

Client: David Grossman
DOB: 01/03/1962
Provider: Jonathan Procter
Provider License: LMHC #007837

Appointment: Individual appointment on August 13, 2025
8:00 pm - 9:30 pm ET, 90 min
Billing code: 90837 - Psychotherapy, 60 min

Diagnosis: F60.5 - Obsessive-compulsive personality disorder

Progress Note

SUBJECTIVE

David presented following an acute pain flare that peaked Monday night, reporting "I couldn't lie in bed... horrible, horrible pain," necessitating sleep in a chair for several hours. He received an epidural steroid injection yesterday, with "like 50% improved from what it was." MRI reportedly unchanged from last year; his physician noted only minimal contact with the nerve root. David voiced health-related worry and momentary catastrophizing—"could it be something else, like a tumor?"—while also acknowledging, "there's a psychosomatic part of it, but that's not causing the pain." Sleep improved post-injection; functioning was "really good this morning," though some discomfort returned later.

Interpersonally, he described "radio silence" from his sister for weeks and intends to contact his niece directly when she returns to the city. He accepted a low-stakes social reach-out: a long-time PT colleague called for career advice and invited her to dinner, framing it as a comfortable "freebie" connection. Regarding his adult son, David expressed pride and generativity: the son dropped a less relevant course, added incident response, is on track to 24 credits by December, and may start work/internship in January; David noted, "it's time for him to fly." Travel with his partner is planned for early September; he hopes for a second injection before departure.

Key topics discussed and impact on well-being:

- Acute low back pain flare with nocturnal intolerance to supine position; significant relief after epidural; residual apprehension.
- Health anxiety/catastrophizing spikes (tumor fears) despite reassuring data; recognizes psychological amplification without over-attributing.
- Boundary maintenance with estranged sister; preference for limited contact and direct support to niece.
- Prosocial reconnection and permission for pleasure (dinner invitation) after prolonged stress focus.
- Parental pride and tolerating uncertainty in son's career/lease decisions; movement from fixing to supporting.
- Travel preparation and pacing to prevent pain re-aggravation.

Significant quotes (context & implications):

- "I couldn't lie in bed... horrible pain." — Captures the acute functional impact and fear learning around sleep.
- "It's like 50% improved from what it was." — Anchors data-based optimism and supports graded activity.
- "Could it be something else, like a tumor?" — Illustrates catastrophic appraisal; target for CBT-Pain.
- "There's a psychosomatic part of it, but that's not causing the pain." — Reflects nuanced insight; enables both/and care (mind-body).
- "Radio silence from my sister... I'm good." — Boundary clarity; reduce allostatic load from family conflict.
- "It's time for him to fly." — Generativity and healthy differentiation vis-à-vis son.

OBJECTIVE

Appearance/behavior: Well-groomed, oriented ×4, cooperative. No abnormal movements.

Speech/thought: Normal rate/volume; linear, goal-directed; no psychosis.

Affect/mood: Euthymic to mildly anxious; visible relief when discussing post-injection status; humor intact.

Somatic/behavioral cues: Guardedness when describing sleep position; engaged in in-session box-breathing demo without distress.

Risk/safety: Denies SI/HI. No SIB. Insight/judgment intact. Acute risk is low.

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Measures: None administered today; plan PHQ-9, GAD-7, Pain Catastrophizing Scale (PCS) next session.

ASSESSMENT

Synthesis: Acute exacerbation of chronic lumbar pain with meaningful response to epidural steroid (inflammatory/chemical irritation likely), paired with episodic health-anxiety/catastrophizing. Interpersonal stressors (sister estrangement) persist but are bounded; prosocial outreach and parental pride indicate resilience and forward momentum.

Diagnostic considerations (not formal diagnoses):

- Adjustment disorder with anxiety (r/t acute pain flare and family estrangement).
- Other specified anxiety disorder, health-anxiety features (subthreshold).
- Chronic low back pain, medical—coordinate with pain specialist.

Mechanisms: Fear-avoidance cycle (nocturnal pain → sleep disruption → anticipatory anxiety); catastrophic predictions vs. reassuring objective data; cognitive flexibility present; values-consistent boundaries reduce load; humor and competence are protective.

Strengths/resources: High insight, data orientation, proactive care, stable partnership, generativity toward son, openness to skills, established medical team.

PLAN

Medical & functional:

- Continue with pain specialist; consider second epidural if indicated; discuss timing re: travel.
- Graded activity pacing (brief, frequent movement), gentle mobility/hamstring-hip flexor stretches as cleared by MD; avoid prolonged bed rest.
- Ergonomics for sleep (pillow between knees/under calves), heat/ice trials PRN.

