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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dx Code** | **Service Modality** | **Service Code** | **POS** | **Start Time** | **End Time** |  | **Duration** | |
| F33.1  F47.0 | Treatment Plan | H0032 | 53 | 5:15 PM | 6:15 PM | 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  F47.0 | Major Depressive disorder, recurrent, moderate  Generalized anxiety 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:** Depression   |  | | --- | | Client reports symptoms of sadness low or energy, poor motivation, and crying episodes. | |  | | | | | |
| **GOAL#1:** “I want to feel better about my life and not cry all the time.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 1.1 | Client will be able to identify triggers of her depressive symptoms and define the situations related to those triggers. Progress will be measured through the client’s journal records and verbalization in sessions. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will bring into the group sessions discussions about the triggers of depression. Facilitator will work with the recipient guiding her in the process to identify triggers of depression. | 07/11/2020 | 01/11/2021 |  |
| 1.2 | Client will learn and consistently practice 3 techniques to decrease her depression by learning effective coping skills (such as, learning to replace negative thoughts for more positive ones, take time to process her feelings) to increase her motivation, and have fewer symptoms of depression. This objective will be measured through verbalization during sessions. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will help client identify which coping skills best works for client. | 07/11/2020 | 01/11/2021 |  |
| 1.3 | Client will implement at least three behavioral changes to strengthen her self- confidence and decrease depression (e.g.: deal with dysfunctional thinking; seek positive support; begin the day with a boost) learned in group therapy at least twice a day, every day. This objective will be measured through verbalization during sessions. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will assist client identifying behavioral changes she may implement to strengthen her self-confidence and decrease depression. Facilitator will monitor the recipient’s progress and will reeducate as needed | 07/11/2020 | 01/11/2021 |  |
| **Area of Focus 2:** Anxiety: Client states she is very afraid to be along. | | | | |
| **GOAL#2:** “I don’t want to feel so nervous.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 2.1 | Client will be able to identify triggers for her symptoms of anxiety. Client will learn at least three anxiety relief techniques to manage symptoms and will practice them in sessions (body relaxation and slow breathing, etc...) Client will report the practices of that techniques at least four days per week within the next six months. This objective will be measured through the client’s participation in sessions and home assignments. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | Facilitator will educate client on techniques she can practice coping with symptoms of anxiety. Facilitator will guide client implementing the techniques learned of her choice and will evaluate progress | 07/11/2020 | 01/11/2021 |  |
| 2.2 | The client will eliminate/decrease high levels of anxiety by following directives performed during a group session and will report utilizing techniques throughout the day. This objective will be measure through homework assignments. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client coping skills she can apply daily to help reduce her anxiety levels, while also increasing socialization. | 07/11/2020 | 01/11/2021 |  |
| 2.3 | The client will identify at least three common triggers of her anxiety symptoms. The client will learn at least three coping skills that she can use daily to decrease and prevent anxiety while reducing concentration problems (for example writing thoughts, getting rid of addictions or reducing the use of toxic substances; going out to walk; breathe deeply; read something interesting; etc.) The client will report on the progress. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will educate and guide the client identifying triggers of her anxiety and the relation between those symptoms and her lack of concentration. Facilitator will guide learning and implementing skills to cope with and prevent anxiety in daily life situations. Facilitator will monitor the client’s progress. | 07/11/2020 | 01/11/2021 |  |
| **Area of Focus 3: Insomnia** The client state she wakes up many times in the early morning because she feels worried and her back hurts. | | | | |
| **GOAL#3:** “I want to sleep better at night and not wake up all the time.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 3.1 | The client will successfully implement at least three behavioral strategies to increase the quantity and quality of their sleep (i.e., set a regular schedule), and incorporate at least 3 sleep hygiene techniques into their nocturne routine This goal will be measured through tasks and customer reporting. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR facilitator will help client to successfully learn and implement three behavioral strategies to help increase the amount and quality of her sleep at night. | 07/11/2020 | 01/11/2021 |  |
| 3.2 | Client will learn at least three relaxation techniques that can be practiced every day to improve her sleep pattern. Client will report that she practices the relaxation techniques at least five times a week consistently. Progress will be measured by client keeping record of her practice. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client how to implement relaxation techniques to improve sleep. Facilitator will conduct sessions to teach and practice relaxation at least two times per week. | 07/11/2020 | 01/11/2021 |  |
| 3.3 | Client will be able to implement at least three lifestyle changes that will contribute to decreasing her insomnia (e.g.: regular practice of physical activity approved by her doctor 3 days per week, avoid high consumption of caffeine, etc...) Progress will be measured through homework assignments and the client’s verbal reports. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach about the importance of physical activity for the health of the mind and the body and will monitor progress. | 07/11/2020 | 01/11/2021 |  |
| **Area of Focus 4:**  Increase Motivation: Client reports that she is unable to engage in activities or finish an activity that she started due to her low of energy and motivation | | | | |
| **GOAL#4**: “I want to feel motivated and with energy” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 4.1 | The client will recognize a minimum of 2 factors that make her unable to gain effective independent skills and will verbalize after using 1-2 learned skills that have helped her get involved in activities. This objective will be measured through the task. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client independent skills to increase client’s feeling of independence on a daily living. | 07/11/2020 | 01/11/2021 |  |
| 4.2 | Client will engage in 3 social, recreational, or creative activities in her community that she has found for people her age and increase frequency of interacting with others and engaging in activities times per week to 3 times per week, for the next six months | 07/11/2020 | 01/11/2021 | 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. | 07/11/2020 | 01/11/2021 |  |
| 4.3 | Client will increase her independence by learning at least 3 independent skills (such as, running her errands, washing her clothes, etc.) at least twice per week. Client will share progress related to independence once a week in session over the next 6 months. | 07/11/2020 | 01/11/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will engage client in increasing independent living skills by learning how to obtain information about different community services, enhancing detailed-oriented skills and running her errands. | 07/11/2020 | 01/11/2021 |  |

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

Date of next scheduled Treatment Plan Review: 01/11/2021

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.