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CONFIDENTIAL

Patient Name: Mario Jimenez-Wizel
DOB: September 06, 2005

Summary of treatment sessions from commencement to May 3rd, 2012

8-29-11- First consultation – Patient is brought by father. Mario Jimenez-Wizel, is a 9 year old, Hispanic male accompanied by his father, whose major concern is adjusting to new living arrangements, child's defiant behavior, and manipulative tendencies with sister with regards to running away. He currently resides with father and step-mother. The patient attends Winston Park Elementary and is currently in third grade. Mario is a product of a full term pregnancy via vaginal birth. No remarkable developmental delays or medical concerns. Diagnostic impression: Adjustment disorder with depression and anxiety

9-1-11 Contact note clarifying mother's parental rights.

9-1-11 Visit with father. Family session. Farther reported parents divorced in 2010, and currently having joint custody of the child. He further informed he had been looking for children for two years. He was oriented about disclosure to lawyers and legal procedures with consents. Mario admitted feeling well at dad's home. Father was oriented about the importance of consistent parenting, avoiding adult issues in child's presence and talking negatively. Child was able to bond with clinician.

9-9-11 Individual therapy. Father Reports DCF visits to his house. Father reports patient has been lying (grandmother is in agreement). Pt feels happy at dad's home. Father was oriented about behavior management and use of logical consequences.

9-16-11 Individual therapy. Pt was made aware of importance of following instructions as he tends to be non-compliant or oppositional. He is unable to admit that he is wrong when not following instructions.

9-28-11 Individual therapy. Accompanied by father. Patient appeared cooperative. He has experienced difficulties in school, for not completing homework and due to behavior problems. Clinician assisted him in increasing awareness about how to improve his academic performance, how to avoid forgetting homework compliance with instructions at home. Father was oriented about using logical consequences and consistent limit settings.

10-6-11 Family Session with Father, Letter stating no danger was provided as per father's request to take to court. Father's concerns were addressed.

10-10-11 Individual Therapy. Explored patient's relationship with father "I used to be afraid of him because he argued too much with my mother." "Not anymore, because I don't live with my mother now."

Patient denied father hitting him or being abusive. "I have another mom now: 'mama Gigi', which is like having two mothers, my mother and now her too." Patient has accepted new baby sister and appears to have a healthy relationship with father. "He is nice but if I don't behave he will put me in time out." Clinician validated his disclosure and clarified difference between mother (biological) and stepmother.

10-10-11 DCF worker calls office. No danger clarified.

10-14-11 First session with mother. Clinician explored patient's relationship with mother. He is happy because now he can spend time with her, and also time with his father. Parents went to court and shared custody was granted. Patient has two new siblings as mother and father both recently had babies. He appeared to be very happy about this. Clinician educated patient about divorce. Support was offered and he was validated as the "big brother."

10-21-11 Individual therapy. Patient appeared very restless and anxious today. He disclosed being scared in school as there is "a boy who wants to bully me." He changed the story several times and when confronted admitted he was saying the truth, but exaggerating some facts. He was encouraged to tell adults (teacher, parents) about his problems and to avoid aggressiveness to solve problems.

11-4-11 Individual therapy. Patient appeared calmer today. He reported that bully was expelled from the school; he was able to tell teachers about his difficulties. Patient admitted feeling very satisfied with school decision. He is sharing time with mother and father (alternating weeks) and is comfortable with this arrangement.

11-11-11 Individual therapy. Mother was present at end of session. Patient appeared well disposed for therapy. He was put on detention yesterday because he was fighting in school, after a classmate called him names. Patient reported using friend 1 and friend 2 (his fists). Clinician encouraged him to explore alternative behaviors he can use instead of being aggressive, such as ignoring, talking, or getting help from an adult (teacher). Addressed dad's concern and educated him on ways to help child processing emotions.

12-9-11 OTR discussed with mother and patient. Patient appeared well disposed for therapy and reported that his behavior in school has improved. He has not been aggressive again, although some classmates have called him names, he has been able to display appropriate self-control. Clinician reinforced this performance and praised him verbally.

12-16-11 Dad present. Patient presented with good disposition for therapy. He is being bullied in school by a girl who threatened to kill him. "She has a pocketknife; she was expelled from school." He was instructed to inform teacher and adults in the family about his problems in school. Parent was oriented to discuss this situation with school authorities.

