

**BEHAVIORAL HEALTH CLINIC, LLC**

101 Caring Street  
Milieu, US 12345-6789

Date of Exam: 9/22/2019

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, 9/22/2019, 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)

**Problem / Needs:**

Problem / Need # 1: Anxiety

Problem / Need # 2: Depressed Mood

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**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: 12/20/2019

**SHORT TERM GOAL(S) & INTERVENTIONS:**

Short Term Goal / Objective:

Mary will learn and practice at least 2 anxiety management techniques with a goal of decreasing anxiety symptoms to less than 3 times per week

Duration: 3 weeks Progress: Plans to start soon

Target Date: 10/6/2019

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 occur 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: 10/6/2019

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: 10/6/2019

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

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**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: 12/20/2019

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

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: 10/6/2019

**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.

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**Strengths**

Mary's strengths include:

**Relationship**

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

**Barriers****Transportation**

- Mary does not have a vehicle and must utilize family and friends for transportation needs

**Electronically Signed**

**By: October Eve Boyles (Therapist)**

**On: 9/22/2019 12:07:49 PM**