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Example 1 (Adding a medication):

Parent: So, but with the antibiotic one question was, was it that he was gagging from the coughing that he was throwing it up? It could have just been it was upsetting his stomach, or both? Just so I don't go home and he's throwing it up again. And so we'll find that out. We'll make sure before we go home.

Senior Resident: He should have one dose before he goes to make sure he can tolerate it.

Example 2 (Scheduling change):

Parent: Well, she [child] has a question, too.

Intern: Oh, good.

Attending: Yeah, what is it?

Child: Can I do my MRI before the exams? Because a half an hour is... (Everyone laughs)

Attending: Yeah. Yes.

Intern: I think that's a fantastic idea.

Parent: Thirty minutes in a tunnel when you gotta go!

Attending: That's a really good point.

Case Note Sample Narratives

An assessor’s case notes have the ability to “tell the story” of a consumer’s medical and social situation in a manner which significantly augments information contained solely from completion of current assessment tools as well as the UAS-NY when implemented. Samples of case notes are provided to serve as examples for assessors to narratively illustrate an individual consumer’s strengths and service needs.

Sample Narrative 1

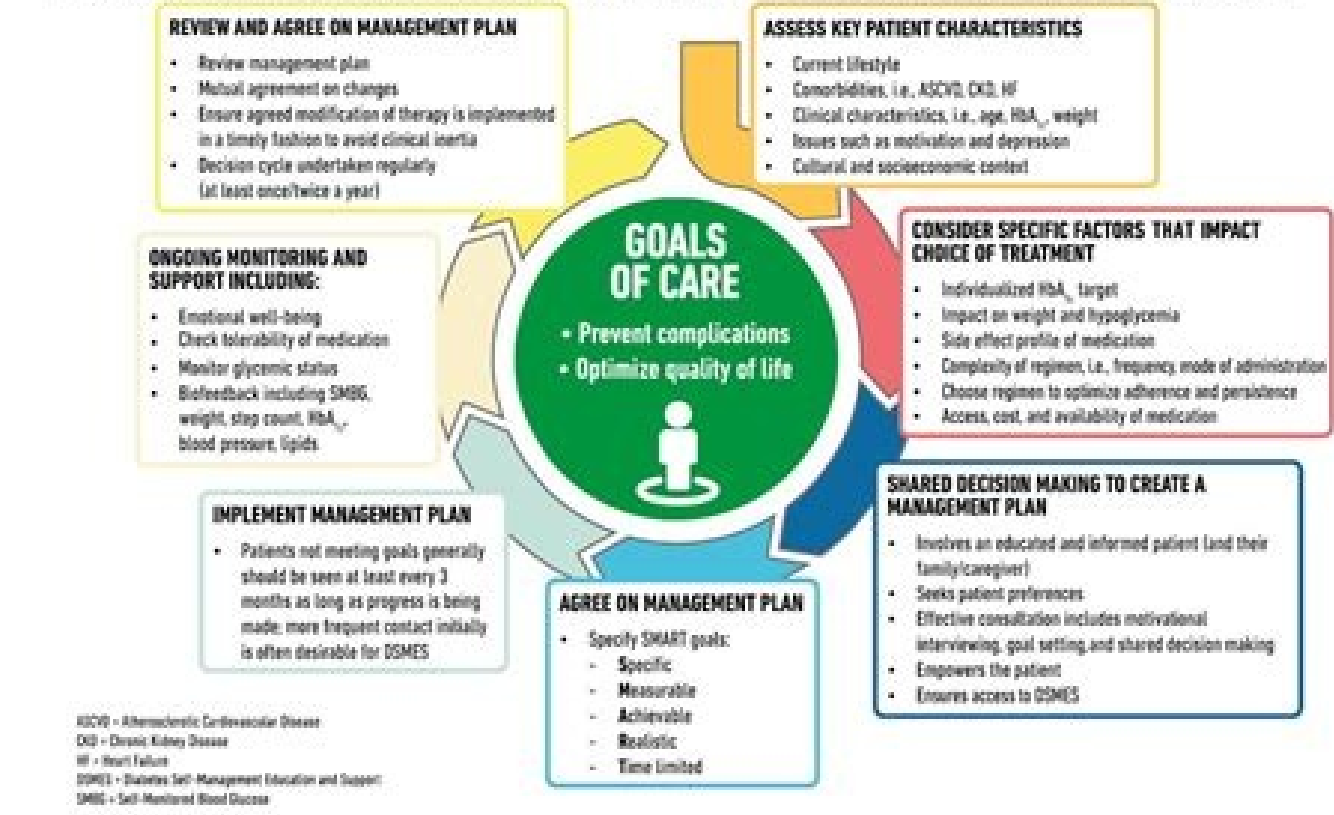
Client has expressed a continuing need for PCA services to assist him with some personal care, household chores, laundry, and shopping. Client transfers and ambulates independently. He is able to walk short distances on his own and uses a walker for longer distances. Owns and drives his own vehicle but states he has not driven his car since last October 2009. Client says he drives when he has to for appointments and shopping. He is morbidly obese. He continues to suffer from poor circulation in both legs/ankles. He no longer receives VNA CHHA for nursing and wound care as open wounds to the front and back of left calf have healed. Client says he takes weekly sponge baths instead of baths or showers as he is unable to get into tub. He sleeps on a single bed in the area that once served as the dining room. Client has no surviving immediate family members. His mother passed away in 2006 and his one brother in 1996. The home is in his mother’s name. Client says he spends much of his time at home. He did provide writer with names of nearby neighbors [see “contacts”] who check in on him from time to time and who will bring him food, and maybe do some odd jobs around the home for him [e.g.: mow his yard, rake leaves, shovel the walk]. Client says he is independent with some of his personal care, meal prep, some HH chores and with managing finances and personal business. Client says SSI payments are mailed directly to him monthly and he pays his bills with money orders. Client has PERS which was found to be in working order and he wears a PERS necklace. CW and Client are in agreement with continuing same PCA CP 6hpw/3dpw/2hpd.