1-5-12 Mother present at end of session. Patient presented with cooperative attitude. He disclosed feeling bad about paternal grandmother calling names to his half brother (mother's side). He was oriented to "ignore "negative comments about his half brother as he loves his baby brother. To focus on the positive side, "brother is healthy, brother is "cute". Father will be informed about this situation and educated about messages to child.

1-25-12 Individual therapy. Patient presented cooperative. The patient stated that he wants to be in the military and made several statements regarding the grenades, guns, and knives during the session. Will continue to explore these emotions and begin working on coping skills as of next session. Processed negative emotions.

2-8-12 Individual Therapy. Patient presented cooperative. Worked on exploring patient's emotions and identifying maladaptive thoughts that tend to trigger anxiety, anger and other strong emotions. Will continue to explore his emotions and work on coping skills on how to deal with stress or problems as of next session.

3-23-12 Individual therapy. Patient presented with cooperative attitude. He disclosed feeling bad about father acting like his boss. "I don't like it when he tells me what to do." Clinician explained father's role as an authority figure and importance of following rules consistently both at home and at school.


3-30-12 Mother present in session. Patient presented with good disposition for session. He disclosed having obtained Honor Roll diploma in school and feeling upset because mother was not invited to the act. Clinician offered validation and also reframed and redirected. He was praised for his achievements.

04-27-12 Individual Therapy. Mother at end of session. Patient presented with good disposition for session. He disclosed he doesn't want to fulfill duties at home when at father's house. "My duty is to study." Patient stated he doesn't want to obey, disregarding father's authority. Clarification was offered regarding parental roles and the importance of home chores.

05-03-12 Family Session, Father present. Patient presented with good disposition for session. He disclosed he sometimes hits sister. He was able to identify the negative consequences of being aggressive versus the benefits of enjoying a loving relationship with sister. Father was oriented about communication with mother as a way to establish consistency in child's behavior management.

6-5-12 Family session (Father present). Father came to the office to discuss mother's allegations of corporal punishment against son. She files a complaint with DCF and they are in the process to investigate allegations. Oriented dad about the importance of establishing proper communication as adults and caregivers, so as to avoid patient acting as a messenger or manipulating parents. Dad was educated about behavior modification (ex: Take away privileges, time out, etc.). Also, addressed with dad to help child identify anger emotions and canalize them appropriately. Dad appeared to be receptive.

6/8/12 Family Session (Both parents present). Mother and father met with clinician to discuss parenting styles. It was oriented to both to establish proper communication as adults and caregivers, so as to avoid patient acting as a messenger or manipulating parents. Both were guided to express their expectations regarding consequences, limit setting and avoiding excessive punishment and/or comments criticizing other parent.



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Patient Name: Karen Jimenez-Wizel
DOB: September 06, 2005

Summary of treatment sessions from commencement to May 3rd, 2012.

8-29-11- First consultation – Patient is brought by father. Karen Jimenez-Wizel, is a 6 year old, Hispanic female accompanied by her father, whose major concern is difficulties adjusting to new living arrangements, mother's absence, anger, and mood swings. She resides with father and step-mother. The patient attends Winston Park Elementary and is currently in Kinder. Karen is a product of a full term pregnancy via vaginal birth. No remarkable developmental delays or medical concerns. Diagnostic impression: Adjustment disorder with depression and anxiety

9-2-11 Visit with father. Family session. Father reports he was looking for his children for two years. He was oriented about disclosure to lawyers and legal procedures with consents. Karen displayed sibling rivalry with regards to competition of father's attention. Father was advised since mother's parental rights have not been revoked; that the present role of clinician is to monitor emotional well being of patient and assist in transition to new environment.

9-8-11 Individual therapy. Father reports DCF visit to his house, in response to reports made by the child's mother. He informed DCF child was in psychological treatment. Patient mentioned wanting mom and dad to be together. Therapist clarified father is remarried with new baby sister, Donatella.

9-16-11 Individual therapy. Patient has displayed defiant behavior. She was made aware of negative or incorrect bx. to increase her awareness.

9-27-11 Individual therapy. Patient appeared as cooperative. She admitted being able to follow instructions at home and at school. Patient seemed to enjoy and participated in therapy activity. She was able to communicate verbally throughout the session. She voiced concerns about Reading as she is experiencing difficulties in this subject. She wrote a letter to father: "Daddy. I love you. I love my mom."

