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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dx Code** | **Service Modality** | **Service Code** | **POS** | **Start Time** | **End Time** |  | **Duration** | |
| F41.1  G47.00 | Treatment Plan | H0032 | 53 | 09:40 AM | 10:40 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** |
| F41.1  G47.00 | Generalized Anxiety Disorder  Insomnia Persistent |

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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 experiencing symptoms of depression, such as sadness, lack of interest for her hygiene and house chores, feelings of hopelessness, helplessness, worthlessness, tiredness, and insomnia. She rates her depression at 8 out of 10. | | | | |
| **GOAL#1:** “I want to stop being so negative and appreciate all that goes on in my life.” | | | | |
| **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 thoughts contributing to her depression and demonstrate the knowledge of at least 3 coping skills that can help her better deal with her symptoms and decrease her level of depression from 8 to a level 4. This objective will be measured through verbalization during sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach the client to identify the triggers of her depression and teach her better coping skills. | 07/10/2020 | 01/10/2021 |  |
| 1.2 | Client will learn at least 3 techniques that can help increase her self-esteem (i.e., practice self-care, building self-confidence, changing negative thinking for more positive ones), which will also bring more and better social interactions. This objective will be measured through the client’s report. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will encourage the client to incorporate coping skills learned in session. | 07/10/2020 | 01/10/2021 |  |
| 1.3 | Client will explore and identify at least 3 consequences of feeling depressed and how her diagnosis of depression may lead to the manifestation of other symptoms (including isolation, anhedonia, intermittent sleeping, poor motivation, etc.). This objective will be measured through verbalizations during group sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will educate the client about the current diagnosis of depression and all its accompanying symptoms. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 2:**  Anxiety/Insomnia: Client reports she has difficulty falling and staying asleep. | | | | |
| **GOAL#2:** “I want to have a restful night and forget about my preoccupations.” | | | | |
| **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 her falling and staying asleep, and he will learn and practice 4 sleep hygiene techniques to improve her sleeping to at least 7 hours of uninterrupted sleep, for 6 months in group activities. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will actively engage the client in activities aimed at helping her learn sleep hygiene strategies. | 07/10/2020 | 01/10/2021 |  |
| 2.2 | Client will perform a sleep ritual of her preference (for example, praying, listening to soft music, reading) 25 minutes before going to bed, 6 times per week. This objective will be measured through verbalization during sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will educate client on techniques she can implement to improve sleeping and relaxation at bedtime. | 07/10/2020 | 01/10/2021 |  |
| 2.3 | The client will learn at least 3 relaxation techniques to apply daily to improve sleep patterns. This will be measured by the client recording her sleep patterns and hours of sleep per night in a notebook. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach the client how to implement relaxation techniques and behavioral strategies to improve sleep and increase her ability to relax. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 3:**  PSR Socialization: Client reports she would like to meet people and distract herself from daily stressors. | | | | |
| **GOAL#3:** “I want to go to groups and distract myself by interacting with people.” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 3.1 | Client will engage in at least 3 social activities per week that involve getting to know and share with others and report progress during weekly group activities. This objective will be measured by the frequency of the client’s participation during sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | The facilitator will assist a client in practicing socialization skills that will increase her understanding of healthy leisure time and improve her ability to engage in recreational activities that will reduce isolation and stress | 07/10/2020 | 01/10/2021 |  |
| 3.2 | Client will learn and develop 3 interpersonal skills that will improve her ability to establish and maintain relationships with family and friends while reducing her irritability that lead her to become angry with others easily. This objective will be measured by the frequency of the client’s participation during sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will assist the client in developing communication and coping skills to enhance social support (for ex: taking time to listen, receiving feedback, understanding not everyone is trying to offend her) that are conducive to more positive social interactions. | 07/10/2020 | 01/10/2021 |  |
| 3.3 | Client will identify 3 negative outcomes that come from not engaging in social activities outside her home and will develop a morning routine checklist she will follow daily that includes planning/scheduling friend and/or family visits and/or phone contact for the next 6 months. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will educate the client on recognizing the importance of engaging in social/family activities and its effects on overall mood. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 4:**  PSR- Poor personal functioning: Client reports having difficulty engaging in daily chores. | | | | |
| **GOAL#4**: “I would like to improve my energy and motivation to perform better every day” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 4.1 | Client will participate in the development of a list of activities per day that will motivate her to complete daily chores and recognize 2 to 3 benefits or accomplishments while remaining active. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will actively engage the client in identifying daily activities that she needs to complete such as organizing her home environment and empower her to recognize daily achievements to improve overall motivation. | 07/10/2020 | 01/10/2021 |  |
| 4.2 | Client will introduce 3 life strategies that are conducive to cleanliness and neatness in the home environment during weekly group activities. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will assist her in developing a daily routine checklist to track her completion of household tasks and reinforce her success. | 07/10/2020 | 01/10/2021 |  |
| 4.3 | Client will verbalize at least 3 behaviors/events that prevent her from completing daily tasks, such as cooking, and will learn and practice 2-3 alternative behaviors that help her to engage in her daily chores with a positive attitude. Client will share progress once a week in session. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will actively engage client in activities such as developing a daily routine and to-do lists, which promote organizational skills and successful completion of daily tasks. | 07/10/2020 | 01/10/2021 |  |

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

Date of next scheduled Treatment Plan Review: 01/10/2021

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hortencia Beltran11/21/2019

Client Signature Printed Name Date