

Diploma of Counselling Case Note Template Guide

Date of Session:

Client(s):

Therapist:

Assistants/Student in the room:

Hints: To the right of this document there are “hints” and prompts. This is to help you in the sessions to attempt to engage more with the clients.->

Contract

First Visit

Referral:

This is the entity that brought the client to Bower Place. It may be a group, individual or agency and link the referral to the social field. The referral may influence the parameters and constraints of the contract, e.g., if the referral is from Department of Child Protection they will need to be briefed about the client.

Request/Presenting Problem:

‘Request’ is the specific expectation the client has of the practitioner/Bower Place about the problem and what they want changed. There is always a request whether the client realises it or not and what the client requests may not be the issue that is initially addressed. The request may change in subsequent sessions.

Request made by Third Party/Interested Parties:

The request made by any interested party e.g., a parent, school or organisation may be different to the request made by the client. If different, detail how.

Constraints:

The parameters and constraints set into the ‘Contract’ and how these apply to the process of intervention and therapeutic process e.g., people, biology, development, and social justice issues.

Funding:

Funding may have implications for the ‘Contract’ and process of intervention. It is important to understand and consider legislation such as Medicare and NDIS, the CNC contractual process and funding from agencies and/or NGO’s. What are the implications of funding for therapy?

**Your (place) for
positive change.**

Subsequent Visit

Has the request changed (details, how, what, who)?

The request is the specific expectation that the client and/or others have of the practitioner about the problem and what they want changed. There is always a request and what the client requests may not be the issue initially addressed. It is possible for the request to change in subsequent sessions.

Understanding the previous request is essential. Read the case notes **before** entering the room with the client.

Note any changes to the request. Detail **who** has changed the request (i.e., client, family member etc.), **how** the request has changed (i.e., direct, indirect) and **what** the new request is.

Problem (new information/history)

Add new information about the problem; include information about the 'history' of the problem, chronicity, severity and implications for individuals and relationships. Has the problem changed between sessions?

Changes to the contract?

As the contract involves more than the 'request' and 'problem' document all changes in the therapeutic agreement such as 'who is the client', funding, other parties. New information allows for a broader analysis of the case. Track the changes to the therapeutic agreement from session to session.

Case Notes

Turning Points (also see Timeline)

A 'turning point' is an event that produces a fundamental change in the direction of the person's life or the life of the family. Not all major events produce a change in direction. Turning point events can be positive or negative (e.g., birth of a child, death of a child). Turning points are crucial to the legitimacy and progress in the case. Note any turning points and elaborate, detail the implications these have for the therapeutic process.

Socio-Economic Justice

Socio-economic justice refers to those issues and parameters in the life of a family or an individual that produce inequality and injustice. What are the implications of these for the therapeutic relationship and the therapeutic process?

In the table below, highlight the areas that are relevant to the ‘turning point’ and ‘socio-economic justice’.

Death	Violence	Migration
Work	War	Crime
Birth	Injury/illness	Marital/Relationship
Trauma	Financial/Poverty	Education
Disaster	Loss	Culture
Religion	Sexuality	Disability
Age	Race	Ethnicity
Alcohol/drugs	State	Gender

Pattern of Interaction (fractures, alliances, and cooperation)
(also see Ecogram)

Interaction between people includes their behaviour, affect (emotions and feelings), cognition (how people think and the meaning they draw) and beliefs. Of particular interest is the repeating pattern of interaction in attached relationships, the alliances and fractures formed in consequence and the actual co-operation available to the practitioner to meet the request and address the problem. This includes the symptoms imbedded in the interaction between people. Knowing alliances, fractures and co-operation may help with the intervention as it gives clear understanding of where support and opposition for the intervention and change may be. Specify any new information about interaction and any change in interaction between sessions. What are the implications of these changes?

Pattern of Problem Solving

Every individual and family have a characteristic pattern and style of problem solving. If their approach to problem solving was successful, they would not be consulting the practitioner about this particular problem. This includes patterns of inclusion, exclusion, escalation, accommodation, cooperation and fracture, symmetry, and complementarity.

<p><i>Distinction:</i></p> <ul style="list-style-type: none"> • <i>Same order</i> • <i>Different order</i>
<p><i>Individual & Relational</i></p>
<p><i>Boundaries & Enmeshment</i></p>
<p><i>Cooperation & Fracture</i></p>
<p><i>Similarity & Difference</i></p>
<p><i>Symmetry & Complementary</i></p>
<p><i>Intervention:</i> <i>Remember the 7 points</i></p>
<p><i>Escalation & Accommodation</i></p>

Intervention

Detail all interventions in the session. Note to whom the intervention is addressed and how, when and who else is implicated. Include explanations, reframes, examples, metaphors, tables, information, and suggestions. Look at how the intervention addresses each line of the bower (method). How will this intervention 'make a difference' and produce change.

Nine key issues that should be addressed in the intervention.

1. The intervention must relate to and be constrained by the contract.
2. The social field of the intervention must be identified as distinct from the social field of the problem.
3. The biological/developmental dimensions of the problem and intervention must be separately identified.
4. The socio-economic justice dimensions of the problem and intervention must be separately identified.
5. The turning points relevant to the intervention must be separately identified.
6. The patterns of behaviour, affect, meaning and belief relevant to the problem and intervention must be separately identified.
7. The positive and negative relationship between people and the relational system must be identified.
8. The developmental dimensions of the problem and intervention must be separately identified.
9. The intervention must not replicate the structure and form of the previous intervention.

Explanation

It is important for the practitioner to provide an explanation to the client about the problem and to connect this to any proposed course of action. Note the explanation offered to the client. This is a carefully constructed statement by the practitioner to the client and others about the request problem.

Instructions

Note the exact instructions given to the client about the intervention. It is important for the practitioner to track the progress the client in terms of the problem. This will help determine whether the intervention is a successful process.

Meta-frames

Meta-frames are central to the intervention process. It is crucial that you have an understanding about the meta-frame used in each case. This needs to be documented in each session. The flexibility of a meta-frame allows for movement and the practitioner may change meta-frames as more information becomes available or if the intervention is unsuccessful.

Metaphor

Detail the use of earlier metaphors and the introduction of any **new** metaphors in the therapeutic process.

Future Exploration

Detail the discussions you have with the client and/or the practitioner about the future exploration required in this case.

Student's Reflection

What are you thinking?

We are you interested in knowing, what thoughts you have about the case, your ideas about the meta-frame, metaphor, language, and the intervention process.

Some things to consider: Emotions, triggers, metaphors, context, patterns – own and those that intersect with the clients. Are you hyper-alert or blinded in the process?

<i>What is the pattern of problem solving?</i>
<i>Action & Cessation</i>
<i>Behaviour</i>
<i>Affect, Emotions & Feeling</i>
<i>Meaning & Cognition</i>
<i>Beliefs & Values</i>
<i>Positive & Negative Explanation</i>
<i>Meta-frame</i>

Where does your thinking come from?

We are interested in where your thinking came from e.g., was it something in the case, something about what the practitioner said, something you read that helped you come to this conclusion?

Tasks

Are there any tasks that need to be finalised in regard to the session?

This includes:

Research (e.g., medical conditions)

- Letter writing
- Release of information forms
- Contact with third parties.
- Notes in file
- Research

Task Checklist

Please detail and date next to task upon completion.

If tasks are not followed through, we cannot count this as a completed task.

Metaphor

Explanation

Intervention

Socio-Economic Justice

Management of unequal relationships

What is the history of the problem?

What tasks have been set?

What is the accountability process?