**Client MM**

**Intake Note**

Client was oriented to the time and place. Counselor created a welcoming and safe space within the virtual environment to establish the therapeutic alliance. Client reported wanting to attending therapy after experiencing a lot of anxiety symptoms such as her fingers going numb, feeling lightheaded, and “stroke symptoms” in her face, and having fears of passing out, particularly when she drives. Client reports feeling fear of passing out and not having control over her body. Client identifies different incidents throughout her life that could have contributed to this such as almost choking as a child and seeing her brother choke. Client reports this as being difficult to cope with because it impacts the way that she engages in everyday events, situations, and within her closest interpersonal relationships. Counselor assisted the client processing how these events have impacted her daily functioning. Client reports needing to sit near the back of a room and near a door in case she needs to leave due to anxiety and feeling overstimulated by situations that have a lot of people and noise. Counselor and client discussed the client’s goals in treatment including reducing her anxiety and increasing her coping skills. Client responded well to this and will be seen in one week.

**Diagnosis and treatment plan**

10:00 AM

**Diagnosis**

F41.1 - Generalized anxiety disorder

**Presenting Problem**

Client describes difficulty managing anxiety that significantly impacts her daily functioning, especially while driving and within her closest interpersonal relationships

**Behavioral Definitions**

* Client reports experiencing physical symptoms such as numbness in her fingers, "stroke-like symptoms" in her face, and sensing the "aura" of a panic attack particularly when driving

1**Goal**

Reduce the overall duration, frequency, and intensity of anxiety symptoms to improve daily functioning

**Objective 1**

Client will identify early physiological and emotional signs of rising anxiety during driving and interpersonal situations

**Interventions**

* Counselor will teach and practice coping skills in session and provide psychoeducation on anxiety physiology

**Objective 2**

Client will learn and demonstrate at least three self-soothing or anxiety reduction techniques (e.g., deep breathing, grounding, progressive muscle relaxation) during sessions

**Interventions**

* Client will be encouraged to practice skills during real-life anxious moments, particularly when driving or interacting with close others

**Objective 3**

Client will independently implement learned coping strategies outside of sessions and report on their effectiveness and any barriers to use

**Interventions**

* Counselor and client will review the use of strategies weekly to modify and refine approaches as needed

2**Goal**

Improve overall health and wellness by reducing substance use and increasing physical activity

**Objective 1**

Client will identify current patterns and triggers related to substance use and evaluate how substance use impacts her physical and mental health

**Interventions**

* Counselor will utilize motivational interviewing to explore client’s readiness and ambivalence toward reducing substance use and increasing exercise

**Objective 2**

Client will set realistic weekly goals for reducing substance use (e.g., decreasing frequency or amount) with progress tracked over time

**Interventions**

* Counselor will collaboratively develop a personalized plan that includes manageable steps to reduce substance use and incorporate physical activities the client enjoys

**Objective 3**

Client will establish and maintain a physically active routine by engaging in exercise (e.g., workouts, walking, or other preferred activities) at least 3 times per week

**Interventions**

* Counselor will support problem-solving around barriers to exercise and substance use reduction

**Progress Note**

Client was oriented to time and place. She reported that her anxiety has returned to baseline following a recent spike attributed primarily to hormonal fluctuations, with no intention to increase interventions or adjust medications at this time. Client described ongoing use of anxiety management strategies including crocheting, discreet use of ice packs during meetings, progressive muscle relaxation, and grounding techniques such as feeling herself pushed into the ground. She recounted successfully managing dissociation during a client session with progressive muscle relaxation disguised as stretching. Client noted difficulty sitting still during meetings, relating it to past classroom anxiety, and discussed workplace coping strategies including strategically placing ice packs and explaining their use as sinus relief when noticed. She identified upcoming workplace challenges involving a longer meeting without preferred seating and developed a plan to bring multiple coping tools and use bathroom breaks as emergency exits. Client shared a comprehensive anxiety history dating back to early childhood involving choking fears, panic attacks, and subsequent avoidance behaviors, including driving-related anxiety currently managed by limiting distances and avoiding highways. She described increased premenstrual anxiety and associated depressive symptoms with heightened irritability and emotional sensitivity, avoiding hormonal treatments due to sensitivity. Client is preparing for a planned exposure exercise involving limited highway driving to a specific destination while supported by a partner. Interventions Used: Review and reinforcement of grounding and progressive muscle relaxation techniques; collaborative exposure therapy planning; safety planning for anxiety-provoking situations; supportive discussion on hormonal influences and management strategies. Client engaged actively and demonstrated insight into anxiety triggers and coping.