Sample Narrative 2

Client is 72 Yr. old male lives alone. Hx: Bilateral lower extremity edema cellulitis of lower extremities, HTN, venous stasis, renal insufficiency, hypercholesterolemia and obesity. A&O X3, self directing. Ambulates and transfers independently with walker. Skin is intact. Incontinent of bladder & bowel at times. No issues are noted with regards to chewing or swallowing. Appetite is fair, states his appetite is not what it used to be. He is very intent on healthy eating and is eager to stop eating high sodium foods. He is 5'8" and is 352#. Senses WNL with glasses for reading. Sleeps on a hospital bed which is easier for him to transfer into. PERS checked this visit. Response time <2 min reminded client that he is to wear the “button”. Client agrees. Client has his own car which he only drives in the summer. Client does his own grocery shopping, laundry, meds and MD appointments. However, due to his weakness and limited physical abilities, personal care is recommended 6hrs a week to help with household chores and washing his lower extremities. CP safe and adequate for this client.



DECISION CYCLE FOR PATIENT-CENTERED GLYCEMIC MANAGEMENT IN TYPE 2 DIABETES



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Client centered therapy requires the therapist to focus on the client’s needs. Knowing when to slow down the pace of the conversation or take short pauses can be helpful. Additional help — It’s also important to realize when the client requires more help than person centered therapy can offer. Articles are extensively reviewed by our team of clinical experts (therapists and psychiatrists of various specialties) to ensure content is accurate and on par with current industry standards. Unconditional positive regard Carl Rogers believed that offering people conditional support often makes them develop further problems, and therefore, the client centered therapist should create a climate of unconditional positive regard, where the client is free to express their thoughts and feelings without fear of judgement. For instance, you might see yourself as uninteresting, while other people find you to be an exciting person to be around. If you have decided to opt for client centered therapy, it’s important to remember that the purpose of therapy isn’t always restricted to completely overcoming a difficult time in your life. However, personal abuse should not be tolerated by therapists. Positive tone — Maintaining a positive tone of voice encourages the client to communicate openly. In such cases, the therapist may recommend further professional help for the client. This is an effective tool for managing difficult situations, especially traumatic events. Genuineness Open communication between the therapist and client should be established, where the client centered therapist feels comfortable sharing their feelings with the client. This opinion of yourself may gradually start to reflect in your behavior, and make you develop a low self-esteem. The practice of client centered therapy has not been without criticism over the years, however. Rogers believed that no other person’s ideas could be as valid as one’s individual experience, and that exploring these experiences in a supportive, non-judgemental environment is necessary in order to achieve a positive therapy experience. Rogers’ theories on humanistic psychology gave rise to the client centered approach to psychotherapy, known as Rogerian therapy. What sets this type of therapy apart, however, is that it centers the client in a more positive and inclusive manner, providing deeper insight into the difficult situation they’re facing while also maximizing their ability to resolve it on their own. In the 1930s, American psychologist Carl Rogers developed client centered therapy to serve as a contrast to the practice of psychoanalysis, which was widespread at the time. “Person centered therapy allows the client to steer the ship. There’s no agenda, no rush,” says Talkspace therapist Catherine Richardson, MA, LPC, EMDR. It also means that the therapist avoids judging the client for any reason, and accepts them fully. This type of psychotherapy is known as client centered therapy, and it focuses on maximizing your ability to find your own solutions with the right amount of support. The goals of this practice include increasing self-awareness, improving the client’s ability to use self-direction to make desired changes, increasing clarity, improving self-esteem and boosting the client’s self-reliance. Updated 8/12/2021 For some people, an ideal therapy experience doesn’t necessarily mean consulting a professional, answering questions that’ll help them determine what’s wrong, and listening to another person advise them on how to work through their struggles. Its effectiveness can be seen from its use in outpatient programs for issues such as substance use and eating disorders. Although client centered therapists don’t diagnose their clients with specific conditions, it’s important to note that this approach can still be helpful. It could also be a means of learning to accept yourself as you really are and letting go of guilt over