is instructed to see provider.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

No complaints.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt " I think I am experiencing some depression."

**Thought Process**  Linear and goal directed  Specify below

His thought process is linear and he is able to answer questions.

**Anxiety**  None observed or reported this visit  Specify below

Boone says, "I have a lot of stress right now." He admits his anxiety has been higher.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is neat in appearance. His speech is fast and loud. He appears agitated today talking about not being able to get a job. He does answer questions during the assessment.

**Other Comments****Medications**

**The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.**

**The medications below were reviewed with the client**

Yes

No

**Risk/benefits have been discussed with the client and understood**

Yes

No

Any newly emergent side effects have been discussed with the patient

#### Current Medications

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	11/11/2024
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	09/12/2024

**Not ordered by Valley Behavioral Health providers**

#### Side Effects

He is c/o weight gain

#### Information and Education

Boone is instructed to continue taking medications and see provider.

#### Medical Decision and Plan of Care

##### Plan - Last Visit

Boone is provided with medication for 28 days in sealed, labeled dispill packs. He agrees to keep meds safe and take as prescribed. He is due to return on August 12th.

**The medical decision and plan of the nurse based on the client's goal. Include anyreferrals/consults.**

Boone is given 28 days of oral medications to take back to Bonneville for safe keeping. He will get meds daily from staff. He is due to return on Sept. 9th.

#### Previous Diagnosis

**Effective Date:** 07/17/2024

#### Diagnosis List

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
1	F41.1	300.02	Generalized anxiety disorder	Primary	
2	F44.0	300.12	Dissociative amnesia	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	

4	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
5	F34.1	300.4	Persistent depressive disorder (dysthymia)	Additional	
6	F12.10	305.2	Cannabis use disorder, Mild	Additional	

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

08/23/2024



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99214 EST TLH 30-39  
**Date Of Service:** 08/14/2024      **Start Time:** 11:30 AM      **End Time:** 11:45 AM      **Duration:** 15 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

#### General

Adult       Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**       **Same as Last Visit**

Boone was seen today for "just a check-up"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records       Yes       No

#### Comments

#### Past History

#### Medical/Psychiatric History

Reviewed No Changes

Reviewed With Changes

Client Name: Boone Cabal

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History**
 Reviewed No Changes

 Reviewed With Changes

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History**
 Reviewed No Changes

 Reviewed With Changes

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant

 Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases				
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Other					
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Distractible	<input type="checkbox"/> Other				
<b>Thought Content and Process; Cognition</b>							
<input type="radio"/> Assessed all sections below	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge					

**Thought Process Abnormalities (leave unchecked if not present)**

<input type="checkbox"/> Disorganized	<input type="checkbox"/> Blocking	<input type="checkbox"/> Persecution	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Derailed
<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Racing	<input type="checkbox"/> Illogical	<input type="checkbox"/> Other

**Thought Content Abnormalities (leave unchecked if not present)**

<input type="checkbox"/> Delusional	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Thought withdrawal
-------------------------------------	-----------------------------------	---	--	---

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions
  - Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness
  - Other

**Cognitive Abnormalities (leave unchecked if not present)**

- Concrete       Unable to follow instructions       Poor Computation       Other

**Associations**       Assessed all sections below       Not Assessed       WNL – Intact

Loose       Clanging       Word salad       Circumstantial       Tangential       Other

**Abnormal/Psychotic Thoughts**       Assessed       Not Assessed       WNL- no disturbance of perception

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

## **Suicide/Homicide**

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Person    Place    Time    Situation    Other

## **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

#### **As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance

IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed       Not Assessed       WNL for developmental level

Excellent       Good       Fair       Poor       Grossly Impaired

Substance related       Other

#### **As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact  
 Immediate  Good  Fair  Impaired As Evidenced By /3 Words In Five Minutes  
 Recent  Good  Fair  Impaired As Evidenced By  
 Remote  Good  Fair  Impaired As Evidenced By  
 Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL  
 Atrophy  Abnormal Movements  Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness  Staggered  Shuffling  Unstable  Other

### **Mental status exam additional comments, Descriptions**

## **Medical Decision Making**

### **Problem 1**

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Chronic illnesses with exacerbation, progression, or side effects of treatment

**Associated signs/systems; other information:** He reports an increase in depression with anhedonia since his last visit. He states that "I don't really do anything that I enjoy right now." He denies suicidal ideation or thoughts of wanting to die. I will increase his dosing of duloxetine to 20mg at bedtime and continue 60mg in the morning. Will continue to monitor in upcoming visits.

### **Problem 2**

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "manageable." He feels duloxetine controls his anxiety well and "it's about the same." Will continue to monitor in upcoming visits.

### **Problem 3**

Dissociative amnesia

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that he is sleeping about 7 hours per night and he sleeps "pretty good." Will continue to monitor in upcoming visits.

### **Problem 4**

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. Will continue to monitor in upcoming visits.

**Problem 5**

Cannabis use disorder, Mild

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies cravings or recent use. There is no evidence based Medication Assisted Treatment for this problem, but he will continue to attend supportive therapy per program protocol. Will continue to monitor in upcoming visits.

**Data Reviewed**

- Review labs/other tests
- Order labs/other tests
- Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

**Relevant/Test Results**

07/17/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

05/16/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

**Lab Comments**

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

**Risk of complications and/or Morbidity or Mortality of Patient Management**

- Over the Counter Drugs
- Prescription Drug Management
- Diagnosis or treatment significantly limited by social determinants of health
- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- Limited quantities of medication for safety reasons
- Other

**Medications**

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

**Current Medications****Current Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
Duloxetine	60mg, CpDR, Oral 1.00 each Morning	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	

Client Name: Boone Cabal

Gabapentin	800mg, Tab, Oral 1.00 each Three times a day	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Lamotrigine	200mg, Tab, Oral 1.00 each Morning	06/07/2024	09/04/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Mydayis	50mg, CT24, oral 1.00 each Morning	08/01/2024	08/30/2024	0.00	Judd, Christian APRN UT-Psych/MH	

**Self-Reported Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Discontinued Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Information and Education****Activities Completed**

Total time spent on encounter Minutes

**Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Discussed the nature and course of the illness<br><input type="checkbox"/> Discussed potential medication side-effects<br><input type="checkbox"/> Discussed pros and cons of hospitalization<br><input type="checkbox"/> Discussed pros and cons of out of home placement<br><input type="checkbox"/> Education provided on how to interact with school and other agencies<br><input type="checkbox"/> Discussed risk factors and strategies to reduce them<br><input type="checkbox"/> Education provided on the importance of medication compliance<br><input type="checkbox"/> Instructions given on how to remedy medication side-effects<br><input type="checkbox"/> Instructions given on how to enhance the benefits of the medications<br><input type="checkbox"/> Other | <input type="checkbox"/> Discussed treatment options<br><input type="checkbox"/> Discussed medication risks and benefits<br><input type="checkbox"/> Discussed laboratory testing results<br><input type="checkbox"/> Discussed behavioral strategies to handle difficult symptoms<br><input type="checkbox"/> Discussed psychological testing results<br><input type="checkbox"/> Education provided on the importance of adherence to treatment recommendations<br><input type="checkbox"/> Instructions given on how to start or discontinue a medication<br><input type="checkbox"/> Brief alcohol counseling provided<br><input type="checkbox"/> Discussed PMP report findings with patient |
|--|---|

**Elaborate on activities checked above****Non Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Documentation<br><input type="checkbox"/> Ordered Labs<br><input type="checkbox"/> Research<br><input type="checkbox"/> Reviewed PMP Report | <input type="checkbox"/> Ordered Medications<br><input type="checkbox"/> Consulted with other medical staff<br><input type="checkbox"/> Other |
|--|---|

**Elaborate on activities checked above**

**Plan**

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

 Yes

 No
**Plan**
 **Same as Last Visit**

Increase duloxetine dosing to 20mg at bedtime  
Continue other medications as prescribed

Next Visit


 PRN

 N/A
**Next Physician's Visit**

1 month

Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.

**Interactive Complexity Add Ons**

Is Interactive Complexity Present?  Yes  No

- Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).
- Caregiver emotions/behavior that interfere with implementation of treatment plan.
- Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.
- Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language).
- Supporting Documentation.

**Diagnosis****Generalized anxiety disorder**

<b>DSM5/ICD10</b>	F41.1	<b>SNOMED</b>	21897009
-------------------	-------	---------------	----------

<b>ICD / DSM Description</b>	Generalized anxiety disorder
------------------------------	------------------------------

<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Primary
------------------	------------------	-------------	---------

<b>Source</b>	<b>Severity</b>	<b>Order</b>	1
---------------	-----------------	--------------	---

<b>Rule Out</b>	No	<b>Billable</b>	Yes
-----------------	----	-----------------	-----

**Dissociative amnesia**

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
-------------------	-------	---------------	----------

<b>ICD / DSM Description</b>	Dissociative amnesia
------------------------------	----------------------

<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
------------------	------------------	-------------	------------

<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
---------------	-----------------	--------------	---

<b>Rule Out</b>	No	<b>Billable</b>	Yes
-----------------	----	-----------------	-----

**Attention-deficit/hyperactivity disorder, Combined presentation**

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD/ DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD/ DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Persistent depressive disorder (dysthymia)**

<b>DSM5/ICD10</b>	F34.1	<b>SNOMED</b>	191753006
<b>ICD/ DSM Description</b>	Persistent depressive disorder (dysthymia)		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Cannabis use disorder, Mild**

<b>DSM5/ICD10</b>	F12.10	<b>SNOMED</b>	
<b>ICD/ DSM Description</b>	Cannabis use disorder, Mild		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	6
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score**

**Clinician:** Christian Judd, APRN**Signature Date:** 08/14/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Complete  
**Clinician Name:** Stephanie Larsen      **Service:** Ind Thrp Tx Pln Rev TELEHLTH  
**Date Of Service:** 08/14/2024      **Start Time:** 11:50 AM      **End Time:** 1:20 PM      **Duration:** 90 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Telehealth, service provided via Webex/video.  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:** Maintain stable mental health and sobriety.

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

- 1- F34.1 Persistent depressive disorder (dysthymia)
- 2- F41.1 Generalized anxiety disorder
- 3- F90.2 Attention-deficit/hyperactivity disorder, Combined presentation
- 4- F12.10 Cannabis use disorder, Mild
- 5- Z65.3 Problems related to other legal circumstances
- 6- F44.0 Dissociative amnesia

### Information

Current Life Events    No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.02

Mr. Boone will use his strength of being honest to learn new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more by 07/31/24.

**Client's Current Condition**

Mood/Affect  Unremarkable  Remarkable

Thought Process/Orientation  Unremarkable  Remarkable

Behavior/Functioning  Unremarkable  Remarkable

Medical Condition  Unremarkable  Remarkable

Substance Abuse  Unremarkable  Remarkable

Self Harm  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Others  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Property  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Room/Apt Inspection  Not Completed  Completed

**Safety Plan**

The Safety Plan was Reviewed  Not Reviewed

With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

## Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Boone's assessment and previous therapy notes were reviewed today, in addition to meeting directly with Boone. He stated "every 15 secs my focus resets."

