Living Room Checklist

MRN: 12345678

For Living Room Client

*Clinician will share **numbers 1 and 2** verbally with client at start of LR Session:*

Patient Clinic (*check one*)
- ☑ TCC
- ☐ NOW
- ☐ Gen Psych/Adv. Clinic
- ☐ Other UT Health Department

_____

1) Living Room Orientation to Clients:

- This is not a therapy session; to process and use skills to decrease client distress to return to their day. Sessions are between 20 minutes to about an hour.
- Sometimes, this is not possible, and I help clients to access a higher level of care, such as the hospital.
- I can help by teaching a skill or technique to manage distress OR by "just talking"/ "being a sounding board."
- To ensure what we are doing here is helpful, every 10 minutes I am going to ask you for something we call "SUDs" (*explain SUDs and show thermometer*).

Referred By (*check one*)
- ☑ Self (Client)
- ☐ Prescriber (Meds)
- ☐ Therapist
- ☐ UTPD

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2) Would the client like to learn/practice a skill OR receive supportive therapy?

☐ Skill ☐ Supportive Therapy ☑ Both

For Living Room Clinician ONLY

Subjective Units of Distress (SUDS) Tracking *(N/A for Phone Encounters)*

TIME	SUDS Score	50 minutes	—
Start of Session	100	60 minutes	—
10 minutes	90	70 minutes	—
20 minutes	80	80 minutes	—
30 minutes	60	90 minutes	—
40 minutes	30	SUD at End of LR	20

Was the client hospitalized after this visit (voluntarily or involuntarily)? ☐ Yes ☑ No

Was a CRP created or modified with client during this visit? ☑ Yes ☐ No

If yes, request a Living Room Encounter AND create a message encounter for CRP

Clinical Notes and Items for Follow-up. *Shred this document once EPIC note is completed.*

Pt presented in high distress after a recent breakup, reporting SI (thoughts of taking pills) and self-harm (cutting), without plan, intent, or means. Clinician used TIPP skills to reduce arousal (ice pack-T), brief intense exercise(I), and paced breathing (P). Pt's distress decreased, allowing talk therapy on anxiety and coping. Pt responded well, regulated effectively, and reported feeling "much better" by end of session. Pt and Clinician collaboratively developed a CRP for use if urges return. Pt is scheduled with Primary Counselor next Tuesday.