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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dx Code** | **Service Modality** | **Service Code** | **POS** | **Start Time** | **End Time** |  | **Duration** | |
| F33.1  F51.05 | Treatment Plan | H0032 | 53 | 10:45 AM | 11:45 AM | 60 | 1 |
|  | | | | | |
| Minutes | Event |

**Level of care**: Outpatient therapy Medication Management 🗹 PSR Clubhouse

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| **INITIAL DISCHARGE CRITERIA:**  The client will be discharged from services upon meeting the goals and objectives proposed in the Initial Treatment Plan. |
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| --- | --- |
| **Code** | **Diagnosis** |
| F33.1  F51.05 | Major Depressive Disorder, Recurrent, moderate  INSOMNIA DUE TO OTHER MENTAL DISORDER |

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

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| **Treatment Plan Problem Area** | | | | |
| **Area of Focus 1:** Individual Therapy-Depression. Client reports experiencing symptoms of depression, such as sadness, feelings of hopelessness and helplessness, poor motivation, and lack of interest in his personal appearance and hygiene, and insomnia. He rates his depression at 8 out of 10. | | | | |
| **GOAL#1:** “I want to improve my motivation and feel more energetic.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 1.1 | Client will learn to identify 3 triggers to his depression and learn 3 new coping skills that can help him better deal with his symptoms of loneliness and emptiness and decrease his level of depression from 8 to a level 5 in order to have better interaction with others. This objective will be measured through verbalization during sessions. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client to identify the triggers of his depression and will educate client about strategies/techniques he can implement daily to decrease depressive mood. | 07/01/2020 | 01/07/2021 |  |
| 1.2 | 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. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client coping skills to decrease depressive symptoms and improve interaction with others. | 07/01/2020 | 01/07/2021 |  |
| 1.3 | Client will learn and verbalize at least 3 positive outcomes of implementing coping skills that he has learned in PSR groups and how these techniques have helped his overall mood, including sleeping habits. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client coping skills that will aid in improving his mood and sleep routine. | 07/01/2020 | 01/07/2021 |  |
| **Area of Focus 2:**  Anxiety/Insomnia: Client reports having difficulty relaxing and sleeping at night. He rates his anxiety at a level of 7 out of 10. | | | | |
| **GOAL#2:** “I want to be able to relax so that I can be able to sleep all night.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 2.1 | Client will identify three obstacles (i.e. invasive thoughts, behaviors, over worrying) that are interfering with his ability to stay calm and relaxed and he will learn and practice 4 techniques to decrease symptoms related to his anxiety. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will actively engage client in activities aimed at helping him learn to stay calm and relaxed in order to decrease symptoms related to his anxiety. | 07/01/2020 | 01/07/2021 |  |
| 2.2 | Client will learn at least 3 new coping skills (such as relaxation breathing technique, guided imagery, etc.) in order to help reduce his anxiety level and be able to have better social interactions with friends and family. This objective will be measured through client’s report. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client coping skills he can apply on a daily basis to help reduce his anxiety levels, while also increasing socialization. | 07/01/2020 | 01/07/2021 |  |
| 2.3 | The client will verbalize improvement in sleep evidenced by obtaining at least 5-6 hours of sleep per night. The client will understand the relationship between lack of sleep and anxiety (such as, over worrying), and will incorporate at least 3 sleep hygiene techniques in his nightly routine. This objective will be measured through homework assignments and client’s report. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client sleep hygiene techniques in order to improve sleep and how to identify triggers that lead him to feel anxious, and how to avoid said triggers. | 07/01/2020 | 01/07/2021 |  |
| **Area of Focus 3:**  PSR Socialization: Client reports he would like to go to groups and interact with people. | | | | |
| **GOAL#3:** “I want to attend PSR groups and work on my social skills.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 3.1 | Client will identify 3 reasons that affect his ability to interact with people and learn 2 to 3 assertiveness skills he can use daily while interacting with them. This objective will be measured by the frequency of client’s participation during sessions. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will guide client in developing essential social skills that will enhance the quality of relationships and give him a sense of self-worth and confidence. | 07/01/2020 | 01/07/2021 |  |
| 3.2 | Client will learn and develop 3 interpersonal skills that will improve his ability to establish and maintain relationships with family and friends. This objective will be measured through participation during sessions. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will assist client in developing communication skills to enhance social support (for ex: taking time to listen, seeking feedback, choosing appropriate words when talking to others) that are conducive to positive social interactions. | 07/01/2020 | 01/07/2021 |  |
| 3.3 | Client will learn and use at least 3 new communication skills (i.e., empathy, eye contact, active listening) when talking to others on a daily basis. This objective will be measured through a homework assignment. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will introduce topics about communication skills and client will have the opportunity to practice them through role-playing and then using what he has learned in his daily interactions with others. | 07/01/2020 | 01/07/2021 |  |
| **Area of Focus 4:**  PSR- Poor personal functioning: Client reports he has difficulty engaging in outdoor activities. | | | | |
| **GOAL#4**: “I want to feel active and go out to places more often.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 4.1 | Client will engage in 3 social, recreational, or creative activities in his community that he has found and increase the frequency of interacting with others and engaging in activities from 0 times per week to 3 times per week. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will encourage client to actively engage in activities aimed at increasing participation in leisure activities and recovering social support. | 07/01/2020 | 01/07/2021 |  |
| 4.2 | Client will obtain and utilize at least 2 local bus routes for shopping and visiting doctor’s offices to increase the ability to move around the city. This objective will be measured through verbalization during sessions. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator, through the topic of community awareness, will teach client about forms of transportation in the city and how to use them as well as main routes to move around his neighborhood. | 07/01/2020 | 01/07/2021 |  |
| 4.3 | Client will use community flyers, specials, free community magazines weekly to increase his knowledge about his community. This objective will be measured through verbalization during sessions. | 07/01/2020 | 01/07/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will aid client in improving the knowledge about his community by aiding his searching and using publications to identify places of interest. Facilitator will monitor progress. | 07/01/2020 | 01/07/2021 |  |

**ANTICIPATED LENGTH OF TREATMENT:**   1 mo  3 mo  6 mo Other: \_\_\_\_\_\_\_\_\_\_\_

Date of next scheduled Treatment Plan Review: 01/07/2021

Certification of need for outpatient treatment: As a Certified Addictions Professional and/or 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Isaac F Ysasi Janes 11/21/2019

Client Signature Printed Name Date