He shared some additional details about his trauma hx, he stated he was held under water as an infant.

He failed kindergarten.

He experienced physical abuse: slapping his face, shoving, hitting his head, being kicked, he had a broken nose. He stated this was based off what they thought was ADHD. He also experienced emotional/mental abuse.

He believes his brother is a psychopath, hyper religious, he was very scared of his brother growing up.

His mom is a narcissist, she took out all of her rage on the kids, the dad would leave during these episodes.

He states he doesn't love/like people, they are "mean" in his experience.

He can't work, based on what he refers to as Dissociative Amnesia, he stated this was diagnosed during a Neuro-psych, previously. He'll attempt to get a copy of this, but currently cannot remember where it was completed.

Fortitude will let him stay and continue working on his SSDI, he's on the 3rd hearing.

He's not interested in relationships, of any kind.

His current meds are helping with his ADHD.

His SORE agent is Nancy Griggs.

He writes articles about web development, no income earned yet, this is in the development phase.

Boone will continue to complete UDT via Fortitude. He will not engage in any type of group therapy, he will engage in individual therapy only, with this writer.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Supportive psychotherapy was provided to the client. MI, and CBT were also used today. These interventions will be demonstrated in the client response section.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Today was the first session with Boone and we spent the majority of time establishing the therapeutic relationship, identifying his core issues and goals. He provided this writer with some additional context about how he came into treatment. Using CBT we processed through some recent events in his life and then using MI we processed how he may have done things differently using alternate skills and options. Using MI we developed some basic goals for him to complete before the next session.

Document the plan. If there were barriers describe the plan to overcome the barriers

Complete the homework and return to the next scheduled session. No barriers have been identified.

## Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT
Individual Psychotherapy				

Clinician: Stephanie Larsen, LCSW

Signature Date:

02/18/2025



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99214 EST TLH 30-39  
**Date Of Service:** 09/11/2024      **Start Time:** 11:00 AM      **End Time:** 11:15 AM      **Duration:** 15 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

#### General

Adult       Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**       **Same as Last Visit**

Boone was seen today for "the appointment"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records       Yes       No

#### Comments

#### Past History

#### Medical/Psychiatric History

Reviewed No Changes

Reviewed With Changes

Client Name: Boone Cabal

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History** Reviewed No Changes Reviewed With Changes

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History** Reviewed No Changes Reviewed With Changes

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant

 Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases				
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Other					
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Distractible	<input type="checkbox"/> Other				
<b>Thought Content and Process; Cognition</b>							
<input type="radio"/> Assessed all sections below	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge					

**Thought Process Abnormalities (leave unchecked if not present)**

- |  |                                     |                                      |                                       |                                   |
|--|-------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Disorganized      | <input type="checkbox"/> Blocking   | <input type="checkbox"/> Persecution | <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Derailed |
| <input type="checkbox"/> Thought insertion | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Racing      | <input type="checkbox"/> Illogical    | <input type="checkbox"/> Other    |

**Thought Content Abnormalities (leave unchecked if not present)**

- |                                     |                                   |   |  |   |
|-------------------------------------|-----------------------------------|---|--|---|
| <input type="checkbox"/> Delusional | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Ideas of Reference | <input type="checkbox"/> Thought insertion | <input type="checkbox"/> Thought withdrawal |
|-------------------------------------|-----------------------------------|---|--|---|

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions
  - Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness
  - Other

**Cognitive Abnormalities (leave unchecked if not present)**

- Concrete       Unable to follow instructions       Poor Computation       Other  
**Associations**       Assessed all sections below       Not Assessed       WNL - Intact  
 Loose       Clanging       Word salad       Circumstantial       Tangential       Other  
**Abnormal/Psychotic Thoughts**       Assessed       Not Assessed       WNL- no disturbance of perception

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

## **Suicide/Homicide**

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Disoriented to  Person  Place  Time  Situation  Other

### **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

**As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance

IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed       Not Assessed       WNL for developmental level

Excellent       Good       Fair       Poor       Grossly Impaired

Substance related       Other

**As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact

Immediate	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By /3 Words In Five Minutes
Recent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By
Remote	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By

Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL

Atrophy     Abnormal Movements     Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness     Staggered     Shuffling     Unstable     Other

### **Mental status exam additional comments, Descriptions**

#### **Medical Decision Making**

##### **Problem 1**

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies depression or anhedonia and reports that he has been reading which he enjoys. He denies suicidal ideation or thoughts of wanting to die. I will continue duloxetine and lamotrigine as prescribed. Will continue to monitor in upcoming visits.

##### **Problem 2**

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "good." He feels duloxetine controls his anxiety well and "it's the same." Will continue to monitor in upcoming visits.

##### **Problem 3**

Dissociative amnesia

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any current issues with memory lapse. Will continue to monitor in upcoming visits.

##### **Problem 4**

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. Will continue to monitor in upcoming visits.

##### **Problem 5**

Cannabis use disorder, Mild

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies cravings or recent use. There is no evidence based Medication Assisted Treatment for this problem, but he will continue to attend supportive therapy per program protocol. Will continue to monitor in upcoming visits.

#### Data Reviewed

- Review labs/other tests
- Order labs/other tests
- Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

#### Relevant/Test Results

08/14/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

07/17/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

05/16/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Lab Comments

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Risk of complications and/or Morbidity or Mortality of Patient Management

- Over the Counter Drugs
- Prescription Drug Management
- Diagnosis or treatment significantly limited by social determinants of health
- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- Limited quantities of medication for safety reasons
- Other

#### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

#### Current Medications

**Current Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>
Duloxetine	60mg, CpDR, Oral 1.00 each Morning	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Lamotrigine	200mg, Tab, Oral 1.00 each Morning	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Mydayis	50mg, CT24, oral 1.00 each Morning	08/14/2024	09/12/2024	0.00	Judd, Christian APRN UT-Psych/MH	

**Self-Reported Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>

**Discontinued Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>

**Information and Education****Activities Completed**

Total time spent on encounter Minutes

**Counseling Activities**

- Discussed the nature and course of the illness
- Discussed potential medication side-effects
- Discussed pros and cons of hospitalization
- Discussed pros and cons of out of home placement
- Education provided on how to interact with school and other agencies
- Discussed risk factors and strategies to reduce them
- Education provided on the importance of medication compliance
- Instructions given on how to remedy medication side-effects
- Instructions given on how to enhance the benefits of the medications
- Other
- Discussed treatment options
- Discussed medication risks and benefits
- Discussed laboratory testing results
- Discussed behavioral strategies to handle difficult symptoms
- Discussed psychological testing results
- Education provided on the importance of adherence to treatment recommendations
- Instructions given on how to start or discontinue a medication
- Brief alcohol counseling provided
- Discussed PMP report findings with patient

**Elaborate on activities checked above****Non Counseling Activities** Completed Documentation Ordered Medications

- Ordered Labs
- Research
- Reviewed PMP Report

- Consulted with other medical staff
- Other

#### Elaborate on activities checked above

#### Plan

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

Yes

No

#### Plan Same as Last Visit

Continue medications as prescribed

Next Visit



PRN

N/A

#### Next Physician's Visit

1 month

- Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.

#### Interactive Complexity Add Ons

Is Interactive Complexity Present?  Yes  No

- Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).
- Caregiver emotions/behavior that interfere with implementation of treatment plan.
- Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.
- Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language).
- Supporting Documentation.

#### Diagnosis

##### Generalized anxiety disorder

**DSM5/ICD10** F41.1

**SNOMED**

21897009

**ICD/ DSM Description** Generalized anxiety disorder

**Remission** **Specifier** **Type** Primary

**Source** **Severity** **Order** 1

**Rule Out** No **Billable** Yes

**Dissociative amnesia**

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
<b>ICD / DSM Description</b>	Dissociative amnesia		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Attention-deficit/hyperactivity disorder, Combined presentation**

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD / DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD / DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Persistent depressive disorder (dysthymia)**

<b>DSM5/ICD10</b>	F34.1	<b>SNOMED</b>	191753006
<b>ICD / DSM Description</b>	Persistent depressive disorder (dysthymia)		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Cannabis use disorder, Mild**

<b>DSM5/ICD10</b>	F12.10	<b>SNOMED</b>	
<b>ICD / DSM Description</b>	Cannabis use disorder, Mild		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	6
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions**

Client Name: Boone Cabal

**Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score****Clinician:** Christian Judd, APRN**Signature Date:** 09/11/2024

**Care Plan**

**Client Name:** Boone Cabal  
**DOB:** 02/28/1979

**Client ID:** 2184725  
**Effective Date:** 09/18/2024

**Plan Dates**

<b>Care Plan Type</b>	Care Plan	<b>Begin Date</b>	09/18/2024	<b>End Date</b>	12/17/2024
-----------------------	-----------	-------------------	------------	-----------------	------------

**Transition/Level of Care/Discharge Plan****Level of Care:****ASAM Level of Care:**

Level 1.0 Outpatient

**Level of Care(recommendation and justification):**

8/14/24: Boone was assessed for EMDR today, he is not an appropriate candidate for this treatment modality. This writer will continue to look for alternative options to work with his Dissociative Amnesia. Treatment will be on hold under this writer can obtain his Neuro-psych Eval, completed with another agency. This writer will also speak with his PO at Fortitude to update her on his tx status.

Boone Cabal presented today (06/14/24) for treatment plan review and update to treatment recommendations. Mr. Cabal reported he met with the med team during May and those services seem to be beneficial. Mr. Cabal reported no concerns related to substance use. Mr. Cabal stated he has been having no issues related to criminogenic risk factors. Mr. Cabal reported he would like to meet with a therapist specializing in EMDR therapy. He will no longer be meeting with this writer and will start meeting the therapist Stephanie Larsen, LCSW to receive individual psychotherapeutic treatment with a focus on EMDR treatment. Mr. Cabal's treatment appears to be working as evidenced by his self-reported increase in stable moods and his compliance with AP&P parole expectations. \*The OQ was addressed, and Mr. Cabal stated he has been having no issues with any thoughts of suicide.

Mr. Cabal is recommended to receive pharmacological management/ medication management treatment services to address mental health stability. Mr. Cabal is recommended to meet with a case manager, as needed; to become connected with community resources he might be able to utilize.

Mr. Cabal is recommended to attend individual psychotherapeutic treatment every 30 days to review treatment progress and recovery needs.

Due to the mental health challenges Mr. Cabal reports experiencing, he states he is unable to maintain employment. Mr. Cabal reports experiencing symptoms of dissociative disorder which include forgetting what is going on and where he is from moment to moment. He reports he is unable to work or fulfill the expectations of the daily tasks required for employment. Mr. Cabal will be meeting with the med team and an individual therapist to address his mental health challenges and needs.

