

Treatment Planning

Kathleen Sheenan RN

Hillside Hospital

TREATMENT PLAN REVIEW

Patient Name: _____ I.D. #: _____ Admission Date: _____

Counselor
Signature: _____ Date: _____

Supervisor
Signature: _____ Date: _____

Physician
Signature: _____ Date: _____

RN
Signature: _____ Date: _____

CASE REVIEW

- Summarize progress, or lack thereof, in all problem areas identified in last treatment plan/review. Identify any new problem(s) to be addressed.
- Client is a 52-y/o single white female in treatment at LIJ MMTP since July 1993. She has been drug-free, as verified by her UA profile.
- Her appearance is appropriate, yet thin and she remains well groomed.
- She attends the clinic regularly as scheduled 2x/week on Tuesday and Friday-medical.
- Pt. continues treatment at LIJ oncology for metastasized colon cancer. She has a colostomy and receives chemotherapy.
- Client is also HIV positive and receives treatment at LIJ. She is prescribed Combivir and Viracept.
- She is no longer attending Hillside Day Hospital, due to her illness, yet she keeps in contact with several other patients in that program.
- Client is unemployed and disabled and she receives SSI. Her weekly clinic fee is paid by Medicaid.
- She lives alone in an apartment in Bayside. She receives additional assistance at home through LIJ.
- She has no disciplinary status at this time.
- Since the last review, Client switched her psychiatric care from Hillside Day Hospital to this clinic, as her progressing medical condition prevents her from returning there for treatment.

LIFE AREAS TO BE ADDRESSED

Addressed	Not Applicable	Deferred	Reason Deferred
Family			
Legal			
Education			
Housing			
Mental Health			
Medical			
Employment			
Alcoholism			
Substance Abuse			
Spirituality			
Leisure			
Sexuality			
Other (specify)			

TREATMENT SERVICES INCORPORATED INTO PLAN

Type Frequency

- | | | |
|-------------------------------------|-----------------------|----------------------------|
| <input checked="" type="checkbox"/> | Individual Counseling | ___1___ x per <u>month</u> |
| <input type="checkbox"/> | Group Counseling | _____x per _____ |
| <input type="checkbox"/> | Family Counseling | _____x per _____ |
| <input type="checkbox"/> | Other (Specify) | _____x per _____ |

Assets (from psychosocial assessment)	Liabilities (from psychosocial assessment)
Natural artistic talent	Extensive legal history
	H/O depression

The following treatment plan has been reviewed and discussed with the client.

Problem # 1

Problem Statement: Client has a 25-year history of opioid dependence

Long Term Goal: Maintain abstinence from opioids and all other illicit substances with a recovering lifestyle

Short Term Goals/Objectives	Target Dates
1. Continue in MMTP and take Methadone dose daily as prescribed	6 months
2. Safely transport and store take-home doses for personal use	1 week
3. Report any withdrawal or cravings to MD/social worker for dose review	1 month
4. Maintain therapeutic relationship with primary social worker	1 month
5. Maintain peer network that is supportive of recovery	2 months

Interventions/Activities

1. Monitor medication for compliance, side effects, and effectiveness
2. Monitor regularly scheduled urine toxicology results, including any necessary supervised specimens
3. Meet with client for individual counseling once per month for supportive services
4. Encourage continuation of mutually supportive family and sober peer contacts

Problem # 2

Problem Statement: Client is diagnosed with Major Depressive Disorder, which can complicate recovery

Long Term Goal: Maintain emotional stability with diminished symptoms of Major Depression

Short Term Goals/Objectives	Target Dates
1. Keep all appointments with Dr. Deborah Deliyannides for medication management	3 months
2. Report any exacerbation of symptoms (depressed mood, anhedonia, sleep/appetite changes, fatigue, etc.) to social worker and psychiatrist	1 month
3. Take psychotropic medications (Doxepin, Lexapro, Neurontin) as prescribed by psychiatrist and report any side effects	1 week

Interventions/Activities

1. Encourage the client to express verbally her feelings of depression to Dr. Deliyannides
2. Encourage client to comply with psychiatric medication regimen
3. Help client to understand the importance of complying with psychiatric care

Problem #3

- **Problem Statement:** Client has multiple medical conditions (HIV, colon cancer, colostomy) that can complicate recovery
- **Long Term Goal:** Maximize physical health and reduce the impact of medical problems on recovery and relapse potential

Short Term Goal/Objectives	Target Dates
1. Meet with physician at LIJ IDC for ongoing monitoring of HIV status	3 months
2. Take medications (Combivir, Viracept, OxyContin) as prescribed	1 month
3. Meet with LIJ oncology department physicians for ongoing cancer care and chemotherapy	3 months
4. Care for medical devices (colostomy, pick line) as recommended by oncologist	3 months
5. Maintain home health care for additional help at home	6 months

Interventions/Activities

1. Encourage client to comply with medical recommendations regarding serious medical concerns
2. Encourage client to ask physicians for information about her illnesses and to participate in decisions regarding medical treatment
3. Maintain contact with oncology social worker, Sharon Lerman, to discuss client's status

SUMMARY

- The above treatment plan has been reviewed and discussed with this client.
- Discussion has included instructions regarding the safe transport and storage of methadone and other medications, which are for the client's use only.
- Additionally, this client's pick-up schedule has been reviewed by the clinic MD. It is the doctor's judgment that the risk of diversion is outweighed by the rehabilitative benefits of any take home medication received by this client.

Discharge Criteria

- Client will attain at least six months of total abstinence and recovery before client will be deemed appropriate for voluntary discharge.