

PSYCHIATRIC CLINIC  
123 Main Street  
Anywhere, US 12345  
555-678-9100

**Smith, Stacey**

ID: 1000010651905

DOB: 9-5-1998

10/30/2013

1:56:26 PM

**Treatment Plan**

**TREATMENT PLAN FOR STACEY SMITH**

**Treatment Plan**

A Treatment Plan was created or reviewed today, 10/30/2013, for Stacey Smith.

**Diagnosis:**

- Axis I: Anorexia Nervosa Restricting Type, 307.1 (F50.01) (Active)
- Axis II: Deferred Diagnosis 799.99
- Axis III: See Medical History
- Axis IV: Primary Support Group  
Social Environment
- Axis V: 60

**Current Psychotropics:**

- Prozac 20 mg PO QAM
- Abilify 5 mg PO QAM
- Ambien CR 6.25 mg PO QHS PRN

**Problems:**

Problem #1: eating disorder

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**Problem = EATING DISORDER**

Stacey's eating disorder has been identified as an active problem in need of treatment. It is primarily manifested by:

- Anorexia - with periods of fasting.
  - with excessive exercising.
  - with weight loss.

"I must stay lean to look beautiful on stage."

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**Long Term Goal(s):**

- Gain one pound a week until ideal weight is achieved.

Target Date: 6/11/2014

**Short Term Goal(s):**

Stacey will not have an episode of exercise lasting more than 15 minutes, per day, three times a week until her target weight goal has been achieved. (112 lbs.)

Target Date: 11/20/2013

**Intervention(s):**

Therapist will conduct individual therapy to help patient better understand psychological causes of eating disorder This will occur once per day and will last 30 minutes.

Clinician's Initials: LL

Therapist will help patient explore behavior and feelings that lead to eating abnormalities. This will occur once per day and will last 30 minutes.

Clinician's Initials: LL

Therapist will provide Cognitive Therapy to help expose and extinguish irrational beliefs and conclusions that contribute to eating abnormalities. This will occur three times per week and will last for 45 minutes.

Clinician's Initials: LL

**Status:**

10/30/2013: The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with him/her in developing this Treatment Plan.

The expected length of stay for this patient is Approx. 1 month.

The projected discharge date for this patient is 12/4/2013.

Continue with current therapist: Sandy Crowley.

Continue with current psychiatrist: Liz Lobao, (MD).

Expected step down services include: Advance to less restrictive environment as weight stabilizes.

Treatment Plan

Plan for transition/discharge: Transition to Partial Care Setting prior to discharge from this program.

SNAP: The patient 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.
- Education on improving my health.

ABILITIES:

- I am trustworthy.
- I have faith in God or a higher power.
- I care about my own well being and the well being of others.

PREFERENCES:

- Group Therapy
- Education Classes
- Individual Therapy

Specific Issues: "Understand why I need to be here in order to gain weight."

Goals: "I just want to feel better and go home."

Desired Outcome: "Feel healthy and have the ability to dance like the other girls in my studio."

The Brief Psychiatric Rating Scale (BPRS) is a rating scale that measures psychiatric symptoms such as depression, anxiety, hallucinations and unusual behavior. Sub scores are as follows:

Somatic Concerns: The degree to which physical health is perceived as a problem to the patient. 4 (Moderate)

Anxiety: The patient's report of worry, fear, or over concern for the present or future. 5 (Moderately Severe)

Depressive Mood: Despondency in mood, sadness. 6 (Severe)

Motor Retardation: Observed reduction in energy level evidenced in slowed movements. 5 (Moderately Severe)

Blunted Affect: Reduced emotional tone, apparent lack of normal feeling or involvement. 4

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(Moderate)

Total Score: 24

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**Comprehensive Treatment Plan Barriers**

Stacey's barriers include:

Emotional issues interfere with treatment.

- Emotional problems and concerns will be addressed during individual and group therapy sessions.

**Motivational issues interfere with treatment.**

- Assist in finding community support

**Comprehensive Treatment Plan Strengths**

Stacey's strengths include:

**Cognitive**

- Intellectually bright
- Verbally articulate
- Engaged in the treatment plan process.

**Spiritual**

- Has sustaining spiritual beliefs

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**Upon completion of Long Term Goal, Discharge or Transition Plan includes:**

Expected length of stay: Approx. 1 month

Continue with current therapist: Sandy Crowley

Continue with current psychiatrist: Liz Lobao, (MD)

Electronically Signed

By: Elizabeth Lobao LCSW

On: 10/30/2013 1:57:59 PM

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