10-5-11 Individual therapy. Explored patient's relationship with father "I love him because he is my "papi". He is nice to me and never hits me." Patient denied father hitting her or being abusive. "I love my mother too, but she lives in another place now." "I have nightmares sometimes." She disclosed incident with biological mother's ex-husband who scared her and tickled her. Patient appears to have accepted

stepmother, new baby sister and appears to have a healthy relationship with father. Clinician validated her disclosure and educated about reality and dreams (nightmares as not real).

10-6-11 Letter stating no danger.

10-10-11 DCF worker calls office. No danger clarified.

10-14-11 First session with mother. Clinician met with mother and client. Karen appeared very happy to introduce mother to clinician. She displayed affectionate behavior towards mother and was able to draw a picture for her. Both mother and patient were involved in game activity so as to observe their interaction and pattern of communication. Mother was also oriented about healthy relationship between divorced parents.

10-21-11 Individual therapy. Patient mentioned baby sister with a loving attitude. Patient appeared tearful as she had an argument with grandfather, who "ate my candy, I gave him one, and he took another candy from me." Patient was oriented about sharing and expressing her feelings. She disclosed how her brother was brave and always defended her, so brother "can tell grandpa to leave my candies alone."

11-4-11 Individual therapy. Patient displayed calm behavior in session. She requested to make a drawing "for my mommy". She added colors and wrote "I love my mom," once she finished the drawing. Patient insisted in taking the drawing for mother to see it. She also disclosed good behavior in school, after clinician explored this area.

11-11-11 Individual therapy . Mother was present at end of session. As per mother's report patient has continued to display appropriate behavior at home and at school. She interacts with baby brother in a very loving manner and imitates mother playing with a baby doll. Patient has received congratulations in school for her good performance. She continues to spend one week with father and one with mother.

12-9-11 Patient continues displaying hyper vigilance and at times is sad. Processed these feeling with patient.

12-16-11 Dad present. Patient presented well disposed for therapy. She was willing to disclose that she is behaving better in school and at home. She was encouraged to be truthful and communicate openly with parents and brother.

1-5-12 Mother present at end of session. Patient presented well disposed for therapy. She reported that she is behaving well but grandmother is talking "bad about my mother." She calls her "perra". She admitted feeling anxious and nervous about these comments. Patient was offered support and reframing, as well as reassurance to decrease her levels of anxiety.

1-25-12 Individual therapy. Patient presented good disposed for therapy. She stated "I don't have anything to say." Patient repeats theme of "mom" in a house when she makes drawings.

2-8-12 Patient presented with good disposition for therapy. She was able to follow instructions in a structured activity and was able to disclose feelings while engaged in game. She appeared slightly confused about mothers, then clarified "I only have one mother." She appears to feel comfortable with mother as well as with stepmother.


2-23-12 Individual session. Patient presented with good disposition for therapy. She was encouraged to engage in a structured activity in order to assess her ability to complete tasks. She displayed creativity and was able to follow instructions. Patient brought report card and has low grades in Reading (Unsatisfactory Progress). The other subjects are G and E (Good and Excellent).

3-23-12 Individual therapy. Patient presented with good disposition for therapy. She was engaged in a structured activity in order to assess her ability to display attentive behavior. She required redirection repeatedly, as she was easily distracted and made careless mistakes, yet responded well to intervention.

3-30-12 Mother present in session. Patient presented with good disposition for therapy. She was engaged in a structured activity in order to assess her ability to wait her turn. She displayed impulsive behavior and required redirection as she had difficulty waiting her turn. She accepted feedback with understanding attitude.

4-27-12 Mother at end of session. Patient presented with good disposition for therapy. She disclosed her paternal grandfather "hit me once because I got an F." She admitted it has not happened again. She was encouraged to be respectful and compliant with adult's instructions. Will address incident with dad.

5-3-12 Father present at end of session. Patient presented with good disposition for therapy. She appeared very concerned about the death of a pet lizard. Clinician offered reassurance and explained the cycle of life and death. At end of session father was invited to discuss and clarify rules at home, incident with grandfather was addresses with dad , encouraged to teach grandfather other methods of discipline such as time out and take away privileges.



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