\*Mr. Cabal is staying at Fortitude Halfway House; he will be submitting to weekly random drug testing at Fortitude. This has been approved through his parole officer. He will not be submitting to weekly random drug testing at Valley.

**Reduction in symptoms as evidenced by:**

Discharge Plan to have client successfully complete the court involved treatment. After successful completion, client will continue with individual therapy, medication management, USARA, AA/NA meetings and Nami. Maintain their housing and SSDI benefits.

**Estimated Discharge Date:** 04/30/2025**Strengths**

Mr. Cabal reported he is "honest".

**Barriers**

Mr. Cabal is on parole with AP&P.

**Abilities**

Mr. Cabal is able to get around using public transportation and by getting around on foot when it is required.

**Preferences**

Mr. Cabal is attending MH treatment services at the General Outpatient 1.0 level of care.

**Needs**

<b>Domain</b>	<b>Need</b>	<b>Description</b>	<b>Deferral Reason</b>	<b>Action Take</b>
Substance Use	Substance Use			Address on Treatment Plan
Mental Health	Anxiety	Anxiety		Address on Treatment Plan
Mental Health	Mood	"cooperative, anxious"		Address on Treatment Plan
Education	Education Challenges/Barriers			Address on Treatment Plan
Risk Behaviors	Sucidality	"Current Suicidality / Risk to Self, Previous Attempts / History"  Reports that he "keeps it in the back of my mind and have access to fentanyl, but I don't have a plan and you don't need to worry about it." He also says that he has h/o "one attempt because I was denies SSI for the second time in 2015."		Address on Treatment Plan
Risk Behaviors	Other Risk Factor			Address on Treatment Plan
ASAM	Dimension 1			Address on Treatment Plan
ASAM	Dimension 2			Address on Treatment Plan
ASAM	Dimension 3			Address on Treatment Plan
ASAM	Dimension 4			Address on Treatment Plan
ASAM	Dimension 5			Address on Treatment Plan
ASAM	Dimension 6			Address on Treatment Plan
Mental Health	Mental Health	Mr. Boone will need to meet with the med team to receive medication management and pharmacological management to reduce symptoms of Major Depression, ADHD and Generalized Anxiety Disorder. Mr. Boone will also need to attend monthly individual psychotherapeutic treatment sessions.		Address on Treatment Plan

Housing	Housing	Mr. Boone will need to meet with a case manager to become connected with community resources such as housing and other community services Mr. Boone might be able to utilize.		Address on Treatment Plan
---------	---------	---	--	---------------------------

**Goal 1** Staff Provider Other**Goal 1 start Date:** 04/09/2024 **End Date:****Target Date:****Monitored By:** Larsen, Stephanie

**Client Goal:** PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

**Associated Needs:**

Mental Health

**Goal Description:** CLINICAL GOAL- Mr. Boone will establish stable mental health through receive medication management and pharmacological management through the Forensic Unit Med Team and through attending individual psychotherapeutic treatment every 30-90 days.

**Objectives 1.01****Objective start Date:** 04/09/2024**End Date:**

**Description:** Mr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in QQ score of 2 points or more within the next 90 days.

**Staff Supports/Service Details:** This intervention will be provided by a nursing member of the Valley Forensic Unit Med Team.

**Interventions:** Medication Management  
 Pharmacologic Management  
 Ind Thrpy Tx Pln Review  
 Individual Psychotherapy  
 Assessment  
 Neuropsych Evaluation  
 Tele-Health Auth Group

**Client Actions:** Mr. Boone will attend all scheduled med appointments.

**Use of Natural Supports:** Mr. Boone will spend time with safe and supportive people in his life.

**Person Responsible:** Designated LMHT  
 Medical Provider  
 Nurse

**Objectives 1.02****Objective start Date:** 04/09/2024**End Date:**

<b>Description:</b>	Mr. Boone will use his strength of being honest to learn 3 new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more within the next 90 days.
<b>Staff Supports/Service Details:</b>	This intervention will be provided by David Haymond, CMHC using CBT based skills.
<b>Interventions:</b>	Individual Psychotherapy Ind Thrp Tx Pln Review Assessment Neuropsych Evaluation Tele-Health Auth Group
<b>Client Actions:</b>	Mr. Boone will attend all scheduled individual therapy sessions.
<b>Use of Natural Supports:</b>	Mr. Boone will spend time with safe and supportive people in his life.
<b>Person Responsible:</b>	Designated LMHT

**Objectives 1.03**

<b>Objective start Date:</b>	04/09/2024	<b>End Date:</b>	
<b>Description:</b>	As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly. This will be reviewed every 90 days.		
<b>Staff Supports/Service Details:</b>	Mr. Boone will work to use the skills he learned in treatment as his aftercare.		
<b>Interventions:</b>	Ind Thrp Tx Pln Review Assessment Tele-Health Auth Group		
<b>Client Actions:</b>	Mr. Boone will utilize his coping skills as needed.		
<b>Use of Natural Supports:</b>	Mr. Boone will spend time with safe and supportive family members and friends.		
<b>Person Responsible:</b>	Designated LMHT		

**Goal 2**

Staff     Provider     Other

**Goal 2 start Date:** 04/09/2024 **End Date:** **Target Date:** **Monitored By:** Larsen, Stephanie

**Client Goal:** PROBLEM STATEMENT- Mr. Boone reported: "I want to meet with a case manager when I need help finding community resources." CLIENT GOAL- Mr. Boone stated: "I'd like to be able to meet with a case manager to get help with figuring things out."

**Associated Needs:**

Housing

**Goal Description:** CLINICAL GOAL- Mr. Boone will become connected with community resources such as housing and other community services he might be able to utilize through meeting with a case manager. Mr. Boone will need to follow through with efforts required on his part, such as attending all scheduled appointments.

**Objectives 2.01**

<b>Objective start Date:</b>	04/09/2024	<b>End Date:</b>	
<b>Description:</b>		Mr. Boone will meet with a case manager to assist with connecting to housing resources as well as coordinating help with his activities of daily living and of increasing his psychosocial skills such as through acquiring the skill of social comfortability and knowing how to interact with other people as well as other skills and how this relates to his mental health stability and avoidance of criminogenic risk factors. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his individual therapist within the next 90 days.	
<b>Staff Supports/Service Details:</b>		This intervention will be provided by a case manager using psychosocial rehabilitative skills.	
<b>Interventions:</b>		Targeted Case Management Individual TBS Ind Thrp Tx Pln Review Assessment Tele-Health Auth Group	
<b>Client Actions:</b>		Mr. Boone will attend all scheduled case management sessions.	
<b>Use of Natural Supports:</b>		Mr. Boone will spend time with safe and supportive people in his life.	
<b>Person Responsible:</b>		Case Manager Designated LMHT TBS Staff	

**Interventions****Assessment**

<b># of Sessions:</b>	1	<b>Frequency:</b>	Once a year
<b>Time:</b>	120.00 Minutes	<b>Person Responsible:</b>	Designated LMHT
<b>Number:</b>		<b>Duration:</b>	
<b>Details:</b>			

**Ind Thrp Tx Pln Review**

<b># of Sessions:</b>	1	<b>Frequency:</b>	Quarterly
<b>Time:</b>	60.00 Minutes	<b>Person Responsible:</b>	Designated LMHT
<b>Number:</b>		<b>Duration:</b>	
<b>Details:</b>			

**Individual Psychotherapy**

**# of Sessions:** 1                   **Frequency:** Monthly  
**Time:** 60.00 Minutes               **Person Responsible:** Designated LMHT  
**Number:**                              **Duration:**  
**Details:**

**Individual TBS**

**# of Sessions:** 1                   **Frequency:** Quarterly  
**Time:** 60.00 Minutes               **Person Responsible:** TBS Staff  
**Number:**                              **Duration:**  
**Details:**

**Medication Management**

**# of Sessions:** 1                   **Frequency:** Monthly  
**Time:** 15.00 Minutes               **Person Responsible:** Nurse  
**Number:**                              **Duration:**  
**Details:**

**Neuropsych Evaluation**

**# of Sessions:** 1                   **Frequency:** Once a year  
**Time:** 180.00 Minutes              **Person Responsible:** Designated LMHT  
**Number:**                              **Duration:**  
**Details:**

**Pharmacologic Management**

**# of Sessions:** 1                   **Frequency:** Quarterly  
**Time:** 30.00 Minutes               **Person Responsible:** Medical Provider  
**Number:**                              **Duration:**  
**Details:**

**Targeted Case Management**

**# of Sessions:** 1                   **Frequency:** Monthly  
**Time:** 60.00 Minutes               **Person Responsible:** Case Manager  
**Number:**                              **Duration:**  
**Details:**

**Tele-Health Auth Group**

**# of Sessions:** 3                   **Frequency:** Weekly  
**Time:** 120.00 Minutes              **Person Responsible:** Designated LMHT  
**Number:**                              **Duration:**  
**Details:**



**Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score****Supports Involvement**

Client declined to have family/significant others attend

**Treatment Program**

**Primary Care Coordinator :** Larsen, Stephanie

**Specify the staff/programs that are part of the client's treatment program:**

Program	Staff	Assign For Contribution	Contribution Complete?
		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Complete

**Review Dates**

**Review Entire Individualized Service Plan:** 180 days

8/14/24: Updated w/client present, client was unable to sign this document due to the service being provided via Telehealth.

9/18/24: Updated to fix an error.

**Clinician:** Stephanie Larsen, LCSW

**Signature Date:** 09/22/2024



**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Alexis Kochevar      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 10/04/2024      **Start Time:** 11:15 AM      **End Time:** 11:30 AM      **Duration:** 15 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Community Treatment & Outreach Services      **Specific Location:** ctos nursing office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis      **Other Participants:**  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:** Engage in medication management as recommended by the VBH treatment team to maintain stability.

**General**

Medication Management       Injection Only       Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."  
 Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days. Some Improvement

**Reason For Visit****Reason For the Visit**

Due to a history of treatment noncompliance and mental illness, Boone is receiving services and requires medication management and monitoring.

**Chief Complaint**

Boone states they came to clinic today for "meds. I am starting a job next week".

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone is alert and oriented to person, place, and time. He denies any drug or alcohol use. He reports the following at this time: psychosis (0/10, he reports this as his baseline), mania (0/10, he reports this as his baseline), and depression (0/10, he reports this as his baseline). Boone reports that he drug tests at Fortitude halfway house.

**Progress or Lack of Progress Towards Goal**

Boone shows progress today by coming in for his medications.

**Barriers to Progress and Plan to Address**  No barriers identified  Specify below  
**Barriers**

None at this time. Continue to encourage Boone to engage in all treatment.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

Boone has no new health concerns to report to writer today.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "happy".

**Thought Process**  Linear and goal directed  Specify below

Boone follows conversation, makes eye contact, and answers questions appropriately.

**Anxiety**  None observed or reported this visit  Specify below

"0/10", he reports this as his baseline.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is well groomed and dressed for the environment wearing shorts and a polo style shirt.