CBT-Pain & anxiety:

- "Check-the-facts" worksheet on pain spikes (MRI unchanged; injection response; function regained).
- 1 thought record this week targeting tumor appraisal; generate balanced alternatives; rate belief pre/post.
- Worry scheduling (one 15-minute window/day); postpone outside window.

Mindfulness/skills:

- Box-breathing app: 1–2×/day when calm (build automaticity) + 3 cycles during pain surges or pre-sleep.
- Distress-tolerance: paced exhale (≥6-second out-breath), 5-4-3-2-1 grounding.
- Sleep hygiene: 45–60-minute wind-down, dim light, device limits, body scan in bed.

Interpersonal & values:

- Sister boundary: keep contact minimal/neutral; draft a supportive, separate check-in to niece.
- Prosocial reach-out: Proceed with the dinner invitation mindfully, clarify your intention, and pace yourself in line with your values (mutuality, ease, authenticity).
- Parenting stance: "support, not solve" script for son's lease/placement uncertainty; identify a 2-option contingency plan with him if requested.

Monitoring & tools:

- Administer PHQ-9, GAD-7, and PCS next session; track sleep quality and daily step count (simple log).
- Bring the pain specialist's after-visit summary if the second injection is pursued.

Homework (before next session):

- Use box-breathing app daily; log 5 uses with pre/post SUDS (0–10).

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SUPPLEMENTAL ANALYSES

Tonal Analysis

From Acute/Distressed to Relieved/Cautiously Optimistic. The tone softened after recounting the sleepless night, describing "50% improved." This supports reinforcing mastery and graded activity.

From Relieved to Hypervigilant/Catastrophic When considering "what if it's a tumor," prosody quickened and tightened; we applied cognitive defusion and data review.

From Anxious to Pragmatic/Problem-Solving: Discussing pacing, sleep positioning, and timing a second injection, tone steadied—readiness for action.

From Pragmatic to Affectionate/Generative On his son's trajectory—"it's time for him to fly"—voice warmed, signaling hope and healthy differentiation.

From Generative to Boundaried Regarding his sister—"I'm good"—tone firmed, indicating settled limits that reduce emotional leakage.

Thematic Analysis

Pain, Control, and Uncertainty "I couldn't lie in bed... horrible pain" vs. "50% improved" reflects oscillation between fear and regained agency; CBT-Pain targets this hinge.

Catastrophizing vs. Data "Could it be... a tumor?" contrasted with unchanged MRI/injection response; supports a check-the-facts habit.

Boundaries that Protect Capacity "Radio silence... I'm good." Strategic disengagement preserves bandwidth.

Prosocial Re-Engagement Dinner invitation as a gentle re-entry to pleasure/connection amid stress.

Generativity "It's time for him to fly." Emphasizes supportive, non-controlling parenting.

Sentiment Analysis

About self: Balanced; competent with flashes of worry; growing self-compassion.

About others/external: Positive toward partner/son; neutral-boundaried toward sister; appreciative of supportive clinicians.

About therapy/process: Positive, practical; values skills and tangible plans.

Temporal shift: Distress → relief → brief catastrophizing → problem-solving → connection.

Clinician Countertransference Noted a pull to reassure prematurely; instead, used collaborative empiricism and paced skills coaching to bolster David's data-based confidence.

COMPREHENSIVE NARRATIVE SUMMARY

David arrived days after a severe nocturnal pain spike that shook his confidence, yet he had already taken practical action—obtaining an epidural that halved his pain and restored function. We honored both parts of the experience: the alarm of the sleepless night and the relief of improvement. His mind briefly leapt to catastrophic possibilities; we anchored to objective data (unchanged MRI, response to steroid), framed the likely inflammatory mechanism, and outlined a graded plan for activity, sleep positioning, and pacing.

Interpersonally, he is choosing lighter, values-aligned connections (a longtime colleague) and firm boundaries where contact drains him (sister), while offering steady support to his niece and celebrating his son's momentum. By session end, David's stance was pragmatic and hopeful: a clear plan for body, mind, and relationships—enough structure to travel confidently and continue strengthening the habits that keep fear from running the show.

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Provider

A handwritten signature in black ink that reads "Jonathan Procter". The script is cursive and fluid.

Signed by Jonathan Procter

LMHC, CRC, NCC, ACS

August 17, 2025 at 6:22 pm (ET)

IP address: 129.222.245.245