

**RESIDENTIAL WEEKLY PROGRESS NOTE – NARRATIVE**

<b>Client Name</b> Mickey Mouse	<b>Client ID</b> 123
---------------------------------	----------------------

**Narrative for week of:** 07/01/2018 to 07/07/2018

<b>Total Service Hours:</b> 20.0	<b>Total Clinical Hours:</b> 9.0
----------------------------------	----------------------------------

**NOTE:** This Narrative Form must be accompanied with a “RESIDENTIAL WEEKLY PROGRESS NOTE – SERVICES” to be considered valid. In addition, total number of service and clinical hours must match the hours documented on accompanying Services Progress Note.

**Narrative Must Include: 1) provider support and interventions, 2) client’s progress on treatment plan problems, goals, & action steps, and 3) client’s ongoing plan including any new issues 4) if service(s) provided in the community, identify location(s) and how confidentiality was maintained.**

Client attended all scheduled Residential 3.1 services during the week of 7/1/18 to 7/7/2018. Client participated in 4 Process groups which included motivational interviewing techniques of change talk to help shift the client's current view of living situation and how to implement positive changes in his life. He also attended 2 relapse prevention skill building groups and 1 Cognitive Behavioral Therapy (CBT) group called Thinking for Change where he identified different cognitive distortions he uses and how he can look for evidence to combat his negative thoughts. In addition, he participated in 1 hour of individual counseling focused on personal behavioral change and communication skills to help address healthy ways of communicating with his family which has been a trigger for his alcohol use in the past.

Client responded well to the treatment programs group and individual therapy this week. The group therapy with the evidence based practices of MI, RP, and CBT along with individual support has helped him to see how important it is to stay sober and how this will support all of his treatment goals including stabilizing his diabetic medical condition (treatment plan goal #3) and developing his social support network and finding stable employment (Treatment plan goal #2). In addition, he is making progress on his primary treatment plan goal of "staying sober no matter what" as he stated "I am willing to look at myself and change how I react to challenges in my life." He identified some of his triggers that lead to his drinking in the past, such as the challenges of communicating with his family and how he can handle the stress of his family and communicate in a more healthy manner and take time outs from his family when he needs them. In addition, Client attended Thinking for Change Group and completed homework in the structured workbook for the section on communication. He reports he learned a lot of new skills to communicate feelings, needs and desires in an appropriate manner, such as using "I" statements to express his feelings. Client related to this topic and integrated new skill by stating "this is hard to do, and I must think before I talk about stressful stuff, especially with my family." In the Relapse Prevention Group this week, he also discussed and practiced skills (role playing exercise) relating to refusal and how to avoid drinking and relapsing when outside of the program.

Client and counselor reviewed his treatment plan and listed the progress toward each goal and areas of accomplishment. Client revealed a fear of making his doctors appointment for next week as he has not had a checkup in a long time on his diabetes, at least over 6 months. Client agreed to request assistance if needed for the transportation to his doctor appointment if needed. Client spoke of experiencing new ways of dealing with his emotions and choosing new ways of handling stressful events such as going to the doctor or handling intense family interactions without getting drunk. He reports journaling his feelings about the events the day before they happen has helped him work out some of his mixed emotions, especially anxiety, and made it easier for him to prepare for the stressful situations. Client is feeling positive about the recent changes in his life and plans to schedule a family therapy session in 1-2 weeks to start actively working on the communication issues with his family and discharge plans as he moves forward with his sobriety and he plans to move back home with his family, eventually.

NOTE: THIS SAMPLE IS FOR EDUCATIONAL PURPOSES ONLY. IT IS NOT THE ONLY WAY TO DOCUMENT A WEEKLY PROGRESS NOTE. ALL PROGRESS NOTES NEED TO BE INDIVIDUALIZED AND SPECIFIC TO THE CLIENT'S PARTICIPATION IN RESIDENTIAL TREATMENT FOR THAT WEEK. COPYING/PASTING (or "CLONING" DOCUMENTATION) FROM SAMPLES, FROM ONE PROGRESS NOTE TO ANOTHER IN A CLIENT'S CHART, OR FROM ONE PROGRESS NOTE TO ANOTHER IN DIFFERENT CLIENT CHARTS RISKS DISALLOWANCE OF SERVICES AS DHCS HAS SAID THIS PRACTICE DOES NOT ESTABLISH MEDICAL NECESSITY FOR SERVICE.

<b>Counselor/LPHA Printed Name, Title</b> John Doe LAACDC-CA	<b>Signature, Credentials</b> <i>John Doe, LAACDC-CA</i>	<b>Date of Completion*</b> 7/9/2018
---	---	--

\*Notes must be legibly printed, signed and dated by the counselor/LPHA within the following calendar week of the services provided.

