

1 Patient Information

1 SESSION DETAILS

Name:	Angela R. Foster	Date of Service:	04/22/2026
DOB / Age:	06/18/1991 / 34 years	Provider:	Dr. Miriam A. Santos, PsyD
MRN:	PSY-2026-034892	Credentials:	PsyD, Licensed Clinical Psychologist — Texas License #TX-PSY-041782
Session type:	Individual Therapy — Outpatient, In-person	Duration:	55 minutes (3:00 PM – 3:55 PM)

CC Chief Complaint

2 PRIMARY REASON FOR VISIT

Ongoing individual psychotherapy for combat-related Post-Traumatic Stress Disorder (PTSD) and comorbid Major Depressive Disorder, recurrent moderate (Session 14 of projected 24-session CPT course). This session: processing trauma-related cognition — specifically the stuck point "I should have saved her" related to combat loss of fellow soldier (Sgt. Ramirez) during 2016 Afghanistan deployment. Patient also presenting with significant sleep disruption (3 nights of trauma nightmares this week) and interpersonal conflict with husband.

S Subjective

3a CURRENT SYMPTOMS & INTERVAL HISTORY

Patient reports a "rough week" — mood rated 4/10, down from 6/10 at last session (04/15/2026). Significant increase in intrusive trauma memories (average 4-5 per day vs 2-3 previously) — triggered by news coverage of US military operations. Three nights of vivid combat nightmares this week (woke screaming x2; husband reporting he has started sleeping in guest room). Hypervigilance increased — patient reports being unable to sit with back to door in public spaces; cancelled dinner with friends due to crowded restaurant anxiety.

3b FUNCTIONAL IMPACT & PRECIPITATING FACTORS

FUNCTIONAL IMPACT: Work (paramedic, Austin EMS) — completed all scheduled shifts, but reports difficulty on calls involving MVA with significant blood exposure (trauma cues); took two unscheduled breaks this week. Relationships: Husband (Kevin Foster) expressed frustration about sleep disruption and emotional withdrawal — patient reports "he doesn't understand why I can't just get over it"; declined couples session invitation again. Sleep: 4-5 hours/night (was 6 hours at last session); onset latency 45-60 min due to hyperarousal. ADLs: completing basic self-care; skipped gym 4 days (was going 5 days/week); appetite reduced (eating 2 small meals/day).

3c PERTINENT NEGATIVES

SUICIDAL IDEATION: Patient denies active suicidal ideation, intent, or plan. Passive SI: patient endorsed brief passive thought "sometimes I wonder if everyone would be better off" — reported as ego-dystonic, not sustained, no accompanying plan or intent. Safety plan reviewed in session; patient identified 3 warning signs, called husband as Step 3 person (verbal agreement). Patient has no access to firearms at home (secured per previous safety planning). HOMICIDAL IDEATION: Denied. SELF-HARM: Denied. SUBSTANCE USE: Patient disclosed 3 glasses of wine Saturday evening (above her usual 0-1 drink/week pattern) — discussed as maladaptive avoidance coping; flagged for monitoring.

O Objective — Mental Status Examination

4a APPEARANCE, BEHAVIOR & SPEECH

Appearance:	Well-groomed; wearing work uniform (Austin EMS); hair neatly pulled back; appropriate dress for season; no signs of self-neglect	Psychomotor activity:	Mild psychomotor tension — shoulder guarding, fist clenching during trauma memory discussion; released following grounding exercise; no agitation or retardation
Behavior:	Initially guarded — brief eye contact at session start; warming throughout session; fidgeted with bracelet when discussing combat memory; leaned forward when discussing husband conflict; no psychomotor agitation or slowing	Eye contact:	Avoidant at session start (consistent with shame-based trauma material); good sustained contact during psychoeducation; aversion when directly discussing Sgt. Ramirez
Speech rate/volume:	Rate mildly decreased at session start (halting, careful word selection); normalized to moderate pace during trauma processing work; volume appropriate throughout; no pressured speech	Engagement:	Cooperative and motivated; completed Session 13 homework (thought log) — brought to session; appropriately challenged one CPT reframe

4b MOOD & AFFECT

Reported mood:	"Honestly, pretty low this week. I feel like I'm sliding backward. Maybe a 4 out of 10."	Affect appropriateness:	Fully appropriate to content throughout session; congruent with reported mood and discussed topics
Affect range:	Constricted range — predominantly dysphoric baseline; brief but genuine brightening when discussing positive interaction with 8-year-old patient on EMS call; tearful x1 when discussing Sgt. Ramirez	Congruence:	Affect congruent with reported mood; no incongruent affect observed
Affect stability:	Stable; no lability; tearfulness was contextually appropriate and brief; self-regulated without prompting	Reactivity:	Normally reactive — brightened with positive content, dysphoric with trauma content, anxious when discussing couple conflict

4c THOUGHT PROCESS & CONTENT

Thought process:	Linear and goal-directed; mild circumstantiality when processing combat memory (returned to topic independently without redirection); no tangentiality or loosening of associations
Thought content / preoccupations:	Preoccupied with stuck point "I should have saved her" — guilt and self-blame dominant cognitive theme; health anxiety regarding PTSD chronicity ("What if I never get better?"); worry about marriage
Delusions / obsessions:	No delusions; no obsessions or compulsions identified; overvalued ideas present (self-blame re: combat loss — addressed via CPT socratic questioning this session)
SI / HI (explicitly document):	Passive SI endorsed (brief, ego-dystonic, no intent/plan/means); Active SI denied; HI denied; safety plan reviewed and intact

