

Youth Villages Family Session Note

Patient Name [REDACTED] **Date of Birth** [REDACTED] **Gender**
F **ID No.** [REDACTED] **Intake Date** [REDACTED]

Completed Information

| | | | |
|--|--|--|---|
| Start Date [EST] 2/27/2024 4:03 PM | Duration (hh:mm) (System Generated) 01:07 | End Date [EST] 2/27/2024 5:10 PM | VR Date Dictated |
| Travel Time (CBHI) | Program Providing Service INT - In-Home Services - Intercept | Site Providing Service TN-CHAT - Chattanooga, TN (Lic.# TN-CHAT) | Unit NA - NA |
| Completed By Gibbs, Laura C. | Submitted to | R Day (MA Continuum only) No | Location of Session OF - Office |
| Safety Sweep Completed by Staff No | Pass Plans Reviewed in Session (RTC/GH only) No | Attach documentation here: No document attached. | |

Encounter Information

| | | | |
|--|---|--|---|
| Type Family Session/Counseling/Therapy | Activity Type FF - Face to Face | Encounter With FW - Fam members/involved professionals with client | Youth Present (UNCHECK IF YOUTH IS NOT PRESENT) Yes |
|--|---|--|---|

Session Not Held (No-Show Information)

| | | | |
|----------------------------------|---------------------------------|---------------------------|-------------------|
| Exempt from Billing No | Not Held (No Show) No | Attempt to Contact | Reason For |
|----------------------------------|---------------------------------|---------------------------|-------------------|

Collaborative Problem Solving Information

Not required as of 7/1/22

Not required as of 7/1/22

| | | | |
|-----------------|---------------|---------------|---------------|
| CPS Used | Plan A | Plan B | Plan C |
|-----------------|---------------|---------------|---------------|

Unmet expectations or triggers

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Patient Name [Redacted] **Date of Birth** [Redacted] **Gender**
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Outcomes

Additional Notes

Notes

| Staff | Staff Duration | System Entry Date | Note |
|------------------------|----------------|-------------------|------|
| No information on file | | | |

Participants

Relatives/Collaterals

| Participant Role | Participant | Signature |
|------------------|-------------|--------------|
| Parent/Guardian | [Redacted] | Not on file. |

Participating Organizations

| Agency | Contact |
|------------------------|---------|
| No information on file | |

Tasks/Schedules

Schedule Next

Next Scheduled Event

Event

| Last Name | First Name | Event | Due Date/Time | Scheduled Date/Time | Staff |
|------------------------|------------|-------|---------------|---------------------|-------|
| No information on file | | | | | |

Service Related Encounter Information

Is Telehealth?

No

Progress Note

Youth Villages Family Session Note

Patient Name [Redacted] **Date of Birth** [Redacted] **Gender** [Redacted] **ID No.** [Redacted] **Intake Date** [Redacted]

Progress Note

Session Summary (describe the interventions attempted, response to interventions, interaction patterns, and progress toward meeting long term goals):

FIS met with youth, mother, and occupational therapist at the Siskin's children institute. FIS took advantage of the OT appointment to talk to mom uninterrupted. Mom informed us that the school psychologist did a functional behavior assessment with the youth, and that dad was pushing for more time. Mom did not think more time was good with dad due to youth's behavior around those transitions. Mom had questions about previous individual appointment and if the therapist's session direction was influenced by the prior conversation with the FIS. FIS explained and asked about mom's social supports. Mother detailed a general lack of support and a wish to get back into individual therapy. Mother's good friend of 7 years cut off their friendship in response to youth's behavior, and it seems that maternal grandmother and youth's frustration towards each other has taken a toll on the mother. Mother's struggle with people labeling her as a "bad mom". Mom said that a previous therapist said that she has the child she was never allowed to be. Mom followed up that she doesn't know how to handle her. Mom shared stories about youth hitting her with a broom and hopelessness about what to do. FIS shared what she observed with youth's behavior in session with dad last week and how youth did not show any signs of being afraid with her dad or step-mom. FIS suggested youth spend more time with dad in order to give mom a break and more time to take care of herself so she can take care of youth. Mom said that youth started saying she wanted to kill herself after she heard mom say that she wanted to kill herself. Mom was crying for most of the session.

Basically they're going to do a review of her behaviors, specially attention seeking and more specific, suicidal comments

They want to review the behavior pattern and also what we can do to improve it and what has worked before, at OT for example with negative behavior patterns

Safety plan review or modifications:

No change

Clinical Observations (demeanor, affect, mental alertness, thought processes, etc.):

Youth was in a clingy mood, mentally alert, orientation x4.
Mother was in a sad mood for most of session, mentally alert, orientation x4.

Therapeutic Assignments:

Mom to find an individual therapist.

Signatures

| | | | |
|----------------------------------|--|--------------------------------|---|
| <u>3/6/2024 8:54 AM</u> Date | <u>Gibbs, Laura C. (BSW) Intern 1</u> Name | <u>Submit Event</u> Action | <u>Electronically Signed</u> Signature |
| <u>3/12/2024 4:33 PM</u> Date | <u>[Redacted] (MSW) Clinical</u> Supervisor Name | <u>Approve Event</u> Action | <u>Electronically Signed</u> Signature |