# SAMPLE

## RESIDENTIAL WEEKLY PROGRESS NOTE – SERVICES

Client Name: Mickey Mouse Client ID: 123 Week of: 07/01/18 to 07/07/18

<b>Contact Type:</b>		<b>Service Type:</b>			<b>EBP Utilized:</b>
F-F = Face-to-Face TH = Telehealth	TEL = Telephone COM = In Community	AS = Assessment GR = Group CR = Crisis CO = Collateral	DC=Discharge IND = Ind. Counseling TP = Tx Planning PE = Patient Education	FT = Family Therapy TR = Transportation to & from medically necessary treatment O = Other	MI = Motivational Interviewing RP = Relapse Prevention O = Other N/A = Not Applicable

<b>Service Date</b> 7/1/18	<b>Is this service clinical?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Topic:</b> Priorities in Sober Life Choices
<b>Start Time</b> <input checked="" type="checkbox"/> am 9:00 <input type="checkbox"/> pm	<b>End Time</b> <input checked="" type="checkbox"/> am 10:30 <input type="checkbox"/> pm	<b>Total Duration:</b> 90 min
<b>Contact Type:</b> F-F	<b>Service Type:</b> GR	<b>EBP Utilized:</b> MI
<b>Is service billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is service DMC-billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

<b>Service Date</b> 7/1/18	<b>Is this service clinical?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Topic:</b> What Fear! How to handle Anxiety in Stressful Situations
<b>Start Time</b> <input type="checkbox"/> am 1:00 <input checked="" type="checkbox"/> pm	<b>End Time</b> <input type="checkbox"/> am 2:30 <input checked="" type="checkbox"/> pm	<b>Total Duration:</b> 90 min
<b>Contact Type:</b> F-F	<b>Service Type:</b> GR	<b>EBP Utilized:</b> O
<b>Is service billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is service DMC-billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

<b>Service Date</b> 7/1/18	<b>Is this service clinical?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Topic:</b> Self Help Attendance
<b>Start Time</b> <input type="checkbox"/> am 7:30 <input checked="" type="checkbox"/> pm	<b>End Time</b> <input type="checkbox"/> am 9:30 <input checked="" type="checkbox"/> pm	<b>Total Duration:</b> 120 Min
<b>Contact Type:</b> COM	<b>Service Type:</b> O	<b>EBP Utilized:</b> N/A
<b>Is service billable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Is service DMC-billable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

<b>Service Date</b> 7/2/18	<b>Is this service clinical?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Topic:</b> Relapse Prevention Skill Building Activity
<b>Start Time</b> <input checked="" type="checkbox"/> am 9:00 <input type="checkbox"/> pm	<b>End Time</b> <input checked="" type="checkbox"/> am 11:00 <input type="checkbox"/> pm	<b>Total Duration:</b> 120 Min.
<b>Contact Type:</b> F-F	<b>Service Type:</b> GR	<b>EBP Utilized:</b> RP
<b>Is service billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is service DMC-billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

<b>Service Date</b> 7/3/18	<b>Is this service clinical?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Topic:</b> Thinking for Change
<b>Start Time</b> <input type="checkbox"/> am 1:00 <input checked="" type="checkbox"/> pm	<b>End Time</b> <input type="checkbox"/> am 3:00 <input checked="" type="checkbox"/> pm	<b>Total Duration:</b> 120 min
<b>Contact Type:</b> F-F	<b>Service Type:</b> GR	<b>EBP Utilized:</b> O
<b>Is service billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is service DMC-billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

<b>Service Date</b> 7/3/18	<b>Is this service clinical?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Topic:</b> Self Help Attendance
<b>Start Time</b> <input type="checkbox"/> am 8:00 <input checked="" type="checkbox"/> pm	<b>End Time</b> <input type="checkbox"/> am 9:30 <input checked="" type="checkbox"/> pm	<b>Total Duration:</b> 120 min
<b>Contact Type:</b> COM	<b>Service Type:</b> O	<b>EBP Utilized:</b> NA
<b>Is service billable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Is service DMC-billable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

<b>Service Date</b> 7/4/18	<b>Is this service clinical?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Topic:</b> Individual session on Communication Skills
<b>Start Time</b> <input checked="" type="checkbox"/> am 10:00 <input type="checkbox"/> pm	<b>End Time</b> <input checked="" type="checkbox"/> am 11:00 <input type="checkbox"/> pm	<b>Total Duration:</b> 60 Min
<b>Contact Type:</b> F-F	<b>Service Type:</b> IND	<b>EBP Utilized:</b> MI
<b>Is service billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is service DMC-billable?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language of Service (if other than English):</b> <input checked="" type="checkbox"/> N/A
		<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

<b>Counselor/LPHA Printed Name, Title</b> John Doe, LAADC-CA	<b>Signature, Credentials</b> <i>John Doe, LAADC-CA</i>	<b>Date of Completion</b> 7/9/2018
---	--	---------------------------------------