

Psychotherapy Note

Session Date: 2026-08-25

Internal ID: CC0019

Patient: SAMPLE SAMPLE

Diagnosis: Post-Traumatic Stress Disorder, Chronic (F43.12)

CPT Code: 90837 (Psychotherapy, 60 minutes)

Place of Service: 10 (Telehealth – in patient's home)

Data: Provider met with patient for a psychotherapy session on 2026-08-25. The recorded session length was 57 minutes. Present: Client only. Patient attended session on time and was cooperative and engaged. Oriented to person, place, and time. The following were within normal limits: mood, affect, speech, attention, concentration, attitude, insight, judgment/impulse control, memory, thought process, thought content, and perception. Patient denied risk of harm to self or others.

The psychotherapist began with brief rapport work and technical troubleshooting, then used open questions and motivational interviewing to elicit the patient's current concerns about drinking, the upcoming move, and ambivalence about relocating, and they validated the patient's distress. The psychotherapist offered a cognitive formulation (CBT-style) by naming catastrophizing and shame around single drinking events and gently challenged those narratives (cognitive restructuring), using reflective listening and normalization to reframe relapse as a response to stress rather than a character flaw. They introduced a relational/psychodynamic formulation (self-psychology, exploration of childhood apologizing and grief) and used psychoeducation via metaphor (the rigid machine analogy) to illustrate inflexible coping. The psychotherapist also engaged in practical treatment planning, negotiating increased frequency and in-person appointments. The patient disclosed increased drinking, situational examples (casino, drinking alone while

Psychotherapy Note

packing), expressed guilt and shame, hesitated and said "um" frequently, checked photos when asked about dates, reacted emotionally to a childhood note, at times froze, and ultimately requested twice-weekly in-person work and agreed to the scheduling plan.

The following interventions were utilized in order to make progress on identified treatment goals:

Cognitive refocusing, Cognitive reframing, Exploration of Relationship Patterns, Exploration of coping patterns, Exploration of emotions, Interactive feedback, Psychoeducation, Reflective listening, Structured problem solving

Assessment: Progress toward treatment goals, as rated by the clinician: distress tolerance deteriorated; sense of self deteriorated; behavioral repertoire maintained; overall adaptivity deteriorated.

Complicating Concerns Impacting Client's Condition: Client is unable to share with others due to nature of problem(s); History of severe trauma impacting current functioning; Client presenting with acute issues; Client in crisis.

Plan: Continue weekly.

Signed:

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