past mistakes. What Are the Methods Involved in Client Centered Therapy? They focus particularly on the present, rather than dwelling solely on the past. Therefore, they may ask questions for clarification when in doubt about something their client shared. When the therapist responds to the client’s feelings and brings a level of empathy to each therapy session, it brings those parts into focus, but when there’s little or no intrusion, the client is free to make decisions independently without making the therapist the center of their thoughts and feelings. However, the self-concept doesn’t always match your reality, and you may see yourself a lot differently from the way other people see you. Skeptics of Carl Rogers’ theory have claimed that the principles of this type of therapy are vague, and have questioned its aversion to diagnosis. This type of talk therapy supports a therapeutic process that encourages positive change within the client. Client centered therapy can be beneficial to clients who are dealing with a wide range of issues, such as relationship problems, phobias, panic attacks, substance abuse, personality disorders, low self-esteem linked to depression, stress management, eating disorders, and trauma recovery, among others. According to the client centered theory, a negative and indirect approach makes a client more conscious of those parts of themselves that they were previously in denial about. It fosters a relationship between the therapist and client and represents a mirror that reflects the client’s thoughts and emotions so as to help them gain more insight INTO the situation they’re struggling with and into themselves. Essentially, client centered therapy doesn’t particularly aim to solve specific problems or relieve symptoms, but to help the client get rid of the idea that they are being influenced by external factors beyond their control. The Importance of Self-Concept Another key feature of Carl Rogers’ person centered therapy is the notion of self, also known as the self-concept. This lack of judgement is a quality known in this field as “unconditional positive regard.” The practice of client centered therapy requires the therapist to understand how the world works from the client’s point of view. “When I work with clients experiencing deep sadness in their struggles with depression, I like to integrate Person Centered Therapy into our work together, along with other supportive theories, because it can help clients process their feelings in a deeply healing and self-compassionate way; processing and integrating our emotions and experiences is key to moving forward towards our life’s goals,” says Talkspace therapist, Kate Rosenblatt, MA, LPC, LMHC. The Rogerian approach can also be beneficial to individuals who are averse to therapy as a result of their fear of judgement or criticism thanks to the atmosphere of unconditional positive regard fostered by client centered therapists. In addition to practicing unconditional positive regard, genuineness, and empathetic understanding, a client centered therapist can help the client get positive results from therapy sessions by employing the following techniques: Boundaries — Setting clear boundaries to maintain a healthy and appropriate relationship, such as ruling out certain topics of conversation and making it clear how long each session will last. Personal experiences — Keeping in mind that the client is the expert when it comes to personal experiences. If you are looking for an effective humanistic therapy method to help support your mental health, this type of counseling is an excellent place to start. What Is Client Centered Therapy? The idea of the client’s self-evaluation in person centered therapy has also been questioned by critics, who claim that it may not bring favorable outcomes. This person centered approach supports mental health by coming from a place of empathy during each counselling session. The concept of client centered therapy might seem like a stretch — after all, most kinds of humanistic therapy essentially focus on the client. Therapists are trained to stay calm while helping their clients work through their emotions. Talkspace articles are written by experienced mental health-wellness contributors; they are grounded in scientific research and evidence-based practices. This can help in making the client’s point of view a lot clearer, even to themselves. Calm — Sometimes, a client may express negative thoughts about themselves, the people around them, or about their therapist. Rogers used the term “client” rather than “patient” to promote equality in the therapist-client relationship. This will similarly encourage the client to share their own feelings and engage in honest conversations. Rather than giving an in-depth analysis of the client’s difficulties or blaming the client’s present thoughts and behaviors on past experiences, the therapist listens to the client and provides a conducive environment for them to make decisions independently. After all, you’re the expert on your own life. With person centered therapy, you can receive genuine support that will help you obtain a more positive