**Other Comments****Medications**

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

**The medications below were reviewed with the client**  Yes  No

**Risk/benefits have been discussed with the client and understood**  Yes  No

**Any newly emergent side effects have been discussed with the patient**

### Current Medications

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	11/11/2024
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/11/2024
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/02/2024

**Not ordered by Valley Behavioral Health providers**

### Side Effects

Boone denies any new side effects and none were observed by writer today.

### Information and Education

Boone reports staff at Fortitude keep his medications in a safe place. We talked about the importance of taking all medications each day as prescribed. He has no questions or concerns and states that he will continue to work towards medication compliance.

### Medical Decision and Plan of Care

#### Plan - Last Visit

Boone is given 28 days of oral medications to take back to Bonneville for safe keeping. He will get meds daily from staff. He is due to return on Sept. 9th.

#### The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.

Boone reports taking morning meds and he received medications for 28 days to self administer as directed with help from Fortitude staff. Boone agrees to return to clinic on 11/6 for continued medication management. He will report any concerns or side effects. We will continue to monitor and follow up as needed.

### Previous Diagnosis

**Effective Date:** 09/18/2024

### Diagnosis List

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
4	F44.0	300.12	Dissociative amnesia	Additional	
2	F41.1	300.02	Generalized anxiety disorder	Additional	

1	F34.1	300.4	Persistent depressive disorder (dysthymia)	Primary	
5	Z65.3	V62.5	Problems related to other legal circumstances	Additional	

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Alexis Kochevar, Registered Nurse

**Signature Date:**

10/04/2024



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99214 EST TLH 30-39  
**Date Of Service:** 11/01/2024      **Start Time:** 11:30 AM      **End Time:** 12:00 PM      **Duration:** 30 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

#### General

Adult       Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**       **Same as Last Visit**

Boone was seen today for "my follow-up appointment"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records       Yes       No

#### Comments

#### Past History

**Medical/Psychiatric History**       Reviewed No Changes       Reviewed With Changes

*Client Name: Boone Cabal*

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History** Reviewed No Changes Reviewed With Changes

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History** Reviewed No Changes Reviewed With Changes

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant

 Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases					
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Other					
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL-with good concentration and attention span				
<input type="checkbox"/> Distractible	<input type="checkbox"/> Other						
<b>Thought Content and Process; Cognition</b>							
<input type="radio"/> Assessed all sections below	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge					
<b>Thought Process Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Disorganized	<input type="checkbox"/> Blocking	<input type="checkbox"/> Persecution	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Derailed			
<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Racing	<input type="checkbox"/> Illogical	<input type="checkbox"/> Other			
<b>Thought Content Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Delusional	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Thought withdrawal			

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions
  - Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness
  - Other

**Cognitive Abnormalities (leave unchecked if not present)**

- Concrete       Unable to follow instructions       Poor Computation       Other

**Associations**       Assessed all sections below       Not Assessed       WNL – Intact

- Loose     Clanging     Word salad     Circumstantial     Tangential     Other

**Abnormal/Psychotic Thoughts**       Assessed       Not Assessed       WNL- no disturbance of perception

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

**Suicide/Homicide**       No Suicidal/homicidal concerns       Present

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Disoriented to  Person  Place  Time  Situation  Other

#### **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

#### **As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance  
 IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed  Not Assessed  WNL for developmental level

 Excellent     Good     Fair     Poor     Grossly Impaired

Substance related       Other

#### **As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact

Immediate	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By /3 Words In Five Minutes
Recent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By
Remote	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By

Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL

Atrophy     Abnormal Movements     Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness     Staggered     Shuffling     Unstable     Other

### **Mental status exam additional comments, Descriptions**

## **Medical Decision Making**

### **Problem 1**

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies depression or anhedonia and reports that he has been reading which he enjoys. He denies suicidal ideation or thoughts of wanting to die. I will continue duloxetine and lamotrigine as prescribed. Will continue to monitor in upcoming visits.

### **Problem 2**

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "fine." He feels duloxetine controls his anxiety well. Will continue to monitor in upcoming visits.

### **Problem 3**

Dissociative amnesia

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with memory lapse. Will continue to monitor in upcoming visits.

### **Problem 4**

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. Will continue to monitor in upcoming visits.

### **Problem 5**

Cannabis use disorder, Mild

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies cravings or recent use. There is no evidence based Medication Assisted Treatment for this problem, but he will continue to attend supportive therapy per program protocol. Will continue to monitor in upcoming visits.

#### Data Reviewed

- Review labs/other tests
- Order labs/other tests
- Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

#### Relevant/Test Results

09/11/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

08/14/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

07/17/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

05/16/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Lab Comments

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

#### Risk of complications and/or Morbidity or Mortality of Patient Management

- Over the Counter Drugs
- Prescription Drug Management
- Diagnosis or treatment significantly limited by social determinants of health
- Drug therapy requiring intensive monitoring for toxicity
- Decision regarding hospitalization
- Limited quantities of medication for safety reasons
- Other

#### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

#### Current Medications

**Current Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>
Duloxetine	60mg, CpDR, Oral 1.00 each Morning	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime	10/24/2024	01/21/2025	2.00	Judd, Christian APRN UT-Psych/MH	
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Lamotrigine	200mg, Tab, Oral 1.00 each Morning	08/14/2024	11/11/2024	2.00	Judd, Christian APRN UT-Psych/MH	
Mydayis	50mg, CT24, oral 1.00 each Morning	10/24/2024	11/22/2024	0.00	Judd, Christian APRN UT-Psych/MH	

**Self-Reported Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>

**Discontinued Medications**

<b>Drug Name</b>	<b>Instruction</b>	<b>Start</b>	<b>End</b>	<b>Refills</b>	<b>Prescriber</b>	<b>Comments</b>

**Information and Education****Activities Completed**

Total time spent on encounter Minutes

**Counseling Activities**

- Discussed the nature and course of the illness
- Discussed potential medication side-effects
- Discussed pros and cons of hospitalization
- Discussed pros and cons of out of home placement
- Education provided on how to interact with school and other agencies
- Discussed risk factors and strategies to reduce them
- Education provided on the importance of medication compliance
- Instructions given on how to remedy medication side-effects
- Instructions given on how to enhance the benefits of the medications
- Other
- Discussed treatment options
- Discussed medication risks and benefits
- Discussed laboratory testing results
- Discussed behavioral strategies to handle difficult symptoms
- Discussed psychological testing results
- Education provided on the importance of adherence to treatment recommendations
- Instructions given on how to start or discontinue a medication
- Brief alcohol counseling provided
- Discussed PMP report findings with patient

**Elaborate on activities checked above****Non Counseling Activities** Completed Documentation Ordered Medications

- Ordered Labs
- Research
- Reviewed PMP Report

- Consulted with other medical staff
- Other

### Elaborate on activities checked above

#### Plan

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

Yes

No

#### Plan Same as Last Visit

Continue medications as prescribed

Next Visit

PRN

N/A

#### Next Physician's Visit

1 month

Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.

#### Interactive Complexity Add Ons

Is Interactive Complexity Present?  Yes  No

Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable).

Caregiver emotions/behavior that interfere with implementation of treatment plan.

Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this.

Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language).

Supporting Documentation.

#### Diagnosis

##### Persistent depressive disorder (dysthymia)

**DSM5/ICD10** F34.1

**SNOMED**

191753006

**ICD/ DSM Description**

Persistent depressive disorder (dysthymia)

**Remission**

**Specifier**

**Type**

Primary

**Source**

**Severity**

**Order**

1

**Rule Out**

No

**Billable**

Yes

**Generalized anxiety disorder**

<b>DSM5/ICD10</b>	F41.1	<b>SNOMED</b>	21897009
<b>ICD / DSM Description</b>	Generalized anxiety disorder		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	2
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Attention-deficit/hyperactivity disorder, Combined presentation**

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD / DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Dissociative amnesia**

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
<b>ICD / DSM Description</b>	Dissociative amnesia		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD / DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>	<b>Specifier</b>	<b>Type</b>	Additional
<b>Source</b>	<b>Severity</b>	<b>Order</b>	5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score**

**Clinician:** Christian Judd, APRN**Signature Date:** 11/20/2024

**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 11/06/2024      **Start Time:** 9:40 AM      **End Time:** 10:00 AM      **Duration:** 20 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** nursing office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis      **Other Participants:**  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:** Engage in medication management as recommended by the VBH treatment team to maintain stability.

**General**

Medication Management       Injection Only       Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)  
F41.1 Generalized anxiety disorder

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."  
 Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone comes in today for scheduled med management and nurse assessment.

**Chief Complaint**

Boone said he felt "doing pretty good ". He is assessed for mental health needs and medication compliance.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone is alert & oriented. He is a few days past due for his medications. He says, "I have a job and I haven't been fired which is exceptional." He tells me he has been working for 5 weeks which is the longest he has kept in job in decades. He reports getting plenty of sleep. He tells me he feels depressed about once or twice a month. He tells me anxiety has been about the same and manageable.

**Progress or Lack of Progress Towards Goal**

Boone has been attending treatment. He has missed some doses of medications but is here today. Some progress noted.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

Boone's hx. of depression. He will take medication every day and see therapist as scheduled.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

Boone says, "I am taking Oxybutynin and Trulicity. I'm getting those at 4th street right now." He tells me he has lost 10lbs since starting Trulicity.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt " I'm thinking maybe I do have some depression because about once or twice a month I just get this doom like feeling. It is bad."

**Thought Process**  Linear and goal directed  Specify below

Boone's thought process is organized and linear.

**Anxiety**  None observed or reported this visit  Specify below

Boone reports anxiety as baseline.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is clean and well groomed. He makes eye contact and answers questions. His speech is normal rate and volume.

**Other Comments**

**Medications**

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

**The medications below were reviewed with the client**  Yes  No

**Risk/benefits have been discussed with the client and understood**  Yes  No

Any newly emergent side effects have been discussed with the patient

**Current Medications**

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	01/21/2025
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	11/30/2024

**Not ordered by Valley Behavioral Health providers**

**Side Effects**

None reported

**Information and Education**

Boone is educated about his current medications.

**Medical Decision and Plan of Care****Plan - Last Visit**

Boone reports taking morning meds and he received medications for 28 days to self administer as directed with help from Fortitude staff. Boone agrees to return to clinic on 11/6 for continued medication management. He will report any concerns or side effects. We will continue to monitor and follow up as needed.

**The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.**

Boone is provided with medication for 28 days in sealed, labeled dispill packs for self administration. He will keep meds with staff at Atherton halfway house. He will take every day. His next appointment is scheduled for Dec. 4th.

**Previous Diagnosis**

**Effective Date:** 09/18/2024

**Diagnosis List**

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
4	F44.0	300.12	Dissociative amnesia	Additional	

2	F41.1	300.02	Generalized anxiety disorder	Additional	
1	F34.1	300.4	Persistent depressive disorder (dysthymia)	Primary	
5	Z65.3	V62.5	Problems related to other legal circumstances	Additional	

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

11/13/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Complete  
**Clinician Name:** Stephanie Larsen      **Service:** Ind Thrp Tx Pln Rev TELEHLTH  
**Date Of Service:** 11/21/2024      **Start Time:** 3:00 PM      **End Time:** 4:05 PM      **Duration:** 65 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Telehealth, service provided via Webex/video.  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:** Maintain stable mental health.

