|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dx Code** | **Service Modality** | **Service Code** | **POS** | **Start Time** | **End Time** |  | **Duration** | |
| F33.1  G47.0 | Treatment Plan | H0032 | 53 | 07:30 AM | 08:30 AM | 60 | 1 |
|  | | | | | |
| Minutes | Event |

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

|  |
| --- |
| **INITIAL DISCHARGE CRITERIA:**  The client will be discharged from services upon meeting the goals and objectives proposed in the Initial Treatment Plan. The client will report an improvement in depression symptoms. |
|  |  |

|  |  |
| --- | --- |
| **Code** | **Diagnosis** |
| F33.1  G47.0 | Major Depressive Disorder, Recurrent, Moderate  Insomnia Persistent |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment Plan Problem Area** | | | | |
| **Area of Focus 1:** Depression. The client reports feeling helpless and hopeless. Besides, the client expresses that he has a loss of energy and poor motivation. The client has lost interest in activities he used to enjoy. | | | | |
| **GOAL#1:** “I want to feel motivated and happy like I used too” | | | | |
| **Objective** | **Measurable Objective (Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 1.1 | The client will reduce his depression symptoms from a level 7 to a level 4. The client will identify maladaptive behavior and cognitive self-talk; apply healthy coping mechanisms such as physical, emotional, and mental health to deal with depression symptoms. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client coping skills such as; cognitive mechanisms to decrease depressive symptoms and improve his healthy living. | 07/10/2020 | 01/10/2021 |  |
| 1.2 | Client will improve his mood and ability to manage symptoms of depression by using at least 3 adequate coping skills learned in group therapy at least twice a day, every day. 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 aid the client in helping the client identify which coping skills best works for the client. | 07/10/2020 | 01/10/2021 |  |
| 1.3 | Client will reward himself with small positive phrases or a small treat when he has accomplished a task or applied a skill learned in group therapy 1 time daily in order to help improve his mood and decrease depressive levels. 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 introduce the topic of healthy living and coping skills and will stress the importance of improving motivation to help improve his mood and decrease depressive levels. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 2:**  Anxiety/Sleep disturbances: The client constantly worries about minor things mainly about his family problems. Besides, the client reports having a hard time staying asleep reporting sleeping only 3-4 hours per night. | | | | |
| **GOAL#2:** “I want to worry less about others and take care of myself more” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 2.1 | 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 the client’s report. | 07/10/2020 | 01/10/2021 | 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. | 07/10/2020 | 01/10/2021 |  |
| 2.2 | Client will implement strategies to decrease anxiety and improve his sleep routine (such as relaxation breathing technique, guided imagery, etc.) in order to help reduce his anxiety level and be able better night’s sleep. 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 teach client coping skills he can apply on a daily basis to help reduce his anxiety levels, while also increasing socialization and hours of sleep per night | 07/10/2020 | 01/10/2021 |  |
| 2.3 | Client will engage in light physical activity recommended by his doctor, such as stretching for 15 minutes 3 times per week. This objective will be measured through homework assignments. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will introduce the topic of healthy living once a week and will discuss with client the importance of walking and doing light physical activity for the body and mind. Facilitator will monitor progress 3times per week. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 3:**  Healthy Eating: The client reports eating less and will like to regulate his eating habits. | | | | |
| **GOAL#3:** “I want to eat better and improve my healthy lifestyle” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 3.1 | Client will identify 3 negative outcomes that come from not eating his meal on time and as recommended by his doctor and will develop a routine checklist he will follow on a daily basis. This objective will be measured through verbalization during sessions. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | Facilitator will educate client on recognizing the importance of healthy eating and the benefit of following his doctor recommendations. | 07/10/2020 | 01/10/2021 |  |
| 3.2 | Client will prepare and eat 2 full healthy meals and 4 snacks at least 5 days per week following a doctor’s recommended diet while reporting steady weight. This objective will be measured through homework assignments. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will encourage client to prepare his healthy meals and will introduce in groups topics such as healthy foods, how to buy groceries more smartly and healthily, and introducing some simple recipes of healthy meals and snacks once a week during PSR groups. | 07/10/2020 | 01/10/2021 |  |
| 3.3 | Client will learn to identify the different nutrient-packed foods he may consume on a daily basis to achieve healthy nutritional patterns. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will assist client in developing a nutritional meal plan highlighting healthy and balanced meals daily including breakfast, lunch, dinner, and snacks. | 07/10/2020 | 01/10/2021 |  |
| **Area of Focus 4:**  PSR- Independent skills: Client reports having difficulties taking public transportation. | | | | |
| **GOAL#4**: “I want to learn ways to move around my community without depending on others” | | | | |
| **Objective** | **Measurable Objective**  **(Short Term Goal) to be met in 6 Months** | **Date**  **Opened** | **Target**  **Date** | **Date Resolved** |
| 4.1 | Client will increase independence by learning at least 3 independent skills (such as, taking public transportation, running her/his errands, and attending to her/his appointments) at least twice per week. He will share progress related to independence once a week in session over the next 6 months. | 07/10/2020 | 01/10/2021 | 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 his errands. | 07/10/2020 | 01/10/2021 |  |
| 4.2 | Client will learn about resources available at the community (such as low-income housing programs, economic assistance for low-income persons, and/or the elderly). He will explore and use 2-3 of these resources and will report results in the PSR group session over the next 3 months. 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 increasing community awareness by learning about the different programs he can resort to. | 07/10/2020 | 01/10/2021 |  |
| 4.3 | Client will recognize a minimum of 2 factors that disable her/him from exercising effective independent skills and will verbalize having used 1-2 skills learned that have helped her/him have a more independent lifestyle. This objective will be measured through the homework assignment. | 07/10/2020 | 01/10/2021 | On going  Partially completed  Closed  Date: \_\_\_\_\_\_\_\_\_  Initials: \_\_\_\_\_\_ |
| Intervention | PSR Facilitator will teach client independent skills in order to increase the client’s feeling of independence on a daily basis. | 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Francisco Linares 11/25/2019

Client Signature Printed Name Date