BEHAVIORAL HEALTH CLINIC, LLC
123 Main Street
Anywhere, US 12345-6789

Date of Exam: 9/22/2016
Time of Exam: 12:07:29 PM

Patient Name: Mary Golden
Patient Number: 123456
Patient DOB: 9-6-1977

Outpatient Treatment Plan

A treatment plan was created or reviewed today, 9/22/2016, for Mary Golden.
Meeting Start: 1:00 PM - Meeting End: 1:20 PM
This was an Initial Treatment Team Meeting.

Participant(s) Developing the Plan:
Susan Lobao (Counselor)
Mary Golden (Client)

Diagnosis:
Major depressive disorder, single episode, severe without psychotic features, F32.2 (ICD-10) (Active)
Anxiety disorder, unspecified, F41.9 (ICD-10) (Active)

Current Medications:
#1) Prozac 40 mg PO BID
#2) Ambien 10 mg PO QHS PRN

Problem / Needs:
Problem / Need # 1: Anxiety
Problem / Need # 2: Depressed Mood

Problem / Need: Anxiety

PROBLEM: Anxiety
Mary's anxiety has been identified as an active problem that requires treatment. It is primarily evidenced by:
History of Anxiety: Details as follows:
*With History of Treatment
*Was Not Prescribed Medication

LONG TERM GOAL:
Mary will reduce overall level, frequency, and intensity of anxiety so that daily functioning is not impaired.
Target Date: 12/20/2016

SHORT TERM GOAL(S) & INTERVENTIONS:
Short Term Goal / Objective:
Mary will learn and practice at least 2 anxiety management techniques with goal of decreasing anxiety symptoms to less than 3 times per week
Duration: 3 weeks Progress: Plans to start soon
Target Date: 10/6/2016 Completion Date: _____ Status: _____

Intervention:
Therapist/Counselor will teach and support Mary to learn and be able to verbalize at least 2 communication strategies that can help decrease anxiety to the point where anxiety will occurs less than once per day. Initials: LCSW Progress will be monitored and documented.

Short Term Goal / Objective:
Mary will work with therapist/counselor to help expose and extinguish irrational beliefs and conclusions that contribute to anxiety.
Frequency: once per week Duration: for 45 minutes Progress: Working on
Target Date: 10/6/2016 Completion Date: _____ Status: _____

Intervention:
Therapist/Counselor will provide therapy to help Mary expose and extinguish irrational beliefs and conclusions that contribute to anxiety. Progress will be monitored and documented.
Frequency: once per week Duration: one hour Initials: LCSW

Short Term Goal / Objective:
Mary will work with therapist/counselor to identify conflicts from the past and the present that form the basis for present anxiety.
Frequency: once per week Duration: for 45 minutes Progress: Working on
Target Date: 10/6/2016 Completion Date: _____ Status: _____

Intervention:
Therapist/Counselor will assist Mary in developing reality based, positive cognitive messages that will increase self confidence and thereby decrease anxiety. Progress will be monitored.
Frequency: once per week Duration: one hour Initials: LCSW

Problem / Need: Depressed Mood

PROBLEM: Depressed Mood
Mary's depressed mood has been identified as an active problem requiring treatment. It is evidenced by:
Depressed Mood: Details as follows:
*Present All the Time
*Complaints of Feeling Sad or Empty
*Expressed Verbally and Through Behavior

LONG TERM GOAL:
Mary will report depressed mood less than once a week.
Target Date: 12/20/2016

SHORT TERM GOAL(S) & INTERVENTIONS:
Short Term Goal / Objective:
Mary will identify be able to explain personalized causes of depression.
Frequency: once per week Duration: for one hour Progress: Working on
Target Date: 10/6/2016 Completion Date: _____ Status: _____

Short Term Goal / Objective:
Mary will keep a journal to express thoughts and feelings relating to the loss. This will help Mary learn about the relationship between feelings and moods and identify and explore moods as they are experienced. Share journal with therapist weekly with the goal of depressed mood occurring less than 4 times per week.
Duration: two weeks Progress: Working on
Target Date: 10/6/2016 Completion Date: _____ Status: _____

STATUS:

9/22/2016: The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with her in developing this Treatment Plan.

SNAP: Golden, Mary has identified the following strengths, needs, abilities and preferences as well as goals and desired accomplishments. This information will be used in the development of the patient's personal achievement agenda.

Strengths:
*A stable environment
*Supportive spiritual beliefs.

Needs:
*An explanation of my diagnoses.
*Help in managing my feelings.

Abilities:
*I am able to ask for help from others.
*I can accept and act on advice from others
*I can easily share my thoughts and feelings with others

Preferences:
*Individual Therapy

Specific Issues:
*Anxiety
*Depression

Goals: "I just want to feel better and enjoy my life."

TRANSITION PLAN

Refer to Psychiatrist/Prescriber: Alissa Collins, MD.

Barriers

Emotional problems interfere with treatment.
- Emotional problems will be dealt with via individual and/or group therapy.

Strengths

Mary's strengths include:

Relationship
- Appears to have healthy supportive relationships
- Spouse is currently supportive
- Family is supportive

Electronically Signed
By: Susan Lobao, LCSW
On: 9/22/2016 12:07:49 PM