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

- 1- F34.1 Persistent depressive disorder (dysthymia)
- 2- F41.1 Generalized anxiety disorder
- 3- F90.2 Attention-deficit/hyperactivity disorder, Combined presentation
- 4- Z65.3 Problems related to other legal circumstances

### Information

Current Life Events    No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.03

As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly. This will be reviewed every 90 days.

 Objective #1.01

Mr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Objective #1.02

Mr. Boone will use his strength of being honest to learn 3 new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Goal 2.00 PROBLEM STATEMENT- Mr. Boone reported: "I want to meet with a case manager when I need help finding community resources."

CLIENT GOAL- Mr. Boone stated: "I'd like to be able to meet with a case manager to get help with figuring things out."

 Objective #2.01

Mr. Boone will meet with a case manager to assist with connecting to housing resources as well as coordinating help with his activities of daily living and of increasing his psychosocial skills such as through acquiring the skill of social comfortability and knowing how to interact with other people as well as other skills and how this relates to his mental health stability and avoidance of criminogenic risk factors. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his individual therapist within the next 90 days.

**Client's Current Condition**

Mood/Affect  Unremarkable  Remarkable

Uncooperative, agitated.

Thought Process/Orientation  Unremarkable  Remarkable

Disorganized.

Behavior/Functioning  Unremarkable  Remarkable

Uncooperative, agitated.

Medical Condition  Unremarkable  Remarkable

Substance Abuse  Unremarkable  Remarkable

Self Harm  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan  
 Other  
 I informed

Room/Apt Inspection  Not Completed  Completed

### Safety Plan

- The Safety Plan was Reviewed  Not Reviewed  
 With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

### Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

The Neuropsych report was reviewed with Boone, it does not note/list/mention Dissociative Amnesia anywhere in the report. This immediately sent Boone into a rage and resulted in him accusing this writer as not believing he is experiencing the episodes he previously outlined.

Boone was combative and uncooperative today. He used vulgarity and the session was nearly cancelled, due to his aggressive behavior. The majority of this session was spent encouraging Boone to calm down and listen to the options available for the therapy process to move forward. Boone was able to calm down enough to hear this writer's suggestions for how to move forward, specifically with additional testing options, to attempt to achieve a definitive diagnosis, and this will be reviewed again in a future session.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Supportive psychotherapy was provided to the client. MI, and CBT were also used today. These interventions will be demonstrated in the client response section.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Using CBT we processed through the issues/events that have occurred in Boone's life since his last session, which includes the following issues: see above. We focused on how these issues/events impact his diagnoses, his emotions, and his day to day functioning. Using MI we developed and revised options for how he will continue to handle these issues in the most effective manner moving forward. He did not respond well to these interventions.

Document the plan. If there were barriers describe the plan to overcome the barriers

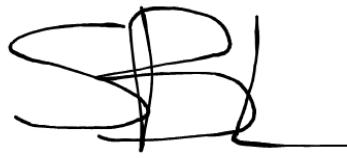
Boone has agreed to return for another session.

### Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Ind Thrp Tx Pln Review	1	Quarterly	60.00 Minutes	Designated LMHT
Individual Psychotherapy				

**Clinician:** Stephanie Larsen, LCSW

**Signature Date:** 02/24/2025



**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 12/04/2024      **Start Time:** 9:40 AM      **End Time:** 10:05 AM      **Duration:** 25 Minutes

**Program:** Forensic Outpatient Unit

**Location:** Forensic Unit      **Specific Location:** I met with Boone in the nurse's office

**Mode of Delivery:** Face-to-face      **Client Participated:** Yes

Crisis

**Second Staff:**  Family Member(s)  Internal Collateral  External Collateral

**Goals and Objectives:**

**Other Participants:****General**

Medication Management  Injection Only  Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)

F41.1 Generalized anxiety disorder

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."
- Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone comes in today for scheduled med management and nurse assessment.

**Chief Complaint**

Boone said he felt "pick up my meds ". He is assessed for any mental health concerns and med compliance.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone says, "things have been pretty stressful. Sometimes the people I work with are not very nice people." He tells me he always forgets to pay his phone bill. He says, "I disassociate." He reports the Mydaysis is working well. He says, "I feel like I'm possessed by a demon and it has control of my being. Like I can see myself making a decision I know isn't right but I can't stop it from happening. I don't feel responsible because it isn't me doing it." He says, "this is not affecting my mood but I feel like it is the final straw. Like overeating or recklessly spending money. One of my goals is to save money and if I can't do that I don't know how much more I can take."

**Progress or Lack of Progress Towards Goal**

Boone shows some progress by taking medications. He is still experiencing delusions.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

Mental instability. He will take medication as prescribed.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

No complaints.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "some depression and disappointment." His affect is euthymic.

**Thought Process**  Linear and goal directed  Specify below

Boone's thought process is linear and he follows the conversation.

**Anxiety**  None observed or reported this visit  Specify below

Boone reports high stress and anxiety.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is neat in appearance. His speech is fast, normal volume. He makes fair eye contact and engages in the assessment.

**Other Comments****Medications**

**The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.**

**The medications below were reviewed with the client**

Yes

No

**Risk/benefits have been discussed with the client and understood**

Yes

No

Any newly emergent side effects have been discussed with the patient

### Current Medications

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	01/21/2025
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	12/24/2024

**Not ordered by Valley Behavioral Health providers**

### Side Effects

Boone denies

### Information and Education

Boone is instructed on the importance of taking meds every day. About the side effects of Lamotrigine.

### Medical Decision and Plan of Care

#### Plan - Last Visit

Boone is provided with medication for 28 days in sealed, labeled dispill packs for self administration. He will keep meds with staff at Atherton halfway house. He will take every day. His next appointment is scheduled for Dec. 4th.

**The medical decision and plan of the nurse based on the client's goal. Include anyreferrals/consults.**

Boone is given 28 days of oral meds in sealed, labeled dispill packs. He will keep in a safe place and take as prescribed. He is due to return on Dec. 31st.

### Previous Diagnosis

**Effective Date:** 11/01/2024

### Diagnosis List

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
5	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
4	F44.0	300.12	Dissociative amnesia	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	

2	F41.1	300.02	Generalized anxiety disorder	Additional	
1	F34.1	300.4	Persistent depressive disorder (dysthymia)	Primary	

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

12/08/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Complete  
**Clinician Name:** Stephanie Larsen      **Service:** INDV THRPY TELEHLTH  
**Date Of Service:** 12/11/2024      **Start Time:** 4:00 PM      **End Time:** 5:15 PM      **Duration:** 75 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Telehealth, service provided via Webex/video.  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  
**Goals and Objectives:** Maintain stable mental health.

#### Other Participants:

Family Member(s)     Internal Collateral     External Collateral

### Billing Diagnosis

- 1- F34.1 Persistent depressive disorder (dysthymia)
- 2- F41.1 Generalized anxiety disorder
- 3- F90.2 Attention-deficit/hyperactivity disorder, Combined presentation
- 4- Z65.3 Problems related to other legal circumstances

### Information

Current Life Events    No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
 CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.03

As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly. This will be reviewed every 90 days.

 Objective #1.01

Mr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Objective #1.02

Mr. Boone will use his strength of being honest to learn 3 new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Goal 2.00 PROBLEM STATEMENT- Mr. Boone reported: "I want to meet with a case manager when I need help finding community resources."

CLIENT GOAL- Mr. Boone stated: "I'd like to be able to meet with a case manager to get help with figuring things out."

 Objective #2.01

Mr. Boone will meet with a case manager to assist with connecting to housing resources as well as coordinating help with his activities of daily living and of increasing his psychosocial skills such as through acquiring the skill of social comfortability and knowing how to interact with other people as well as other skills and how this relates to his mental health stability and avoidance of criminogenic risk factors. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his individual therapist within the next 90 days.

**Client's Current Condition**

Mood/Affect

 Unremarkable  Remarkable

Thought Process/Orientation

 Unremarkable  Remarkable

Behavior/Functioning

 Unremarkable  Remarkable

Medical Condition

 Unremarkable  Remarkable

Substance Abuse

 Unremarkable  Remarkable
Self Harm  None Reported  Please Specify
 Ideation  Intent  Attempt  Means  Plan

 Other

 I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Room/Apt Inspection  Not Completed  Completed

### Safety Plan

- The Safety Plan was Reviewed  Not Reviewed
- With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

### Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Boone's behavior was more appropriate today, he was cooperative and engaged.

He described an incident at work where he was being made fun of, during dissociative episode.. He was knocking things over as he was walking off balance.

He asked about DID as a potential diagnosis, we discussed this but he does not meet the criteria. He provided additional details about this and other events, he feels like an other vs observer, like he is being manipulated and/or watches other take control, not another person rather his mind is creating another actor, not an alter or other personality. He also loses things, charging cable/gloves, etc. He's also given money to others for no reason. He's trying to save his money so this makes no sense to him.

We discussed some options for keeping better control over his belongings and for tracking his feelings/perceptions so we can develop a plan to make his day to day life more manageable. He has agreed to try some behavioral interventions to see if they will yield any positive results.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Supportive psychotherapy was provided to the client. MI, and CBT were also used today. These interventions will be demonstrated in the client response section.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Using CBT we processed through the issues/events that have occurred in Boone's life since his last session, which includes the following issues: see above. We focused on how these issues/events impact his diagnoses, his emotions, and his day to day functioning. Using MI we developed and revised options for how he will continue to handle these issues in the most effective manner moving forward. He responded well to these interventions.

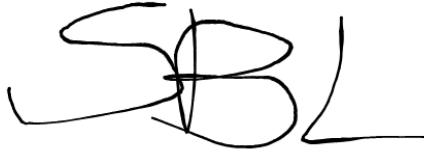
Document the plan. If there were barriers describe the plan to overcome the barriers

Complete the homework and return to the next scheduled session. No barriers have been identified.

### Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT
Individual Psychotherapy				
Tele-Health Auth Group	3	Weekly	120.00 Minutes	Designated LMHT

**Clinician:** Stephanie Larsen, LCSW**Signature Date:** 02/24/2025



### Psychiatric Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Christian Judd      **Service:** 99214 EST TLH 30-39  
**Date Of Service:** 12/17/2024      **Start Time:** 8:00 AM      **End Time:** 8:15 AM      **Duration:** 15 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:**  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  Family Member(s)  Internal Collateral  External Collateral  
**Goals and Objectives:**

#### General

Adult  Child/Adolescent

#### Today's Chief Complaint/Reason for Visit

**Today's Chief Complaint/Reason for Visit**  **Same as Last Visit**

Boone was seen today for "my appointment"

#### Other Notes

#### History of Present Illness

#### Persons Present other than Consumer

History obtained from person present other than patient or reviewed summary of records  Yes  No

#### Comments

#### Past History

**Medical/Psychiatric History**  Reviewed No Changes  Reviewed With Changes

*Client Name: Boone Cabal*

He was diagnosed with depression while in Jr. High School in San Diego. He has also been diagnosed with an anxiety disorder and then ADHD while in college. He has been hospitalized about 10 times in the past for suicidal ideation. He has also attempted suicide once in 2015. He denies history of self-mutilation.

