

MASTER TREATMENT PLAN INITIAL

DATE of Current Treatment Plan: 01/03/2021 Date of MD Order: 01/02/2021

Attending Physician: Raj Singh, M.D.

If current treatment plan is a 90 day review, progress to date is evidenced by:

N/A, new client. This is an initial treatment plan.

Mental Health Diagnosis and Description:

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Utilization Plan Next 90 Days (select all that may apply):

MODALITY:

Individual; Justification:

- Pt requires individualized intervention.
- Pt requesting individual treatment.
- Facility initiating gradual dose reduction, Pt to benefit from non-pharmacy approach to managing S/S.
- Pt issues too sensitive to share in group or family therapy.
- Other: _____

Group; Justification:

- Pt would benefit from sharing common problems and solutions with peers.
- Pt condition would improve via symptom reduction as a result of therapeutic interaction in group setting.
- Other: _____

Family; Justification:

- Family members possess information that will enhance treatment of patient.
- Family members can augment on-going treatment of pt.
- Family members are a barrier to successful acclimation of pt to milieu & nursing treatment plan compliance.
- Other: _____

FREQUENCY:

Once a week; Justification:

- Patient can benefit from standard psychotherapy regimen.
- Recent patient improvements in condition allow for reduced number of visits next 90 days to test stabilization.
- Patient at risk of non-adherence to nursing care plan without ongoing intervention.
- Patient is at risk for decompensation and possible hospitalization without more extensive length of session.
- Other: Will reduce sessions to once per week if clinically indicated.

Twice a week; Justification:

- Current severity of symptoms warrant frequent, shorter visits to prevent further decompensation and avoid crisis.
- This frequency required to support and foster optimal outcomes in PT, ST, or OT.
- Patient requesting this frequency because of intensity of symptoms.
- Patient is at risk for decompensation and possible hospitalization without more frequent intervention.
- Other: _____

Biweekly; Justification:

- Recent patient improvements in condition allow for every other week visits to monitor carry over effects and ongoing stabilization in condition.
- Patient at risk of non-adherence to nursing care plan without intermittent intervention.
- Will work toward titration of services to ensure continued benefits of treatment are lasting and patient will remain stable despite reduced frequency of visits.
- Other: If clinically indicated.

Monthly; Justification:

- Recent patient improvements in condition allow for periodic visits to monitor carry over effects and ongoing stabilization in

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condition.

- Patient at risk of non-adherence to nursing care plan without periodic intervention.
- Will work toward titration of services to ensure continued benefits of treatment are lasting and patient will remain stable despite reduced frequency of visits.
- Other: If clinically indicated.

SESSION DURATION:

- 16-37 min
 - Because of fatigue, concentration, attention span difficulties, pt will likely have a difficult time tolerating a longer session.
 - Other: Will tailor length of session based on medical necessity, progress being made, and severity of symptoms each date of servi
- 38-52 min
 - Patient has ability to benefit from standard therapy session as clinically indicated, to maximize treatment outcomes and promote change in condition.
 - Other: _____
- 52+ min
 - Extended treatment session will be used when clinically indicated to stabilize patient and/or move patient through more active and intense stages of change.
 - Other: _____

EPISODE of CARE:

- Short term (3 months-6 months)
 - Patient condition/symptoms based on minor stressor or simple adjustment that can likely be stabilized & maintained in short term.
 - Other: Cognitive ability and family engagement in patient care bode well for obtaining treatment goals on short-term time line.
- Mid Length (6 months-12 months)
 - Patient needs this length of treatment given number of Skilled/Part A days and rehab plan of care.
 - Onset of significant symptoms with adequate patient motivation for change to be accomplished and goals met in 6-12 mos.
 - Other: _____
- Long term (12+months)
 - Patient experienced shift in baseline functioning related to long-standing, serious mental health condition.
 - Other: _____

