



# LARKIN BEHAVIOR HEALTH

## INDIVIDUALIZED MASTER TREATMENT PLAN

CLIENT NAME: Gisela D Farrada Perdomo

MR #: L0093

Date of admission: 16/02/2021 0:00:00

Treatment plan developed 02/17/2021  
date:

Start time: 17:15

End time: 18:15

Service code: H0032

Setting: 53

Level of care: ☐ Outpatient therapy ☐ Medication Management ☒ PSR ☐ Clubhouse

### INITIAL DISCHARGE CRITERIA:

The client will be discharge from services upon meeting the goals and objectives proposed in the Initial Treatment Plan.

Code	Diagnosis
F41.1	Generalized Anxiety Disorder
F33.1	Major Depressive Disorder, Recurrent Episode, Moderate

Who will do that	Modality	Frequency
Client and Facilitator	PSR	Four times per week

### Treatment Plan Problem Area

Area of Focus 1: Anxiety. Client reports experiencing symptoms of anxiety, such as irritability, nervousness, and an inability to stay calm. She stated, "I am very nervous." Client also gets impatient and she is worried about COVID-19 as she stated: "I'm worried. I do not want to be sick."  
She rates her anxiety at 7 out of 10.

Goal #1: "I want to be able to forget my trauma and be able to be more relaxed."

Objective	Measurable Objective (Short Term Goal) to be met in 6 Months	Date Opened	Target Date	Date Resolved
1.1	Client will report medication compliance and follow through with doctor visits monthly within the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	Psychiatrist will evaluate client once a month for the next six months.			
1.2	Client will learn to identify at least 3 triggers that lead her to feeling anxious and implement 3 strategies to overcome her traumatic experience during the PSR group during by target date.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR Facilitator will teach client ways in which she can identify triggers that lead her to feeling anxious and at the same time teaching client strategies to overcome trauma.			
1.3	Client will learn 4 relaxation techniques such as muscular relaxation, progressive relaxation, counting and squeeze the ball during the PSR group to reduce her symptoms of anxiety within the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR Facilitator will teach client the different components of anxiety and its effects on daily functioning. Role play will be used to show client 5 relaxation techniques during PSR group within the next 6 months.			



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Area of Focus 2: Depression. Client reports experiencing symptoms of depression marked by: lack of motivation, anhedonia, sadness most of the day. In addition to that, client experiences insomnia, feelings of hopelessness and helplessness. In addition to that, client reported her mother abused her physically. Client also reported her symptoms exacerbated with the COVID-19 pandemic started.

She rates her depression at 8 out of 10.

Goal #2: "I want to feel happier and be more positive."

Objective	Measurable Objective (Short Term Goal) to be met in 6 Months	Date Opened	Target Date	Date Resolved
2.1	Client will report medication compliance and follow through with doctor visits monthly and process any issues with the group at least one time per week within the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	Psychiatrist will evaluate client once a month for the next six months.			
2.2	Client will learn and practice effective negative thought stopping techniques in order to decrease thoughts related to her brother's death and will discuss during 1 out of 4 possible PSR group monthly during the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR facilitator will use role play to show client 3 ways to decrease the frequency of thoughts related to his relatives' death to be able to overcome grief.			
2.3	Client will learn to demonstrate the knowledge of at least 3 coping skills such as, learning to replace negative thoughts for more positive ones, take time to process feelings, journal feelings, etc.) in order to have a better interaction with others. This objective will be measured through verbalization during sessions.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR Facilitator will teach client coping skills that will aid in improving her mood and sleep routine.			

Area of Focus 3: Insomnia: Client reports she would like to stabilize her sleep.

Goal #3: "I want to stop worrying, so I can sleep."

Objective	Measurable Objective (Short Term Goal) to be met in 6 Months	Date Opened	Target Date	Date Resolved
3.1	Patient will identify 2 intrusive thoughts (ruminative/obsessive) that interfere with sleep hygiene and will share with PSR group during daily sessions for the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR Facilitator will assist client in identifying 2 negative thoughts that interfere with her sleep within the next months.			
3.2	Client will attend PSR group 4 times per week in order to learn and practice effective sleep inducing strategies with the purpose of improving healthy sleep to at least five hours per night with one or fewer interruptions within the next 6 months.	02/17/2021	08/17/2021	08/17/2021
Intervention	PSR Facilitator will use role play to teach client sleep inducing strategies to improve her sleep pattern within the next 6 months.			
3.3	Client will learn 10 foods that improve the insomnia as well as those foods that client should avoid before bedtime to reduce those symptoms during PSR group within the next 6 months.	02/17/2021	08/17/2021	08/17/2021



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Intervention	PSR Facilitator will guide client in developing a good eating habit with the food that help her to sleep better within the next 6 months.			
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**ANTICIPATED LENGTH OF TREATMENT:**

☐ 1 mo ☐ 3 mo ☒ 6 mo

Other: \_\_\_\_\_

Date of next scheduled Treatment Plan Review: \_\_\_\_\_

Licensed Practitioner to provide Mental Health Services in the State of Florida and trained in the diagnosis and treatment of substance abuse and psychiatric illnesses, I certify that services are medically necessary and appropriate to the patient's diagnosis and needs.

Patient has reviewed and agreed to comply with the goals as established in the Master Treatment Plan. This service plan has been explained to the patient in terms that patient can understand and a copy has been provided to the patient.

I agree to the Treatment Plan, goals, objectives and services recommended.

_____	Gisela D Farrada Perdomo	_____
<b>Client Signature</b>	<b>Client Name</b>	<b>Date</b>

The signatures of the treating psychiatrist/ LPHA, Client, and the other members of this Client's Treatment Team formally accept the services, goals, and objectives, as outlined within, for a period of six (6) months, unless agreed upon to extend such treatment.

***Treatment Team Members:***

_____	_____	_____
<b>Therapist Signature/Credentials</b>	<b>Printed Name/Credentials</b>	<b>Date</b>

_____	_____	_____
<b>Clinical Supervisor Signature/Credentials</b>	<b>Printed Name/Credentials</b>	<b>Date</b>