**Family History** Reviewed No Changes Reviewed With Changes

Mother: Depression;  
Father: OCD;  
Sister: ADHD;

**Social/Substance/Legal History** Reviewed No Changes Reviewed With Changes

He was born and raised in Klamath Falls, OR and San Diego, CA. He moved to Utah at age 35 with his mother. He is not married; no children. He graduated from high school. He has a degree in software engineering. He is currently living at Fortitude. He is not working.

He is currently on parole for attempted aggravated kidnapping.

**Side Effects**

Side Effects  None  Specify

**Review of Systems**

Psychiatric  Musculoskeletal  
 Genitourinary  Gastrointestinal  
 Neurological  Immune  
 Cardio/Vascular  Hem/Lymph

**Reviewed No Changes**

Constitutional (wt loss, etc.)  
 Integumentary  
 Eyes  
 All others negative

**Reviewed With Changes**

Ear, Nose, Mouth, Throat  
 Endocrine  
 Respiratory

**Comments**

Respiratory - septoplasty (2003 and 2024); sleep apnea;

**Allergies List**

Allergies	Comments
None Reported	

**Substance Use Hx**

Substance Use  None

Alcohol  
 Amphetamines  
 Benzos or Prescription Meds  
 Cocaine  
 Marijuana

He first used cannabis at age 31 and he began using daily at that time.

Opiates  
 Hallucinogen  
 Inhalant  
 Others

Non-smoker

Smoker

How much?

Other Tobacco Use

Caffeine Consumption

**Pregnant/Last Menstrual Period**

Pregnant

 Yes No N/A

Last Menstrual Period

**Strengths and Barriers****Strengths****Barriers****MSE****Vitals****Mental Status Exam**

<b>General Appearance</b>	<input type="radio"/> Assessed	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL – Appropriately dressed and groomed for the occasion.				
<input type="checkbox"/> Poorly dressed	<input type="checkbox"/> Poorly groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Odiferous	<input type="checkbox"/> Deformities			
<input type="checkbox"/> Poor nutrition	<input type="checkbox"/> Restless	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Hyperactive/intrusive				
<input type="checkbox"/> Evasive/distant	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Hostile	<input type="checkbox"/> Other			
<b>Speech</b>							
<input type="checkbox"/> Increased latency	<input type="checkbox"/> Decreased rate	<input type="checkbox"/> Paucity	<input type="checkbox"/> Hyperverbal				
<input type="checkbox"/> Poor articulation	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mute				
<input type="checkbox"/> Stuttering	<input type="checkbox"/> Impaired prosody	<input type="checkbox"/> Pressured					
<input type="checkbox"/> Other							
<b>Language</b>							
<input type="checkbox"/> Difficulty naming objects	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL - no issues naming objects or repeating phrases					
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Difficulty repeating phrases	<input type="checkbox"/> Other					
<b>Mood and Affect</b>							
Mood	<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Irritable	<input type="checkbox"/> Elation	<input type="checkbox"/> Normal
	<input type="checkbox"/> Other						
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable/angry	<input type="checkbox"/> Blunted/flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Euphoric
	<input type="checkbox"/> Congruent w/mood		<input type="checkbox"/> Other				
<b>Attention Span and Concentration</b>							
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Not Assessed	<input checked="" type="radio"/> WNL-with good concentration and attention span				
<input type="checkbox"/> Distractible	<input type="checkbox"/> Other						
<b>Thought Content and Process; Cognition</b>							
<input type="radio"/> Assessed all sections below	<input type="radio"/> Not Assessed	<input checked="" type="radio"/> WNL for age – coherent and goal directed with no evidence of abnormal or delusional thought content or cognitive disturbance; good fund of knowledge					
<b>Thought Process Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Disorganized	<input type="checkbox"/> Blocking	<input type="checkbox"/> Persecution	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Derailed			
<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Racing	<input type="checkbox"/> Illogical	<input type="checkbox"/> Other			
<b>Thought Content Abnormalities (leave unchecked if not present)</b>							
<input type="checkbox"/> Delusional	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Thought withdrawal			

- Thought Broadcasting     Religiosity     Grandiosity     Perseveration     Obsessions  
 Worthlessness     Loneliness     Guilt     Hopelessness     Helplessness  
 Other

**Cognitive Abnormalities (leave unchecked if not present)**

- Concrete       Unable to follow instructions       Poor Computation       Other  
**Associations**       Assessed all sections below       Not Assessed       WNL – Intact  
 Loose       Clanging       Word salad       Circumstantial       Tangential       Other  
**Abnormal/Psychotic Thoughts**       Assessed       Not Assessed       WNL- no disturbance of perception

**Psychosis/Disturbance of Perception**  None  Present (leave items below unchecked if not present)

- Auditory hallucinations
  - Visual hallucinations
  - Command hallucinations
  - Delusions
  - Preoccupation w/violence
  - Olfactory hallucinations
  - Gustatory hallucinations
  - Tactile hallucinations
  - Somatic hallucinations
  - Illusions
  - Other

## **Suicide/Homicide**

- |                            |                           |                                     |                            |                           |                                     |
|----------------------------|---------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|
| Current suicide ideation   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current suicidal plan      | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current suicidal intent    | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal ideation | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Current homicidal plans    | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Current homicidal intent   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Means to carry out attempt | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

## Comments

**Orientation**  Assessed  Not Assessed  WNL – Oriented to person, place, time, situation

Disoriented to  Person  Place  Time  Situation  Other

#### **As evidenced by responses**

How would you describe the situation we are in?

What is your full name?

Where are we right now? (city, state, building)

What is the full date today?(date, month, year) and season of the year

**Fund of Knowledge**  Assessed  Not Assessed  Fund of knowledge WNL for developmental level

- Unaware of current events     Unaware of past history     Vocabulary inappropriate for age     Other

**As evidenced by age appropriate**

- Vocabulary       Fund of knowledge       Responses to questions       School Performance  
 IQ (If testing results are available)       Other

**Insight and Judgement**  Assessed       Not Assessed       WNL for developmental level  
 Excellent       Good       Fair       Poor       Grossly Impaired  
 Substance related       Other

#### **As evidenced by age appropriate**

- Awareness of problem       Acceptance of help       Understanding cause and effect  
 Self-defeating/endangering behavior w/o regard to consequences       Denial/blames others       Other

**Memory**  Assessed  Not Assessed  WNL – Immediate, recent, and remote memory intact

Immediate	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By /3 Words In Five Minutes
Recent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By
Remote	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Impaired	As Evidenced By

Other

**Muscle Strength/Tone**  Assessed  Not Assessed  WNL

Atrophy     Abnormal Movements     Other

**Gait and Station**  Assessed  Not Assessed  WNL

Restlessness     Staggered     Shuffling     Unstable     Other

### Mental status exam additional comments, Descriptions

## Medical Decision Making

### Problem 1

Persistent depressive disorder (dysthymia)

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies depression or anhedonia and reports that he has been reading which he enjoys. He denies suicidal ideation or thoughts of wanting to die. He feels his medications are controlling his symptoms well. I will continue duloxetine and lamotrigine as prescribed. Will continue to monitor in upcoming visits.

### Problem 2

Generalized anxiety disorder

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He reports that his anxiety has been "fine." He feels duloxetine controls his anxiety well. I will continue duloxetine as prescribed. Will continue to monitor in upcoming visits.

### Problem 3

Attention-deficit/hyperactivity disorder, Combined presentation

**Complexity of Problem** Stable chronic illness

**Associated signs/systems; other information:** He denies any concerns with his concentration or focus. He feels Mydayis controls his ADHD symptoms well. Will continue to monitor in upcoming visits.

## Data Reviewed

- Review labs/other tests       Order labs/other tests       Review/summarized old records
- Obtain history from someone other than the patient
- Independent Interpretation of a test performed by another physician/other qualified health care professional (not separately reported)
- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

### Relevant/Test Results

11/01/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

09/11/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

08/14/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

07/17/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

05/16/2024: I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

### Lab Comments

I reviewed the CSDB and there were no unexpected results in the report.  
I reviewed his labs and he is currently drug testing at Fortitude.

### Risk of complications and/or Morbidity or Mortality of Patient Management

- |  |   |
|--|---|
| <input type="checkbox"/> Over the Counter Drugs  | <input type="checkbox"/> Prescription Drug Management                             |
| <input type="checkbox"/> Diagnosis or treatment significantly limited by social determinants of health | <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity |
| <input type="checkbox"/> Decision regarding hospitalization  | <input type="checkbox"/> Limited quantities of medication for safety reasons      |
| <input type="checkbox"/> Other   |   |

### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

- Medication Reconciliation

Risk/benefits/side effects have been discussed  Yes  No  N/A  
with the client/guardian and understood

### Current Medications

#### Current Medications

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
Duloxetine	60mg, CpDR, Oral 1.00 each Morning	11/01/2024	01/29/2025	2.00	Judd, Christian APRN UT-Psych/MH	
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime	10/24/2024	01/21/2025	2.00	Judd, Christian APRN UT-Psych/MH	

Gabapentin	800mg, Tab, Oral 1.00 each Three times a day	11/01/2024	01/29/2025	2.00	Judd, Christian APRN UT-Psych/MH	
Lamotrigine	200mg, Tab, Oral 1.00 each Morning	11/01/2024	01/29/2025	2.00	Judd, Christian APRN UT-Psych/MH	
Mydayis	50mg, CT24, oral 1.00 each Morning	11/25/2024	12/24/2024	0.00	Judd, Christian APRN UT-Psych/MH	DAW1

**Self-Reported Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Discontinued Medications**

Drug Name	Instruction	Start	End	Refills	Prescriber	Comments
-----------	-------------	-------	-----	---------	------------	----------

**Information and Education****Activities Completed**

Total time spent on encounter Minutes

**Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Discussed the nature and course of the illness<br><input type="checkbox"/> Discussed potential medication side-effects<br><input type="checkbox"/> Discussed pros and cons of hospitalization<br><input type="checkbox"/> Discussed pros and cons of out of home placement<br><input type="checkbox"/> Education provided on how to interact with school and other agencies<br><input type="checkbox"/> Discussed risk factors and strategies to reduce them<br><input type="checkbox"/> Education provided on the importance of medication compliance<br><input type="checkbox"/> Instructions given on how to remedy medication side-effects<br><input type="checkbox"/> Instructions given on how to enhance the benefits of the medications<br><input type="checkbox"/> Other | <input type="checkbox"/> Discussed treatment options<br><input type="checkbox"/> Discussed medication risks and benefits<br><input type="checkbox"/> Discussed laboratory testing results<br><input type="checkbox"/> Discussed behavioral strategies to handle difficult symptoms<br><input type="checkbox"/> Discussed psychological testing results<br><input type="checkbox"/> Education provided on the importance of adherence to treatment recommendations<br><input type="checkbox"/> Instructions given on how to start or discontinue a medication<br><input type="checkbox"/> Brief alcohol counseling provided<br><input type="checkbox"/> Discussed PMP report findings with patient |
|--|---|

**Elaborate on activities checked above****Non Counseling Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Documentation<br><input type="checkbox"/> Ordered Labs<br><input type="checkbox"/> Research<br><input type="checkbox"/> Reviewed PMP Report | <input type="checkbox"/> Ordered Medications<br><input type="checkbox"/> Consulted with other medical staff<br><input type="checkbox"/> Other |
|--|---|

**Elaborate on activities checked above**

**Plan**

Patient/Parent/Guardian voiced understanding and gave consent for the below plan.