view of yourself. The non-directive nature of client centered therapy encourages clients to be less dependent on the therapist for answers. Therapists who practice Carl Rogers' person centered therapy should exhibit three essential qualities: genuineness, unconditional positive regard, and empathetic understanding. Who Can Benefit From Client Centered Therapy? They're not seen as patients who are sick and in need of a cure, but as clients responsible for finding solutions and making changes in and for themselves. Client centered therapy, or person centered therapy, is a non-directive approach to talk therapy. It requires the client to actively take the reins during each therapy session, while the therapist acts mainly as a guide or a source of support for the client. Therapy can also involve a more humanistic approach, where your therapist merely guides your journey of self-discovery and supports you in finding the answers you've been seeking. Individuals looking to improve their self-awareness and problem-solving abilities can also benefit from person centered therapy with a trained counselor. How Does Client Centered Therapy Work? Client centered therapy can also be a useful tool for crisis intervention, as it creates a safe and accepting space for clients to get support while dealing with the stress they're going through. Articles contain trusted third-party sources that are either directly linked to in the text or listed at the bottom to take readers directly to the source. How Effective is Client Centered Therapy? It's more helpful to let the client explain what they feel the problem may be, rather than telling them what the problem is and how they can resolve it.Active listening — Listening actively to the client and helping them work through their thoughts. Empathetic understanding Empathy is a key quality in client centered therapy. Traditionally, there was a power imbalance between the therapist and the patient, but client centered therapy emphasizes that the client's experience is just as valid as a professional's insight, and therefore the two parties should be viewed as equals. For instance, if you consider yourself to be smart, you may act in an assertive manner and see your actions as something done by a person who's smart. Rogers defined this concept as “the organized, consistent set of perceptions and beliefs one has about themselves.” The self-concept is important to your total life experience and influences the way you view yourself and the world around you. Instead, they become more self-aware and learn to understand themselves better. Our goal at Talkspace is to provide the most up-to-date, valuable, and objective information on mental health-related topics in order to help readers make informed decisions. Client centered therapy sessions are conducted in a safe and conducive environment.

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