



Treatment Plan

Data Entry User Name: Claire Mendenhall

Last Updated By: Claire Mendenhall

**PROBLEM:** Date Opened: 5/15/2013 Status: ADDRESS Date Due: Date Closed:  
Assigning Staff: Unknown  
Depression

Goal

Date Opened: 5/15/2013 Status: ADDRESS Date Due: 11/15/2013 Date Closed:

Recognize, accept, and cope with feelings of depression.

Objective

Date Opened: 5/15/2013 Status: ADDRESS Date Due: 11/15/2013 Date Closed:

Learn and implement problem-solving and/or conflict resolution skills to resolve interpersonal problems.

Intervention

Date Opened: 5/15/2013 Status: ADDRESS Date Due: 11/15/2013 Date Closed:

Help the client resolve depression related to interpersonal problems through the use of reassurance and support, clarification of cognitive and affective triggers that ignite conflicts, and active problem-solving.

**Allowable Services:** ROGRESS NOTE; MHS INDIVIDUAL PSYCHOTHERAPY; MHS TREATMENT PLAN DEVELOPMENT; MHS CASE MANAGEMENT; MHS PSYCHOSOCIAL REHAB INDIVIDUAL; MHS CRISIS INTERVENTION; MHS LOCUS (CASE MANAGEMENT); MHS PSYCHOSOCIAL REHAB GROUP; MHS THERAPY INDIVIDUAL; MHS THERAPY FAMILY SESSION; MHS THERAPY GROUP; MHS CLIENT CENTERED CONSULT CASE MGMNT; MHS ASSESSMENT; MISSED VIS

Objective

Date Opened: 5/15/2013 Status: ADDRESS Date Due: 11/15/2013 Date Closed:

Identify and replace cognitive self-talk that is engaged in to support depression.

Intervention

Date Opened: 5/15/2013 Status: ADDRESS Date Due: 11/15/2013 Date Closed:

Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressive perceptions/beliefs.

**Allowable Services:** ROGRESS NOTE; MHS INDIVIDUAL PSYCHOTHERAPY; MHS TREATMENT PLAN DEVELOPMENT; MHS COMMUNITY SUPPORT INDIVIDUAL; MHS COMMUNITY SUPPORT GROUP; MHS CASE MANAGEMENT; MHS PSYCHOSOCIAL REHAB INDIVIDUAL; MHS CRISIS INTERVENTION; MHS PSYCHOSOCIAL REHAB GROUP; MHS THERAPY INDIVIDUAL; MHS THERAPY FAMILY SESSION; MHS THERAPY GROUP; MHS ASSESSMENT; MISSED VIS

# ROSECRANCE MENTAL HEALTH TREATMENT PLAN

Client: Dulberg, Paul

Guardian:

QMHP: Claire Mendenhall, LPC

ID#: 75964

Physician/LPHA:

Case Manager: Claire Mendenhall, LPC

**DSM:** I. 296.32 Major Depression, Recurrent,  
 II. V71.09, no diagnosis  
 III. Per client, Chronic Pain both arms and neck creating spasm down back and left leg  
 IV. Economic, Community Integration, Social Interaction, Legal. Education, Social Support, Occupation  
 V. 47

## STRENGTHS

Considered very tolerant but this is decreasing in past few years - tired, engaged in treatment, opening about prior trauma/acute stress. Creative, can come up with creative solutions. Survivor – not willing to give up.

I acknowledge by my signature that the process for developing, reviewing and modifying the content of my ITP has been explained to me. I further acknowledge that I have participated in the development of my plan. I have been offered a copy of and/or have direct access to this ITP. I have been asked if I want a family member or another individual(s) involved in my treatment planning.

☐ Yes, a family member or others were involved  
 I have been offered a copy of my Treatment Plan: X ☐ accepted ☐ declined  
 x No, I do not wish family or anyone else's involvement

_____ Client Signature	_____ Date	_____ Guardian Signature (if applicable)	_____ Date
_____ LPHA/Physician Signature	_____ Date	_____ QMHP Signature	_____ Date
_____ Case Manager Signature	_____ Date	_____ Other	_____ Date

## \*\*\*\*\*COMPLETE SECTION BELOW IF THERE IS NO CLIENT SIGNATURE\*\*\*\*\*

I affirm that I explained to this client the process for developing, reviewing and modifying the content of the Treatment Plan. I have offered a copy of the Plan and/or direct access to the plan. I have asked if the client wants his/her family or other individuals involved in Treatment Planning.  
 Reason for no consumer signature and efforts to obtain signature:

Reason for refusal:

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

worksheets, and self-compassion exercises.	Therapy/Counseling – Individual/Group, Frequency: Weekly Group/Individual sessions every 2-3 weeks		
I will attend and participate in Dialectical Behavior Therapy completing skills card/logs and homework.	Staff: Claire Mendenhall LPC Service: Therapy/Counseling - Group Frequency: Weekly	5/12/12	New
I will attend and participate in Cognitive Behavior Therapy groups completing Cognitive Distortion Logs and homework.	Staff: Claire Mendenhall LPC Service: Therapy/Counseling - Group Frequency: Weekly	5/12/12	New
I will follow through on psychiatric referrals, be compliance in medication as prescribed, and report any issues to my treatment team	Staff: Claire Mendenhall LPC Service: Therapy/Counseling - Individual, Client Centered Consultation, Case Management, and Community Support-Individual Frequency: Monthly	5/12/12	New
Client, case manager, and other treatment providers will collaborate in creating additional financial support, educational resources, and service linkage for housing, finances, and vocational engagement.	Staff: Claire Mendenhall, LPC Service: Community Support – Individual and Case Manage Therapy/Counseling - Individual, Client Centered Consultation, Case Management, and Community Support- Individual Frequency – Every other week	5/12/12	New
I will work to expand my living, socialization, and vocational skills by following through on planning strategies, creating a supportive resource team, and goal setting with small steps to achieve objectives then goals.	Staff: Claire Mendenhall, LPC Service: Therapy/Counseling - Individual, Client Centered Consultation, Case Management, and Community Support-Individual Frequency – Every two to three weeks	5/12/12	New
With my therapists, I will address past trauma and grief through integration of coping skills before discussing details of trauma and/or grief.	Staff: Claire Mendenhall, LPC Service: Therapy/Counseling - Individual, Client Centered Consultation, Case Management, and Community Support-Individual Frequency – Every two to three weeks	5/12/12	New

9:00 AM