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Objective writing Objective writing is based on facts and observations. It is a description of what actually happened. Ask yourself what did you: • Hear? • Say? • See? • Do? Objective writing is not influenced by personal feelings or opinions. Example of objective writing At 3.30 pm Marcella returned from a walk to Albert Street Park and she was holding her right arm against her body. I noticed that she had a graze and bruise on her right arm. Marcella said a dog had jumped on her when she was sitting on the grass at the park. She said she had been frightened and that her arm was sore. **Subjective writing** Subjective writing is based on or influenced by the writer's point of view, emotions, assumptions, speculation, judgement or interpretations. We are often subjective. Example subjective writing Marcella must have bumped into something when she went on a walk to Albert Street Park, as she has grazed skin and a bruise on her arm. She was holding her arm and looked unhappy. Be aware of objective and subjective writing 1. Sort out the objective cards from the subjective cards. 2. Match each objective card with the subjective card that best reflects possible interpretations for the behaviour. This can be based on your profession judgement, personal views and past experiences. 3. Did all the groups pair the cards in the same way? Discuss the different ways that objective behaviour can be interpreted. The objective behaviour could indicate any one of the subjective descriptions. 4. Can you see that writing subjectively might not present an accurate account of what really happened

Note Phrases

Client arrived on time to scheduled appointment.
Client did not arrive on time to scheduled appointment, client was –minutes late.
Client did not present with signs or symptoms of suicidal ideation or homicidal ideation, no safety plan is warranted at this time.
Client was cooperative and provided needed information to complete
Client called to reschedule appointment
Completed self-response inventories to gauge client's symptoms of
Started mental health evaluation for immigration petition.
Reviewed treatment plan with client; client made suggestions, treatment plan will be updated.
Client reviewed and accepted treatment plan.
Clinician was asked to come into session for crisis management by
..indicated client was demonstrating signs of distress as evidenced by

Interventions and service detail:

Acknowledged attempts to
Actively listened to client as
Addressed clients concerns
Addressed worries/fears
Aided in developing insight
Allowed client to ventilate
Amplified
Affirmed
Asked about
Assessed risk
Assessed for
Assigned task
Assisted client in/with
Attempted to generalize
Built rapport by
Built trust through
Challenged beliefs/thoughts
Clarified/sought clarification
Commended
Connect comments about
Confronted
Contracted for
Cued
Deescalated
Developed a contingency plan
Developed behavioral program

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Developed positive affirmations
Discussed
Discussed current stressors and their affect on client's daily functioning.
Discussed patterns of
Directed/redirected
Educated
Elicited
Encouraged
Encouraged verbalization
Engaged client in play
Empathically responded
Established boundaries
Established connections between
Examined benefits/consequences
Explained
Explored
Explored self-defeating life patterns and beliefs
Explored options
Evaluated
Facilitated
Focused
Gave feedback
Guided
Helped client develop
Helped client to express anger constructively
Helped client redefine
Highlighted consequences
Identified
Identified themes
Identified triggers
Increased awareness
Inquired about
Informed interpreted
Investigated
Led client in practicing
Listed client's
Modeled
Monitored
Normalized clients feelings
Praised
Probed
Processed
Problem solved
Provided feedback
Provided a corrective social experience
Provided client with unconditional positive regard
Provided psychoeducational information regarding
Questioned

Reassured
Redefined
Reflected
Refocused
Reframed
Reinforced
Responded to
Restated
Reviewed
Reviewed events from previous week
Reviewed limits
Recommended
Role played
Set limits
Summarized
Supported
Taught coping skills
Titrated exposure to traumatic events to avoid re-traumatization
Used directive comments to
Utilized desensitization
Utilized imagery/visualization
Utilized assertiveness training
Utilized relaxation training
Utilized humor
Utilized empathic understanding
Utilized silence
Validates clients point
Verbalized
Worked on behavioral program

CLIENT'S RESPONSE TO INTERVENTION, PROGRESS TOWARDS GOALS & OBJECTIVES, STATUS OF SYMPTOMS & FUNCTIONING

Client reports
Client reports somatic complaints in the form of
Client states
Client is currently working on
Client's initial complaint of
Client is making progress towards
Client is lacking progress towards
Client has made significant changes to
Client seems to be lacking improvement due to
...as evidenced by
Client dissociated briefly while discussing
Client seemed to have a physiological reaction when discussing

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Client disclosed recurrent memories/nightmares of trauma

Client expressed a pattern of

Client expressed concerns

Client has experienced intense distress when discussing

Client is unable to recall certain aspects of traumatic event

Client continues to experience persistent negative beliefs/expectations about self

Client continues to blame self/others for causing traumatic event or resulting consequences.

Client reports loss of interest in previously enjoyable activities.

Client reports feelings of

Client reports reactivity in the form of (irritability, aggression, self-destruction, reckless behavior, hypervigilance, problems with concentration, sleep disturbance)

Client continues to employ –as a defense mechanism in order to avoid

Client continues to make SMART goals for self throughout week

Client continues to make plans for the future

Client continues to avoid making plans for the future

PLAN

Client was assigned

Client will contact clinician to schedule follow up appointment.

Clinician will contact

Collateral meeting needed with

..to verify

Continue working on treatment plan and make adjustments prior to finalizing with client.

Follow up with

Follow up at next appointment regarding

Next appointment scheduled for

Prepare for termination/discharge at next session.

Referral made to

Research referrals for

Research

Revision of goals warranted, will review at next session.

Treatment/service goals remain appropriate.

Titrate exposure to traumatic events in order to avoid re-traumatization during mental health evaluation.