



COUNSELLOR: Marvin Vandenhoek, M.C., C.C.C.

CLIENT: _____

SESSION NUMBER: _____

DATE: _____

DURATION: _____

Additional people attending: Supervisor Other: _____ Recorded

Assessments: Initial Suicide Violence Self-harm Other: _____

Forms: Consent Exchange of Information Closure Other: _____

When relevant reviewed: Confidentiality Limitations Boundaries Client Rights

As stated by the Client:

UPDATES FROM LAST SESSION

Client arrived late by ____ min.

Completed Homework: No Some Most All None given

Progress: No Change

Improvements Reported: Boundaries Emotional regulation Self-care

Comments about what stood out about last session or time since: Not explored

[Empty box for client comments]

CURRENT SESSION

Interventions used:

- Establish Rapport
 Information Gathering
 Process Oriented
 Supportive Listening

- Grounding:
 54321
 Breathing
 Calm Place
 Land/Air/Water/Fire
 Music
 Orienting

- ACT
 CBT
 Communication
 Containment

- Coping Plan
 Exploring Feeling
 Expressive Arts
 Grief Therapy
 Guided Imagery
 Hope Focused Strategies
 Karpman's Triangle
 Metaphor:
 Mindfulness
 Person Centred
 Psychoeducation
 Relationships
 Safety Plan
 Self-Compassion
 Shame Resiliency
 Solution Focused

- TA Ego States
 Closure Session
 Other:

Referrals:

- Career Counselling
 Distress Line
 Internal Counsellor
 External Counselling:
 Medical Doctor
 Psychiatrist
 Academic Advising
 Naturopath
 Other:

Main Issues/Themes Discussed:

[Empty box for main issues/themes discussed]

Informal Suicide Risk Assessment:

None Low Moderate High Acute
0 1 2 3 4 5 6 7 8 9 10

HOMEWORK:

NEXT SESSION:

Process from last session:

- Insights
- Therapeutic Relationship
- Feelings/Experience
- Elicit Summary
- Provide Summary

Follow up with:

- Homework
- Goals/therapy progress

Other:

Signature:

Marvin Vandenhoeck
M.C., C.C.C.