**ADP PROCESS RECORDING FORMAT**

**Client Pseudonym and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Basic Demographics** (age, gender, socio demographic status, etc.)**:**

**DSM V Diagnosis:**

The ICD-10-CM codes are listed in parentheses after the ICD-9-CM codes in DSM V. After October 1, 2015, begin using the codes listed in parentheses to code your diagnoses. Because both ICD-9-CM and ICD-10-CM codes are already included in DSM-V, this will ease the transition to the new system for clinicians and other health care personnel.

DSM-V recommends a non-axial diagnosis list format for the medical record. However, reimbursement forms may vary according to insurance companies’ requirements, and some clinical settings may require a specific format. You should record diagnoses according to the requested format. For non-axial recording, if more than one diagnosis is present, clinicians should first list the principal diagnosis (for an inpatient admission) or the reason for visit (for an outpatient visit). In general, if an additional, non-psychiatric medical condition is present, mental health clinicians would first list the mental disorder diagnosis, except when the other medical condition is thought to be causing the mental disorder. In such cases, the medical condition should be listed first. Recording of disability will vary according to insurance company or agency requirements.

DSM-V combines the DSM-IV Axes I, II, and III into one list that contains all mental disorders, including personality disorders and intellectual disability, as well as other medical diagnoses. Other conditions that are a focus of the current visit or help to explain the need for a treatment or test may also be listed and coded when relevant. These conditions (popularly known as the “V-codes”) can be found in the DSM-V chapter entitled, “Other Conditions That May Be a Focus of Clinical Attention.”

The DSM-V does not currently recommend a specific measurement instrument for the assessment of disability and social functioning. The measures in Section III of DSM-V (<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>) must undergo further research before being recommended by DSM-V for general clinical use.

If a mental disorder is not present, V71.09 can be used for “no diagnosis given.” “Diagnosis deferred” can use the code 799.9.

**DSM-V Format:**

1. **Current Diagnostic Condition:**
* **Code followed by condition**
1. **Any relevant medical conditions.**
2. **Any relevant V (Z) codes.**

**Brief narrative about disability/impairment, which should include the following areas:**

* **Occupational**
* **Social**
* **Academic/employment**

1. **Purpose:**

a. Professional: What is the reason for your interview with this client? Is the nature of your meeting with this client to do, for example, an assessment, targeted intervention, termination, discharge/aftercare plan, etc.?

b. Personal: What made you chose this particular interview for a process recording? Was there something you did well? Something you got stuck on? Or was there a particular clinical issue that was intriguing?

1. **Goals & Objectives:**

*Goals* relate to what the client wants to accomplish. They express desired outcomes and more long-term aims of the client-worker relationship. What do you want to accomplish with the client? *Objectives,* on the other hand, are more explicit statements in regard to the concrete changes the client wants in regard to their behavior and/or situation. Objectives are observable and measurable. Objectives relate to the smaller steps needed in reaching the longer term goal. In today’s meeting what does the client need to do, or not do, that will represent a step toward the goal?

1. **Practice Behaviors, Skills & Interventions:**

In an effort to help your client achieve goals and objectives, what practice behaviors, skills and interventions did you use? How did the client seem to respond to these? What might you do in future meetings to improve your practice behaviors, skills and interventions?

1. **Observation of Process:**

Process is defined as “the nature of the relationship between interacting individuals” (Yalom, 1995). Within the context of this definition, process relates to what is going on between you and your client: in this section, you might want to focus on certain thematic patterns that emerged during the session. You might also discuss feelings, thoughts and behaviors that were generated by you and your client during the meeting and how these impacted your working relationship.

1. **Plan for next meeting:**

Taking into consideration the client’s goals and objectives, where do you see things going in your next meeting? What needs to happen? What does the focus need to be? In general, what will you and the client be doing, or focusing on, that will direct the process to the next step in reaching goals.

1. **Supervisory focus:**

What specific questions do you have about this client/interview that might help your supervisor better understand and help you? In general, where would you like the focus of supervision to be?

 Page: \_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. Contents

 **Student/Client Interview** **Practice**  **Feelings** **Thoughts Supervisory Comments**

 (How Interview began, and then **Behaviors**/ (Your (Your

 verbatim recording of interview) **Skills**  emotional assessment)

 reaction)