**CLINICAL SESSION OR PHONE COACHING NOTE**

*Note: Complete all sections for a clinical session; complete only relevant sections for phone coaching.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client name: |  | Location: | Videoconf. | Phone |
| Session date: |  |  |  |
| Session time: |  | Student therapist: |  | |
| Session #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Life-Threatening Concerns** | | | | | |
|  | | | No | | Yes |
| Increase in other- or self-directed violent thoughts or behaviors? | | |  | |  |
|  | | N/A | No | | Yes |
| Formal risk assessment and management procedures | |  |  | |  |
| **Client Functional Ratings** | | | | | |
|  | Worsened | | Typical | Improved | |
| Freedom-interfering behaviors (criminogenic needs) |  | |  |  | |
| Quality of life (non-criminogenic needs) |  | |  |  | |
| Skills utilization (since last session) |  | |  |  | |
| **Therapy-Interfering Concerns** | | | | | |
|  | | | No | | Yes |
| Client on time | | |  | |  |
| Technology problems | | |  | |  |
| Other therapy interfering behavior/responsivity issues (e.g., missed appointment(s), client not in private location, diary card refusal, no skills practice, did not use phone coaching when warranted, behaviors that violate therapist’s limits) | | |  | |  |
| Narrative comments: | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Strategies Used in Session/Phone Coaching** | | | | | | | | | | |
| Phone coaching | | | | | | | | |  | |
| Mindfulness exercise | | | | | | | | |  | |
| Homework review/coaching | | | | | | | | |  | |
| Skills training | | | | | | | | |  | |
| Orientation/Behavior analysis/  Mindfulness/Dialectics | | Distress tolerance | | Interpersonal effectiveness | | | Emotional regulation | | | |
|  | |  | |  | | |  | | | |
| Dialectics (acceptance/change, irreverent/reciprocal, flexible/centered, demanding/nurturing, consultation to client/consultation to environment) | | | | | | | | |  | |
| Commitment | | | | | | | | |  | |
| Validation | | | | | | | | |  | |
| Cheerleading | | | | | | | | |  | |
| Behavioral assessment | | | | | | | | |  | |
| Problem solving (orienting, didactics, insight/interpretation) | | | | | | | | |  | |
| Exposure | | | | | | | | |  | |
| Cognitive modification | | | | | | | | |  | |
| Suicide or violence risk management | | | | | | | | |  | |
| Contingency management | | | | | | | | |  | |
| Observing limits | | | | | | | | |  | |
| Case management | | | | | | | | |  | |
| **Client Progress During Session/Phone Coaching** | | | | | | | | | |
|  | Far below expectations | | Below expectations | | Meets expectation | Above expectation | | Far above expectation | |
| Participation |  | |  | |  |  | |  | |
| Insight |  | |  | |  |  | |  | |
| Overall (responsivity) |  | |  | |  |  | |  | |
| **Next Session** | | | | | | | | | |
| Homework assigned:  Plan for next session: | | | | | | | | | |
| Narrative comments: | | | | | | | | | |