 Yes No**Plan** Same as Last Visit

Next Visit

 PRN N/A**Next Physician's Visit** Treatment options and risks of non-compliance with treatment recommendations were discussed with the client.**Interactive Complexity Add Ons**Is Interactive Complexity Present?  Yes  No Clinician needs to manage maladaptive communication (client is highly anxious, agitated, reactive, disagreeable). Caregiver emotions/behavior that interfere with implementation of treatment plan. Evidence or disclosure of a sentinel event and reporting is mandatory to a third party and discussion occurs with client and/or caregiver regarding this. Use of play equipment, physical devices, interpreter or translator to overcome communication barriers (foreign language, underdeveloped or lost expressive abilities, difficulty understanding typical language). Supporting Documentation.**Diagnosis****Persistent depressive disorder (dysthymia)****DSM5/ICD10** F34.1      **SNOMED** 191753006**ICD/ DSM Description** Persistent depressive disorder (dysthymia)**Remission**      **Specifier**      **Type** Primary**Source**      **Severity**      **Order** 1**Rule Out** No      **Billable** Yes**Generalized anxiety disorder****DSM5/ICD10** F41.1      **SNOMED** 21897009**ICD/ DSM Description** Generalized anxiety disorder**Remission**      **Specifier**      **Type** Additional**Source**      **Severity**      **Order** 2**Rule Out** No      **Billable** Yes

**Attention-deficit/hyperactivity disorder, Combined presentation**

<b>DSM5/ICD10</b>	F90.2	<b>SNOMED</b>	406506008
<b>ICD / DSM Description</b>	Attention-deficit/hyperactivity disorder, Combined presentation		
<b>Remission</b>		<b>Specifier</b>	Type Additional
<b>Source</b>		<b>Severity</b>	<b>Order</b> 3
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Dissociative amnesia**

<b>DSM5/ICD10</b>	F44.0	<b>SNOMED</b>	84209002
<b>ICD / DSM Description</b>	Dissociative amnesia		
<b>Remission</b>		<b>Specifier</b>	Type Additional
<b>Source</b>		<b>Severity</b>	<b>Order</b> 4
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Problems related to other legal circumstances**

<b>DSM5/ICD10</b>	Z65.3	<b>SNOMED</b>	105508004
<b>ICD / DSM Description</b>	Problems related to other legal circumstances		
<b>Remission</b>		<b>Specifier</b>	Type Additional
<b>Source</b>		<b>Severity</b>	<b>Order</b> 5
<b>Rule Out</b>	No	<b>Billable</b>	Yes

**Additional Information****Screening Tools Used****Other General Medical Conditions****Psychosocial, Environmental, and Other Factors****Comments****Level of Functioning Score****GAF Score****WHODAS Score****CAFAS Score**

**Clinician:** Christian Judd, APRN**Signature Date:** 12/17/2024



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Complete  
**Clinician Name:** Stephanie Larsen      **Service:** INDV THRPY TELEHLTH  
**Date Of Service:** 12/17/2024      **Start Time:** 6:00 PM      **End Time:** 6:45 PM      **Duration:** 45 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Telehealth, service provided via Webex/video.  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:** Maintain stable mental health and sobriety.

#### Other Participants:

### Billing Diagnosis

- 1- F34.1 Persistent depressive disorder (dysthymia)
- 2- F41.1 Generalized anxiety disorder
- 3- F90.2 Attention-deficit/hyperactivity disorder, Combined presentation
- 4- Z65.3 Problems related to other legal circumstances

### Information

Current Life Events      No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

Objective #1.03

As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly. This will be reviewed every 90 days.

 Objective #1.01

Mr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Objective #1.02

Mr. Boone will use his strength of being honest to learn 3 new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more within the next 90 days.

 Goal 2.00 PROBLEM STATEMENT- Mr. Boone reported: "I want to meet with a case manager when I need help finding community resources."

CLIENT GOAL- Mr. Boone stated: "I'd like to be able to meet with a case manager to get help with figuring things out."

 Objective #2.01

Mr. Boone will meet with a case manager to assist with connecting to housing resources as well as coordinating help with his activities of daily living and of increasing his psychosocial skills such as through acquiring the skill of social comfortability and knowing how to interact with other people as well as other skills and how this relates to his mental health stability and avoidance of criminogenic risk factors. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his individual therapist within the next 90 days.

**Client's Current Condition**

Mood/Affect

 Unremarkable  Remarkable

Thought Process/Orientation

 Unremarkable  Remarkable

Behavior/Functioning

 Unremarkable  Remarkable

Medical Condition

 Unremarkable  Remarkable

Substance Abuse

 Unremarkable  Remarkable
Self Harm  None Reported  Please Specify
 Ideation  Intent  Attempt  Means  Plan

 Other

 I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Room/Apt Inspection  Not Completed  Completed

### Safety Plan

- The Safety Plan was Reviewed  Not Reviewed
- With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

### Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

Boone did go in to 4th Street, but they won't order a MRI or FMRI, they stated they don't do specialty referrals for anything.

He needs a neurology referral and we'll begin working on this ASAP.

Following up from the last session on the behavioral interventions, he used the bag (for his belongings) and states it is working to some degree, he's not losing things as often.

He is experiencing >depressive episodes, due to his losing time and we rereviewed the various options for getting to a definitive diagnosis. He stated this was helpful.

Our session was cut short today, due to device issue with his phone.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Supportive psychotherapy was provided to the client. MI, and CBT were also used today. These interventions will be demonstrated in the client response section.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Using CBT we processed through the issues/events that have occurred in Boone's life since his last session, which includes the following issues: see above. We focused on how these issues/events impact his diagnoses, his emotions, and his day to day functioning. Using MI we developed and revised options for how he will continue to handle these issues in the most effective manner moving forward. He responded well to these interventions.

Document the plan. If there were barriers describe the plan to overcome the barriers

Complete the homework and return to the next scheduled session. No barriers have been identified.

### Prescribed Intervention Services

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT

Tele-Health Auth Group	3	Weekly	120.00 Minutes	Designated LMHT
------------------------	---	--------	----------------	-----------------

**Clinician:** Stephanie Larsen, LCSW**Signature Date:** 02/24/2025A handwritten signature consisting of stylized initials "SL" followed by a surname.

**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 12/31/2024      **Start Time:** 9:00 AM      **End Time:** 9:20 AM      **Duration:** 20 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Nurse's office, north valley  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:**

**General**

Medication Management       Injection Only       Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."  
 Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone is here on his scheduled day for medication management and nurse assessment.

**Chief Complaint**

Boone said, "I'm here to get my pills ". He is assessed for mental health concerns and medication compliance.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Medication Management	1	Monthly	15.00	Minutes	Nurse
Medication Management					

### Review of Mental Status/Behavioral Health Status

#### Mental/Behavioral Health Issues

Boone is alert & oriented. He reports taking meds as prescribed. He says, "everything is about the same. My job ended but I have another temp job on Thursday." He tells me the Mydaysis is working well for his focus. He admits feelings of depression. He reports no change in his mood.

#### Progress or Lack of Progress Towards Goal

Boone is compliant with his medications.

**Barriers to Progress and Plan to Address Barriers**  No barriers identified  Specify below

Depression. He agrees to take meds as prescribed. He will follow up with therapy as well as medications.

Non-Smoker  Smoker, specify # of cigarettes per day

#### Education

#### Health Issues

No concerns.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "still about the same. " When asked about depression he says, "of course I'm depressed. Major depressed." He reports no thoughts of self harm recently or at this time.

**Thought Process**  Linear and goal directed  Specify below

Boone is more attentive today and focused.

**Anxiety**  None observed or reported this visit  Specify below

Boone says, "no more than normal." He reports anxiety at baseline.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

#### Comments

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

#### Comments

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

#### Comments

#### Appearance

Boone is neatly groomed. He makes fair eye contact. He gives short responses. He is cooperative and does answer questions.

#### Other Comments

#### Medications

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

**The medications below were reviewed with the client**  Yes  No

**Risk/benefits have been discussed with the client and understood**  Yes  No

**Any newly emergent side effects have been discussed with the patient**

### Current Medications

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	01/21/2025
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/29/2025
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	01/15/2025

**Not ordered by Valley Behavioral Health providers**

### Side Effects

Boone denies

### Information and Education

Boone is educated about his medications.

### Medical Decision and Plan of Care

#### Plan - Last Visit

Boone is given 28 days of oral meds in sealed, labeled dispill packs. He will keep in a safe place and take as prescribed. He is due to return on Dec. 31st.

#### The medical decision and plan of the nurse based on the client's goal. Include any referrals/consults.

Boone is given medication for 4 weeks in sealed, labeled dispill packs. He will take meds to staff at Atherton for safe keeping. He will take as prescribed. His next appointment is scheduled for Jan. 28th or sooner if needed.

### Previous Diagnosis

**Effective Date:** 11/01/2024

### Diagnosis List

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
5	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
4	F44.0	300.12	Dissociative amnesia	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
2	F41.1	300.02	Generalized anxiety disorder	Additional	

1	F34.1	300.4	Persistent depressive disorder (dysthymia)	Primary	
---	-------	-------	--	---------	--

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:** Nancy Weaver, LPN

**Signature Date:** 01/04/2025

**Nurse Note**

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Show  
**Clinician Name:** Nancy Weaver      **Service:** Med Mngmnt Nurse  
**Date Of Service:** 01/28/2025      **Start Time:** 10:47 AM      **End Time:** 11:00 AM      **Duration:** 13 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** North Valley      **Specific Location:** North valley nurse's office  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**  Family Member(s)  Internal Collateral  External Collateral  
**Goals and Objectives:**

**General**

Medication Management  Injection Only  Both

**Billing Diagnosis**

F34.1 Persistent depressive disorder (dysthymia)

F41.1 Generalized anxiety disorder

**Care Plan Objectives Addressed by this Service**

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."
- Objective #1.01 BooneMr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days. Some Improvement

**Reason For Visit****Reason For the Visit**

Boone comes in today for medication management and nurse assessment as part of treatment plan.

