

TREATMENT PLAN
JOAN'S TREATMENT PLAN
DARLINE BARON
NYACK COLLEGE
PROFESSOR INGYU MOON

JOAN'S TREATMENT PLAN

Name: Joan Gay

Date: February 19th, 2020

Referral Source: Zucker Hillside Hospital

Family members involved: Joan's daughter Kathy is her only family

Background and history of client(s) and/or family: Joan has a history of multiple of hospitalizations, which include Kingsboro and Creedmoor from 2010 to 2013. She has a history of non-compliance with her medications which results in decompensation and increase in symptoms of auditory hallucinations which patient describe as "static" and visual hallucinations which she describe as "shadows", increase of paranoia and delusions. She feels other clients conduct spiritual voodoo and causing shadow to appear, she also believed that her medications have been tampered with. Joan at times can behave in a disruptive when she decompensates. The client does not have a history of suicidal or homicidal ideation or attempts. Joan currently has a daughter; due to all the issues she faced in her life she does not discuss her family. Joan denies any sexual and physical abuse and has no social support. Joan is very guarded regarding her education and employment: nor does she inform that she has a high school diploma. The client does not have a history of criminal activities. Joan has been at Creedmoor Psych Center since 2010, Milestone Residence 2011 and now currently living at the ICL Residence until she receives housing.

Outside Agencies and systems affecting the family: Joan is currently receiving outside services from her ACT Team, AOT orders and Health Care Choice: where she receives her mental health services.

Strengths of Client(s) and family: Joan always appears to be calm and relaxed.

Barriers to progress: The client is not ready to give up smoking

Family's description of the presenting Problem: Joan lost her husband in a car accident while he was picking him up from her daughter's school in a meeting on a rainy night. She was also robbed at gun point at a grocery store.

Assessment tools: Active listening, supporting and empathizing

DSM Diagnosis (if applicable): Schizophrenia, paranoid type and Depression:

According to the DSM 5 schizophrenia's disorder the client present to struggle with being delusional and having hallucinations. Her level of functioning is significantly long term lowered compared to the previously achieved level. Joan also struggles with depression, the DSM 5 indicates individuals who feel down and/or have lost interest in activities they previously enjoyed. This depressed feeling must occur daily for at least 2 weeks for a diagnosis to be given. In addition to a low or irritable mood a person may experience low energy, lack motivation, weight changes, sleep changes, negative thoughts, lack of focus and avoid activities.

Theoretical formulation of the problem: Joan is a 67 year old single female who was admitted at the Zucker Hill Side Hospital due to her mental illness of Schizophrenia paranoia symptoms including believing someone at work was attempting to kill her by poisoning her food, and she also struggle with depression. Joan communicate with her daughter Kathy who is 45 years old who is her only family support that helps to take care of her needs. Joan husband passed away due to a car accident while they were coming from their daughter's school meeting. Joan constantly at times feel that it's her fault that her husband died due to her asking him to pick her up at the school on a rainy night. She blames herself for not calling a taxi cab home instead of the husband leaving the house to pick her up from the meeting. Kathy also blamed herself for losing her dad at a young age and also faces PTSD and depression. Joan experienced constant delusional and hallucinations; she is with worsening with psychotic symptoms after Joan was being robbed at gun point at the grocery store. From the robbery she developed PTSD and depression. From then Joan has not attended to see her doctor from December 2007, and she attends until August 2008 or has she been taking any medications that is prescribed to her by her doctor. Joan continues to seek psychiatric treatment after her trauma. Joan began treatment for depression and was taking, Valium, taking 13 pills, at some point. Joan this may have been a possible suicide attempt, but the true nature of this episode was not clear. Joan has a past history of at least one the violent episode, in which she beat her daughter with a telephone. Her psychotropic medications include Lexapro for depression, Klonopin for anxiety and Seroquel for psychosis. Joan's social worker will meet with her on how to engage her with her PTSD, depression and how her death impact affected Kathy. She continues to live at the ICL Livonia residence where she receives her supportive treatment.

Goal 1- Joan will show improve adherence with her medication in order to better manage her mental health.

- **Objective 1:** Joan has been meeting with her Therapist on a consistent basis as well as getting her IM injections as scheduled. Client expressed she does not know why she's on her IM. She was encouraged to continue to take her medication to ensure her stability within the community.
 - **Intervention 1:** Therapist will meet with client to discuss the importance of taking medications, keeping her appointments with her providers to improve her overall mental health.
 - **Intervention 2:** Therapist will meet with client to assist the client in understand and discuss any medications issues with her clinical team.
 - **Intervention 3:** Therapist will meet with Kathy to encourage Joan to take her IM as prescribed, and take her oral medications as prescribed.

- **Objective 2:** Joan has struggled with identifying her symptoms. She reported she hears things from times to time.

Goal 2: Joan will continue to be educated on her diagnosis and her symptoms she may experience in order to begin to demonstrate the ability to better manage her symptoms.

- **Intervention 1:** Therapist will meet with Joan to assist in recognizing her symptoms of her mental illness.
 - **Intervention 2:** Therapist will meet with client to help identify 3 benefits of recognizing her symptoms of her mental illness.
 - **Intervention 3:** Therapist will meet with Kathy and Joan to help utilize resources provided by her educates Joan on symptoms of her mental illness.
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- **Objective 3:** Joan has struggled with attending to her medical appointments.

Goal 3: Kathy will accompany Joan to continue attending to her medical appointments to ensure she is in good health.

- **Intervention 1:** Therapist will meet with client in assisting her in obtaining a physical examination at least once a year.
- **Intervention 2:** Therapist will meet with client to help identify 3 ways of benefiting from a physical exam once a year.
- **Intervention 3:** Therapist will meet with Kathy to encourage Joan to have her input in scheduling her medical and psych appointments.

Date of Next Review: 4/1/20

Termination Criterion and Plan for Termination: When terminating with a client the first step is to “Understand the Process”. Usually the termination starts with a discussion whether it might be a good time to end therapy services. Then, the discussion, if both parties agreed is to end therapy, a date that is chosen. The second step is to “Bring It up Early”. It’s best to start the termination process early, far earlier than most clients. It gives you time to get comfortable with the idea, and it gives your mind time to get anxious: anxiety that can deal with in your continuing psychotherapy sessions. The third step is to “Pick A Final Session Date”, It’s best to choose this date together, to ensure it’s not too early or that it doesn’t interfere with some other commitment either one of you may not know about. The fourth step is to “Let It Out”, the client will experience mixed emotions about the end of the relationship with the therapist. But that’s okay, it’s even better if you find a way to express those feelings to your therapist. The fifth step is to “Anger and Anxiety Are Normal” It’s perfectly normal to feel anger, anxiety, or a host of other emotions after your therapist has suggested. The sixth step is to “ask questions if you have them”, ask questions you might have, since this may be the last chance you have to have a mental health professional’s opinion. The seventh step is to “Knowing If you’re Not Ready”, if you’re not ready to end it: due to for instance, you believe you have more work to do or more to learn it’s okay to say so. Most therapists will respect your sense of whether it’s “right” or not and continue working with you. The eighth step is to “It’s Done Face-To-Face”, it’s usually best to have one last final goodbye. It helps with “closure,” as therapists like to say. The ninth step is to “The Final Session”, ready to move on with life. Especially long-term or close therapeutic relationships could end with tears and a hug. Shorter-term, therapy will often end like, with a handshake and best wishes. And the last step is “Termination Is Not the End”, the word suggests an ending, termination really is the start of a new beginning for you. All good things must come to an end, and that includes psychotherapy.

