

CLIENT:

**Audrey Garner**

DOB: 1994-08-08

client@example.com, +15105551234

SESSION:

**Individual online session on 3 Apr 2024**

15:53 - 16:24, 31 min

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# Progress note

## Client Presentation

The client reported struggling with anxiety when leaving her flat and encountering people in public spaces. She stated that she had been making progress by going for walks in a nearby park, but still experienced anxiety when someone passed by or was nearby. The client unintentionally engaged in exposure work by going for walks, which she said helped her feel more empowered to reframe her thoughts and not feel as helpless. She mentioned using mental anchors and listening to audiobooks during walks to help distract from anxiety. The therapist and the client explored validating the client's worries and fears, while also challenging them with more realistic thoughts and strategies. The client shared a history of trauma and expressed difficulty in connecting with her own feelings and sensations. She expressed interest in somatic therapy but did not have a somatic therapist. The client expressed concern about engaging in exposure therapy exercises with her partner and sought guidance from the therapist on how to approach these scenarios.

## Therapeutic Interventions

Client utilizing exposure therapy and cognitive techniques for anxiety management.

- [Affective interventions]: Commending client's use of regular walks in the park as exposure therapy to reduce anxiety.
- [Cognitive interventions]: Working with client on thought reframing and empowerment techniques to challenge negative thought patterns.

Client learning body sensations and emotions awareness through somatic therapy.

- [Attentional interventions]: Recommending somatic therapy to enhance client's awareness of bodily sensations linked to emotions.
- [Attentional interventions]: Suggesting body scan meditation to develop client's ability to notice physical sensations and emotional correlations.

Client experiencing intrusive thoughts of unpredictable aggression from others.

- [Affective interventions]: Exploring client's intrusive thoughts to understand their nature and influence on anxiety.
- [Cognitive interventions]: Using role-playing exercises to assist client in confronting and managing fears through controlled dialogue with personified fear.

## Assessment

The client presented with ongoing anxiety, particularly in social situations and when encountering strangers in public spaces. She engaged in self-initiated exposure therapy by taking regular walks in a nearby park,

which led to a reported decrease in her anxiety levels, rated at a three on a five-point scale. She demonstrated increased self-efficacy in managing anxious thoughts through cognitive reframing and reported feeling less helpless. She carried a "mental anchor" or totem for comfort, which appeared to serve as a grounding tool, though it was infrequently utilized. She experienced no anxiety when accompanied by her partner during walks, indicating the presence of a supportive relationship and the potential for partner-assisted exposure exercises.

## Risk

- Low suicide risk: The client does not express any suicidal thoughts, ideation, or behaviors during the conversation, focusing instead on anxiety management and coping strategies for her.
- Low self-harm risk: There is no indication in the therapeutic conversation that she engages in or has a history of self-harm; her discussions are centered around anxiety and safety in public spaces.
- Low homicidality risk: She expresses fears of being harmed by others but does not exhibit any violent tendencies or thoughts towards others; her concerns are about personal safety and vulnerability, not aggression.
- Low substance use risk: Substance use is not mentioned or alluded to in the therapeutic conversation, and she is actively engaged in healthy behaviors such as walking and using coping strategies for anxiety.

## MSE

Appearance: Not discussed.

Behavior: She was engaged and comfortable, with no abnormal movements or signs of agitation.

Speech: Her speech was coherent, articulate, and relevant to therapy topics.

Mood: She reported mild anxiety but felt empowered and showed improvement.

Affect: Her emotional responses were appropriate and varied, matching the discussion topics.

Thought Process: Her thoughts were logical and organized, with the ability to introspect and abstract.

Thought Content: She expressed safety concerns and intrusive thoughts but no suicidal ideation or delusions.

Cognition: She was oriented, with intact memory and concentration, showing no cognitive impairment.

Insight: She demonstrated good insight into her anxiety, its triggers, and the benefits of therapy.

Judgment: Not discussed.

## Plan

- Encourage client to continue exposure exercises with her partner in the park, focusing on safety and utilizing body scans to increase awareness of physical sensations associated with fear.
- Instruct client to regularly practice body scans, during exposure exercises and in safe environments, to differentiate between sensations of fear and safety.
- Advise client to engage in role-play exercises with fear object (e.g., frog figurine) to dialogue with fear and reinforce use of her adult self for protection.
- Suggest client implements grounding techniques, such as 5-4-3-2-1 sensory exercise, during walks to manage anxiety and enhance present-moment awareness.

- Recommend client reflect on progress made during therapy, identify effective strategies, and consider how they can be applied in future situations.