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- 1. Give patient a **psychoeducational** handout and explain some aspect of the problems (e.g., physiology of anxiety, depression, insomnia, sleep hygiene, cognitive distortions).
- 2. Discuss how changing any one or several of the different areas (**thoughts or behaviors**) can be useful to help a person feel and function more they way they would like.
- 3. Review **stress management strategy** (e.g., deep breathing) and explain how to get started and why it would be useful. Show patient how to do deep breathing through a 2-3 minute exercise.
- 4. Explain that increased **physical activity** can play a significant role in improving concentration, sleep and energy. Recommend starting physical activity program. Help patient specify days, times, and activities.
- 5. Explain that as people feel worse they generally cut out **enjoyable activities** and how increasing them may help. Help the patient develop specific fun or enjoyable activities and when they will do them.
- 6. Explore **past coping strategies** or how they have successfully responded to similar situations in the past.
- 7. Ask patient to keep a **diary/journal** (e.g., mood, sleep, exercise) and followup with you in 2 weeks to assess progress.
- 8. Discuss potential **medications** may help decrease some of the symptoms making it easier for the patient to make some of the thinking and behavior changes suggested.

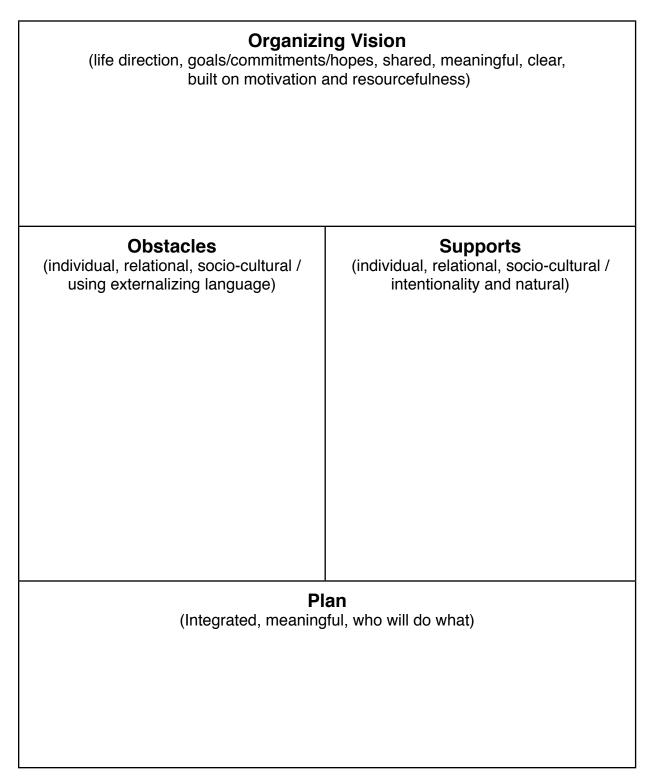
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## **Stages of Change**

Stage	Client May Say	Attitude, Behavior, Skills	What the Client Needs
Pre- contemplation	Never	No intent to change; unaware of problem	Information on benefits of change; encouragement of any talk or inclination of change
Contemplation	Someday	No specific plans or commitment to change	Support and to address difficulties and solutions for change
Preparation	Soon	Plans to take action in the next 30 days; ready to learn new skills	To set a date for action; skills; and to maintain realistic expectations
Action	Now	Has modified behavior or environment; not consistent with new behavior; is learning new skills	Multiple strategies to prevent relapses; reinforcement and rewards for effort.
Maintenance	Forever	Free of unhealthy behavior for 6 months; skills are integrated	Acknowledgement of the length of time to accomplish sustained change; periodic review of reasons for making the change; to identify benefits that have resulted from the change.
Relapse	Oops	Relapse may occur at each stage; Avoid discouragement and demoralization	Empathy and support during relapse; to renew motivation; to resume action and maintenance efforts.

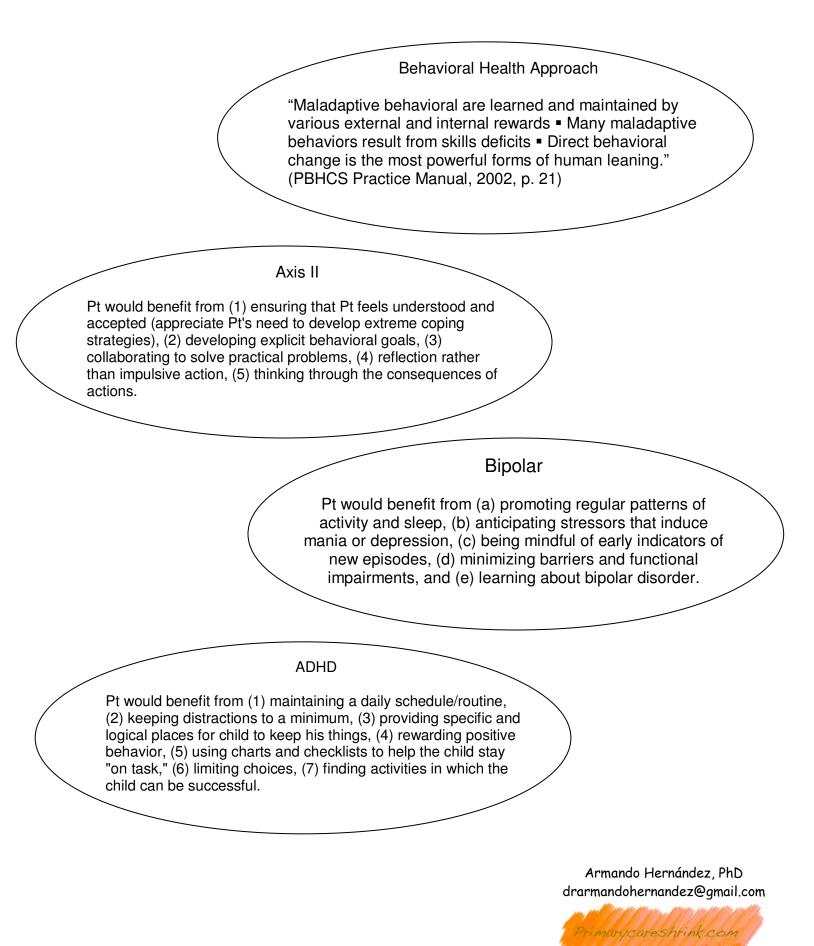
Introduction: (1) Who is involved (relationship, age)? (2) Nature of involvement (time, etc.)? (3) How are participants likely to introduce themselves to us?



Source: Bill Madsen, Family-Centered Services Project www.family-centeredservices.org

## **Essential Elements of A SOAP Note**

Element	F/U Note Element	Section
Subjective		
Referred By		Subjective
Reason for Referral		Subjective
Presenting Symptoms		Subjective
Severity of Symptoms		Subjective
Chronicity of Symptoms		Subjective
Prior Treatment History		Subjective
Mitigating Factors		Subjective
Chief Complaint Today		Subjective
	Subjective Progress	Subjective
	Reason For F/U	Subjective
Objective		
Orientation (x3, cognition, speech)		Objective
Affect		Objective
Suicide		Objective
Substance Abuse		Objective
Medications (adherence, type)		Objective
Test results		Objective
Appearance		Objective
Assessment		
Provisional Diagnosis and/or Functional Assessment		Assessment
Motivation and/or Stage of Change		Assessment
Key Area For Intervention		Assessment
Clinician Assessment of Progress		Assessment
	<b>Clinician Assessment of Progress</b>	Assessment
Plan		Plan
Follow-Up Date		
Medication-Related Recommendations		
Behavior Plan		
► (blank)		



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