4d PERCEPTION, COGNITION & JUDGMENT

Hallucinations:	No auditory, visual, or tactile hallucinations reported; no perceptual disturbances; dissociative episode denied this week (one noted in session 9, none since)	Insight:	Good — accurately identifies PTSD symptoms, their neurobiological basis, and the role of avoidance in maintaining the disorder; accepts diagnosis; understands CPT rationale
Orientation:	Fully oriented to person, place, date, and situation	Judgment:	Intact; making reasonable decisions regarding work, family, and treatment; safety planning engaged with appropriately
Attention / memory:	Mildly reduced attention at session start (hyperarousal); improved to normal with grounding; intact for recent and remote events; hyperdetailed recall of deployment trauma (consistent with PTSD trauma memory consolidation)	Safety assessment:	Low-moderate risk — passive SI without intent/plan/means; no firearms in home; engaged in therapy; employed; husband support system present despite strain; safety plan reviewed, updated, and intact. No inpatient level of care indicated at this time.

A Assessment

5a DIAGNOSIS & CLINICAL STATUS

Primary diagnosis (DSM-5 / ICD-10):	Post-Traumatic Stress Disorder, combat-related (F43.10); Major Depressive Disorder, recurrent, moderate (F33.1)
Clinical status (improving/stable/worsening):	Temporarily worsening — external trigger (news media cue) precipitated symptom spike this week; within expected CPT treatment trajectory (patients often experience symptom activation during active trauma processing phase); overall 14-session trajectory shows improvement in PCL-5 from 54 (intake) to 41 (session 14)
Medical necessity for continued therapy:	Medical necessity confirmed — significant occupational impairment (on-the-job hyperarousal), interpersonal dysfunction (marital strain), passive SI, functional decline in sleep and appetite, and ongoing trauma-related cognitions requiring evidence-based treatment (CPT protocol, sessions 1-24)

5b PSYCHOSOCIAL STRESSORS & FUNCTIONAL IMPAIRMENT

PRIMARY STRESSORS: (1) Combat-related PTSD symptom exacerbation triggered by news media coverage of military operations this week. (2) Marital strain — husband sleeping in separate room; patient fears marriage deteriorating. (3) Occupational trauma exposure as paramedic — frequent exposure to trauma cues (blood, MVAs, injured patients) functionally overlaps with combat trauma triggers. (4) Passive SI this week represents increased risk requiring continued close monitoring. Functional impairment level: moderate-severe (PHQ-9 score 16 at today's session — moderate-severe depression; PCL-5 41 — above clinical threshold of 33).

P Plan

6a THERAPEUTIC MODALITY & INTERVENTIONS

Cognitive Processing Therapy (CPT) — Phase 3 (Stuck Point Work), Session 14 of 24. Intervention this session: Socratic questioning applied to stuck point "I should have saved her" — patient and clinician examined evidence for and against using CPT Challenging Questions Worksheet. Patient independently identified 4 counter-evidence points (enemy action, impossible circumstances, three fellow soldiers survived). Psychoeducation: "Just world" cognitive distortion introduced and discussed as it relates to survivor guilt and self-blame in combat PTSD. Window of tolerance model revisited given symptom spike.

6b SKILLS & HOMEWORK ASSIGNED

Homework reviewed: Thought log from Session 13 — patient completed 4/7 entries (adequate compliance); two entries showed strong A-B-C-D format with independent challenging. NEW HOMEWORK ASSIGNED: (1) Complete CPT Stuck Point Log x2 related to "I should have saved her" — write evidence for/against using Challenging Questions Worksheet format. (2) Daily diaphragmatic breathing (10 min/morning) — reinstated per patient request after lapse this week. (3) Behavioral activation: schedule one intentional social activity with husband (e.g., shared dinner at home, walk) — patient agreed. (4) Track alcohol use in thought log; identify emotion preceding use.

6c COORDINATION & PATIENT EDUCATION

Medication coordination with Dr. James Okafor, MD (Psychiatry, Austin VA) — secure message sent today noting passive SI this week, sleep worsening (nightmares x3), and alcohol use increase (3 drinks vs. typical 0-1). Recommendation sent: consider prazosin 1 mg nightly for trauma nightmares (not currently prescribed); request sleep-focused follow-up appointment with Dr. Okafor within 2 weeks. Patient education: psychoeducation on "Just World" belief; discussed how PTSD alters threat appraisal; normalized symptom activation during CPT processing phase.

F Follow-Up

7 NEXT SESSION & MONITORING PLAN

Follow-up in:	1 week
Next session date:	04/29/2026 at 3:00 PM — in-person
Reassess:	PCL-5 and PHQ-9 at Session 16 (next formal reassessment); passive SI and alcohol use weekly; prazosin response if initiated by Dr. Okafor; couples session readiness

Clinician name: Dr. Miriam A. Santos, PsyD
Credentials / License No.: PsyD, Licensed Clinical Psychologist
— Texas License #TX-PSY-041782
Signature: _____

Date / Time: 04/22/2026, 4:10 PM (note completed
post-session)
Session number: Session 14 of 24 (CPT Protocol)
Facility / Practice: Lone Star Behavioral Health —
Outpatient Psychiatry, 2800 South
Lamar Blvd, Austin, TX 78704