Anticipated Interventions (check those you plan to use in next 90 days of treatment):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Acceptance & Commitment Therapy | <input checked="" type="checkbox"/> Anger Management | <input type="checkbox"/> Behavior Management |
| <input checked="" type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Existential Psychotherapy |
| <input type="checkbox"/> Grief/Bereavement Psychotherapy | <input type="checkbox"/> Gestalt Therapy | <input type="checkbox"/> Interpersonal Psychotherapy |
| <input checked="" type="checkbox"/> Motivational Interviewing | <input checked="" type="checkbox"/> Pain Management | <input type="checkbox"/> Psychoeducation |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Skills Training | <input checked="" type="checkbox"/> Other: <u>Behavioral Activation</u> |

Active Behaviors & Symptoms Related to Treatment Goals to be Targeted in the next 90 days:

Depressed mood	Thoughts of death	Hopeless/helpless
Labile mood	Irritable	Pain
Other		

If 'hallucinations', 'delusions' or 'other' was selected above, specify below:

Recent grief over loss of limb/mobility concerns

Goal:			
Reduction/Stabilization of Psychiatric Symptoms			
Short Term Objectives, Interventions, Outcomes Next 90 Days:			
Objectives (Expected changes in behavior, mood, &/or thoughts. Must be concrete, observable and measurable by pt., staff, providers, or family)	Target Date	Intervention(s) Planned (Therapy approaches to be employed to achieve stated objective)	Discharge Criteria (Client-Centered Measurable Outcome)

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Patient score on GDS (Geriatric Depression Scale) will improve by 5 pts over the next 12 weeks.	04/03/2021	Will use CBT to confront cognitive errors that underlie clinical depression.	Mood stabilized/optimized and treatment compliance improved per staff report.
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Goal:

Maintain highest possible level of functioning

Short Term Objectives, Interventions, Outcomes Next 90 Days:

Objectives (Expected changes in behavior, mood, &/or thoughts. Must be concrete, observable and measurable by pt., staff, providers, or family)	Target Date	Intervention(s) Planned (Therapy approaches to be employed to achieve stated objective)	Discharge Criteria (Client-Centered Measurable Outcome)
Patient will recall and articulate 3 positives that give meaning/purpose to his life in 4 weeks.	02/03/2021	Will use ACT and Motivational Interviewing to attain and maintain highest practicable physical, cognitive, and psychosocial functioning.	Improved sense of worth and meaning in life per self report and as evidenced by rising score over baseline measure on the Rosenberg Self Esteem Scale.

Goal:

Adaptation to loss of limb/leg & mobility.

Short Term Objectives, Interventions, Outcomes Next 90 Days:

Objectives (Expected changes in behavior, mood, &/or thoughts. Must be concrete, observable and measurable by pt., staff, providers, or family)	Target Date	Intervention(s) Planned (Therapy approaches to be employed to achieve stated objective)	Discharge Criteria (Client-Centered Measurable Outcome)
Pt. will be void of any remaining thoughts of self-harm in 2 weeks.	01/17/2021	Will use anger management and pain management to promote coping strategies to help reduce acute symptoms that drive despair and reactionary behaviors in patient.	Reliable and effective employment (out side of session) of 3 new coping strategies to manage anger/irritability and 3 new coping strategies to manage physical pain.

Methods of Monitoring Progress/ Outcomes Next 90 Days Include:

Clinician Observation Pt Report Staff Report Family Report Assessment/Screening Tools Psychological Testing
 Other: _____

Current Patient Functional Strengths (check all that apply):

Motivated for therapy Intelligent Insight into symptoms Verbal Judgment adequate Memory intact
 Other: Very supportive spouse and two adult daughters involved in care.

Overall Prognosis: Other **If Other, Specify:** Gaurded

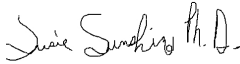
The resident, his or her designated representative, and/or the facility staff have participated in the development of this behavioral health treatment plan and can request a copy of the plan. Yes

Comments:

Client and this writer phoned spouse during session to inform her of treatment plan. She confirmed her commitment to augment treatment and participate in family therapy if and when medically necessary.

TREATMENT/SERVICE CERTIFICATION

I hereby certify the above information is true and correct and that psychotherapy is medically necessary to treat the identified Dx/condition:

Susie Sunshine, Ph.D.	Ph.D.	FL12345		01/06/2021
Clinician Name	Credentials	License #	Signature	Date