**Chief Complaint**

Boone said he felt "I'm okay ". He is assessed for med compliance and mental health needs.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
------------------------------	------------------	-----------	----------	--------------------

Medication Management	1	Monthly	15.00 Minutes	Nurse
Medication Management				

**Review of Mental Status/Behavioral Health Status****Mental/Behavioral Health Issues**

Boone is here on his scheduled day. He is alert & Oriented. He says, "everything is going pretty good. Nothing has changed." He reports getting good sleep most nights.

**Progress or Lack of Progress Towards Goal**

Boone has been compliant with med management appointments.

**Barriers to Progress and Plan to Address**  No barriers identified  Specify below  
**Barriers**

Boone's hx. of depression. He will continue with therapy and medications.

Non-Smoker  Smoker, specify # of cigarettes per day

**Education****Health Issues**

He has no new issues.

**Mood and Affect**  Congruent with stated mood  Specify below

Boone said he felt "my mood has been pretty good." He reports no major depression. He says, "my mood comes in waves it is up and down."

**Thought Process**  Linear and goal directed  Specify below

Boone is focused and able to follow the conversation.

**Anxiety**  None observed or reported this visit  Specify below

Boone says, "it's about the same." He reports baseline anxiety, no increase.

**Self-Harm**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Others**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments**

**Harm to Property**  No thoughts, plans or intentions  Please specify

Ideation  Intent  Attempt  Means  Plan  Other  I Informed:

**Comments****Appearance**

Boone is neatly dressed. He makes good eye contact and answers questions. His speech is normal rate and volume.

**Other Comments****Medications**

The information displayed in the SmartCare Rx section is entered into the SmartCare Rx module and current read only information as applicable on the date of service is specified below.

Client ID: 2184725

**The medications below were reviewed with the client** Yes No**Risk/benefits have been discussed with the client and understood** Yes No **Any newly emergent side effects have been discussed with the patient****Current Medications**

Medication Name	Instruction	Notes	Prescriber	Instruction Start	Rx End Date
Duloxetine	60mg, CpDR, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	04/22/2025
Duloxetine	20mg, CpDR, Oral 1.00 each Bedtime		Judd, Christian APRN UT-Psych/MH	08/14/2024	04/22/2025
Gabapentin	800mg, Tab, Oral 1.00 each Three times a day		Judd, Christian APRN UT-Psych/MH	05/16/2024	04/22/2025
Lamotrigine	200mg, Tab, Oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	04/22/2025
Mydayis	50mg, CT24, oral 1.00 each Morning		Judd, Christian APRN UT-Psych/MH	05/16/2024	02/21/2025

**Not ordered by Valley Behavioral Health providers****Side Effects**

Boone denies side effects

**Information and Education**

Boone and I review his medications. He has a good understanding of why he is taking the medications.

**Medical Decision and Plan of Care****Plan - Last Visit**

Boone is given medication for 4 weeks in sealed, labeled dispill packs. He will take meds to staff at Atherton for safe keeping. He will take as prescribed. His next appointment is scheduled for Jan. 28th or sooner if needed.

**The medical decision and plan of the nurse based on the client's goal. Include anyreferrals/consults.**

Boone is provided with medication for 4 weeks in sealed, labeled dispill packs. He will give meds to staff at Atherton for management. He will take as prescribed and report any concerns. His next appointment is scheduled for Feb. 25th.

**Previous Diagnosis****Effective Date:** 12/17/2024**Diagnosis List**

Order	DSM V/ICD 10	DSM V/ICD 9	Description	Type	Severity
5	Z65.3	V62.5	Problems related to other legal circumstances	Additional	
4	F44.0	300.12	Dissociative amnesia	Additional	
3	F90.2	314.01	Attention-deficit/hyperactivity disorder, Combined presentation	Additional	
2	F41.1	300.02	Generalized anxiety disorder	Additional	

1	F34.1	300.4	Persistent depressive disorder (dysthymia)	Primary	
---	-------	-------	--	---------	--

**Psychosocial, Environmental and Other Factors**

**Source**

**Level of Functioning Source**

**GAF Score:**

**WHODAS Score:**

**CAFAS Score:**

**Clinician:**

Nancy Weaver, LPN

**Signature Date:**

02/01/2025



### Indv Note

**Client Name:** Boone Cabal      **Client ID:** 2184725      **Status:** Complete  
**Clinician Name:** Stephanie Larsen      **Service:** INDV THRPY TELEHLTH  
**Date Of Service:** 02/18/2025      **Start Time:** 11:25 AM      **End Time:** 12:40 PM      **Duration:** 75 Minutes  
**Program:** Forensic Outpatient Unit  
**Location:** Forensic Unit      **Specific Location:** Telehealth, service provided via Webex/video.  
**Mode of Delivery:** Face-to-face      **Client Participated:** Yes  
 Crisis  
**Second Staff:**       Family Member(s)       Internal Collateral       External Collateral  
**Goals and Objectives:** Maintain stable mental health and sobriety.

### Other Participants:

### Billing Diagnosis

- 1- F34.1 Persistent depressive disorder (dysthymia)
- 2- F41.1 Generalized anxiety disorder
- 3- F90.2 Attention-deficit/hyperactivity disorder, Combined presentation
- 4- Z65.3 Problems related to other legal circumstances

### Information

Current Life Events      No Life Events found

### Tracks/EBPs Utilized During

- DBT
- DV
- EMDR
- Motivational Interviewing (MI)
- OQ/YOQ
- TF-CBT

### Care Plan Objectives Addressed by this Service

- Goal 1.00 PROBLEM STATEMENT- Mr. Boone reported: "I experience a lot of depression, anxiety and ADHD and I will dissociate and forget where I am at."  
CLIENT GOAL- Mr. Boone stated: "I want to be able to meet with the med team and get on the proper medication that will help me and I would like to learn some coping skills."

- Objective #1.01 Mr. Boone will receive medication and pharmacological management to reduce symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder. Mr. Boone will report a helpful decrease in his symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder as measured by a decrease in OQ score of 2 points or more within the next 90 days.
- Objective #1.03 As part of his aftercare when the time is right, Mr. Boone will use his strength of being honest as part of his aftercare efforts to remain safe, healthy, and dedicated to his mental health stability and avoidance of criminogenic risk factors. Once Mr. Boone has completed treatment, he will continue his efforts by identifying 3 times a week when he has used distress tolerance in managing mental health triggers and he will record this in his journal weekly. This will be reviewed every 90 days.
- Objective #1.02 Mr. Boone will use his strength of being honest to learn 3 No Change new skills to help him better manage symptoms of Major Depression, ADHD, and Generalized Anxiety Disorder better through acquiring the skill of using emotional regulation as well as other skills such as grounding and mindfulness meditation. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his group and individual therapist as measured by a decrease in OQ score of 2 points or more within the next 90 days.
- Goal 2.00 PROBLEM STATEMENT- Mr. Boone reported: "I want to meet with a case manager when I need help finding community resources."  
CLIENT GOAL- Mr. Boone stated: "I'd like to be able to meet with a case manager to get help with figuring things out."
- Objective #2.01 Mr. Boone will meet with a case manager to assisted with Some Improvement connecting to housing resources as well as coordinating help with his activities of daily living and of increasing his psychosocial skills such as through acquiring the skill of social comfortability and knowing how to interact with other people as well as other skills and how this relates to his mental health stability and avoidance of criminogenic risk factors. Mr. Boone will report what he has learned and what has worked for him and what hasn't worked for him to his individual therapist within the next 90 days.

### Client's Current Condition

Mood/Affect  Unremarkable  Remarkable

Thought Process/Orientation  Unremarkable  Remarkable

Behavior/Functioning  Unremarkable  Remarkable

Medical Condition  Unremarkable  Remarkable

Substance Abuse  Unremarkable  Remarkable

Self Harm  None Reported  Please Specify

Ideation  Intent  Attempt  Means  Plan

Other

I informed

Harm to Others  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Harm to Property  None Reported  Please Specify

- Ideation  Intent  Attempt  Means  Plan
- Other
- I informed

Room/Apt Inspection  Not Completed  Completed

## Safety Plan

- The Safety Plan was Reviewed  Not Reviewed
- With the Client  Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

## Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development, maximizing ability to perform living and life skills, medication compliance/regimen, reducing symptoms, preventing hospitalization)?

He was on a GLP1 for weight loss and then had a medication change. He used this medication change as an example for his continued difficulties with remembering to take meds/follow instructions and/or organize process/es to assist with this. 3/11/25 is his Neurology evaluation, he thinks, but is unsure. He has committed to verify if this date is for his Neurology evaluation. We discussed how critical it is that he not miss this appt. We reviewed the process for insuring this appt is completed, e.g. informing his CM/team at Fortitude for assistance.

2/26/25 is his disability hearing, he would like a letter to provide at the hearing.

He was reminded to connect with Kylie, his CM at VBH, as she has been trying to reach him to follow up on multiple issues. He still needs a payee for his finances. The previous plan he had in place did not work out as he had hoped and he was reminded that his CM with Valley and Heidi at Fortitude were looking at options for a new payee. He will follow up on these options.

He gave this writer permission to add Heidi back into the communication loop, including her and his CM in all messages is fine. There are already ROI in place. He plans to meet with Heidi and apologize for his behavior after he sent the email to her and this writer about the possibility of "absconding" from Fortitude and/or intimidating he may take his life, despite our previous meeting where it was outlined that his "going back to prison" was not an issue or in consideration by the Fortitude team.

This writer attempted to address the previous coping skills we had discussed, and that Boone has stated were helpful, and continue adding to this process, for addressing the "episodes" he continues experiencing, but he became agitated again, accusing this writer of not believing him (again). This writer reiterated that this is not a case of "belief" this is a case of "doing something" and not assuming there is no possible form of help/assistance for his current undiagnosed condition.

Describe the interventions provided (cueing, modeling, role-modeling of appropriate daily living and life skills).

Supportive psychotherapy was provided to the client. MI, and CBT were also used today. These interventions will be demonstrated in the client response section.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barries to progress.

Using CBT we processed through the issues/events that have occurred in Boone's life since his last session, which includes the following issues: see above. We focused on how these issues/events impact his diagnoses, his emotions, and his day to day functioning. Using MI we developed and revised options for how he will continue to handle these issues in the most effective manner moving forward. He responded reasonably well to these interventions.

Document the plan. If there were barriers describe the plan to overcome the barriers

Complete the homework and return to the next scheduled session. No barriers have been identified.

**Prescribed Intervention Services**

Intervention History/Updates	How Many Session	How Often	Duration	Person Responsible
Individual Psychotherapy	1	Monthly	60.00 Minutes	Designated LMHT
Individual Psychotherapy				
Tele-Health Auth Group	3	Weekly	120.00 Minutes	Designated LMHT

**Clinician:** Stephanie Larsen, LCSW**Signature Date:**

02/24/2025

