

My Treatment Plan

(A Strength Based Collaborative Treatment Plan Example)

Today's Date: 9/18/2015

My Identifying Information: Jane Doe, Medicaid # 4444444444

Why Now? Jane recently lost her job due to excessive absences and late arrival to work. Her physician recommended therapy during a consult with her physician regarding anti-depressants.

DSM-5 Diagnosis:

Major Depressive Disorder, moderate

Current symptoms and functioning limitations that are related to the diagnosis and need for treatment:

She has been struggling with depression symptoms for the past year, (daily experience of crying periods, depressed mood, feelings of hopelessness, fatigue, suicidal ideation, lack of motivation, and recently, in the past 2 months, has had difficulty getting out of bed in the mornings). PHQ-9 administered on 9/15/2015 score of 15 –low end of range-symptoms of moderately severe depression. Jane has isolated herself and not participated in her favorite past time of bowling, in the winter and tennis in the summer. Her work performance has gradually declined and led to her unemployment. Her two children, ages 8 and 10 have had excessive school absences and tardiness. This is primarily due to Jane oversleeping and not waking them up in time.

My Treatment Plan will be coordinated with the following people on my team (friends, family, other professionals, doctor, etc.): Dr. Jones (PCP), sister, Jennifer.

My Medications:

Jane was recently prescribed Effexor, 20mg, by her PCP, Dr. Jones, beginning August 1, 2015.

We have identified the following strength(s) and how they will be developed in my treatment to help me reach my goals:

Jane has a strong work ethic and has had a strong work history.

- Jane will update her resume and begin a job search.

Jane enjoys physical activities such as bowling and tennis and frequently engages socially for these activities. Jane is committed to helping her children be successful.

- Jane will identify at least one physical activity that she can engage in with other people once or twice a week.
- Jane will identify one physical activity she will engage in with her two children once or twice a week.

Jane's At Home Treatment Plan

Jane will identify one of her supports to prompt her on her job seeking activities each day and will write daily activities to share with therapist.

Jane will maintain her mood log documenting thoughts, feelings and coping skills utilized.

Jane will identify single mom's support groups and other resources that may be offered through her church or the community.

My Safety/Crisis/or Wrap Plan: Jane identifies that she is in crisis when she can't get out of bed in the morning and get her children off to school. Jane has a strong relationship with her mom and has another friend she will contact if she experiences strong feelings of sadness or hopelessness or a crisis. Jane has been provided the on-call number to call if crisis continues.

Modality:

Solution-focused individual therapy, cognitive restructuring

Frequency:

1x per week for 3 weeks, then taper to discharge:

My Primary Goal as it Relates to Why Now: Jane will bounce back from her experience of the job loss a maintain a daily schedule and improved mood evidenced by PHQ-9 outcome.

By: 10 weekly sessions or December 1, 2015

Objective Measure to be Assessed with Member (Frequency): PHQ-9 Assessed Monthly
Baseline 9-15-15: scored 15 – low range of moderately severe depression.

Objectives

Objective 1: Develop safety plan to address triggers for suicidal ideation, immediately.

Objective 2: take medication, as prescribed, and report to PCP any side effects, concerns.

Objective 3: Exercise, 20-30 minutes, 3-5 times per week, target date October 15, 2015 and identified physical and social activities with family and friends

Objective 4: Fill out 1 job application per week. Target date: October 30, 2015

Objective 5: Attend OP therapy sessions, addressing cognitive distortions, replacing with realistic positive thoughts, 1x weekly, tapering to biweekly, to discharge.

My Discharge Plan: I will go longer and longer between visits and when I stop coming to therapy, I know I can always come back if there is a need. We will begin to taper my visits here when I feel I have made enough progress to rely on my natural support system at home. This will be evidenced by my scores of on ____ and/or mutual agreement with my therapist that it is time actively discharge from therapy.

Anticipated Discharge Date: December 1, 2015

My therapist and I have developed this plan together, and I agree to work on the issues and goals. Part of my treatment plan is to work together with my therapist to review my progress at each session.

Client / Guardian Jane Doe

Date 9/18/15

Provider Any therapist

Date 9/18/15

Supervising Practitioner Supervising Practitioner

Date 9/21/15

Jane Doe

9/15/15

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + 2 + 2 + 13
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult