

# Treatment Plan

**Name:** Roland, David

**Date:** 12/12/2020

## DSM 5 Diagnosis

*Paranoid Schizophrenia F20.0*

*Post-traumatic stress disorder, unspecified F43.10*

## **History of Presenting Problem:**

Mr. Roland has been homeless for 9 years starting from 2011, he was hospitalized at Bellevue Hospital in 2018 for showing aggressive behavior towards a woman on the A train. It was reported that Mr. Roland and the woman passenger were on the same A train cart. The woman made eye contact with Mr. Roland which triggered him, and he became aggressive. Due to his diagnosis of paranoid schizophrenia; Mr. Roland states that the woman was looking at him and was planning on killing him. Mr. Roland states that his "father" (voice in his head) told him to hit the lady because she was plotting to kill him. Mr. Roland's father passed away when he was 10 years old, according to previous psychosocial at Maimonides CPEP Hospital, When Mr. Roland was 16 years old he was hospitalized for suicidal ideations. His mother reported to the hospital that Mr. Roland was sexually abused and was a victim corporal punishment. Mr. Roland always feared his father and his mother were victims of intimate partner violence.

## **Patient strengths:**

Mr. Roland is a very independent man. He is very calm despite his violent history when he is triggered by his racing thoughts due to Schizophrenia and PTSD. Mr. Roland is now in supportive housing which is a big strength as he has stable housing and no longer is at risk of homelessness and traveling from shelter to shelter. Mr. Roland is receiving SSA and SSI and receiving support in money management at Frederick Housing as well as medication monitoring , case management and doctor appointment coordination.

## **Patient barriers to progress:**

The barrier for progress is Mr. Roland's diagnoses of Schizophrenia. Mr. Roland believes his father lives and is always telling him what to do. Mr. Roland as many others that suffer from mental illness have the risk of always experiencing decompensation. Decompensation occurs when the medication for your diagnosis is no longer working the way it should or when you experience a stressful situation or trigger.

## **Problem 1**

**Client Goal 1 :** Diagnosis include *Paranoid Schizophrenia F20.0 (A disorder that affects a person's ability to think, feel, and behave clearly* and *Post-traumatic stress disorder, unspecified F43.10 (Post-Traumatic*

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*Stress Disorder, Unspecified. It is an anxiety disorder that develops in reaction to physical injury or severe mental or emotional distress.*

## **Objective 1**

Mr. Roland will be compliant in attending his appointments with his psychiatrist monthly and will have a mental health evaluation every six months.

**Intervention:** Case management/ appointment coordination

## **Objective 2**

Mr. Roland will continue to be compliant with taking his psychotropic medications.

**Intervention:** Medication monitoring will be provided by the medication coordinator at Fredrick house.

## **Objective 3**

Mr. Roland will obtain a referral from his psychiatrist to attend individual therapy with a psychologist.

**Intervention:** Individual Therapy will help Mr. Roland build coping skills and help him identify processes and resolve feelings and concerns.

## **Problem 2**

Client Goal 2- Mr Roland does not have good social skills. Mr. Roland tends to isolate himself from others and keeps to himself. This can pose a risk of developing depression or social anxiety.

### **Objective 1**

Mr. Roland will be encouraged to engage in social activities in the building to get to know staff and the residents of Frederick House.

### **Objective 2**

Mr. Roland will follow up with his social worker on a weekly basis for individual sessions. Mr Roland will also participate in group sessions with his peers and social workers.

### **Objective 3**

Mr. Roland is interested in joining a Senior Day program in which he can participate in recreational activities and meet new people. Due to COVID-19 this will be held remotely during the meantime.

Frederick house can provide IPADS for Zoom meetings if needed.

## **Problem 3**

Client Goal 3- Due to Mr. Roland experiencing homelessness for a long time, he is not accustomed in maintaining good hygiene and needs assistance completing his ADL's (Activities of daily living).

### **Objective 1**

Mr. Roland will maintain his room clean and neat.

**Intervention:** Mr. Roland will receive assistance from Frederick House cleaning service in order to help him reach this goal. Mr. Roland's social worker will make bi-weekly visits to observe his room.

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## Objective 2

Mr. Roland and social worker will work together to obtain home care services. This will benefit Mr. Roland maintain a clean room, complete his ADLS and practice good hygiene. Mr Rolan can also benefit from home care service by having an escort to his doctor appointments.

**Intervention:** Social Worker will start the process by calling Medicaid Choice and setting up a nurse evaluation for Mr. Roland.

## Psychotropic Medications?

Mr. Roland is currently receiving Haloperidol injection monthly and Klonopin (clonazepam) for anxiety.

## Do you want your family involved in treatment? Yes or No?

According to records from past psychosocials and collateral information from previous shelters, Mr Roland has been residing in; he has no family alive. Mr. Roland disclosed that he has no friends or support, his only support was his mother and father.

**Date of Next Review- 06/12/2021**

## Termination Criterion and Plan for Termination

Due to Mr. Roland being a resident in supportive housing there is no plan of termination. Social Worker and Mr. Roland will update the service plan every six months in order to review goals and progress. This is also an opportunity for Mr. Roland and his social worker to identify new goals.

## Signature of Therapist



**Lucero G. Gonzalez**

## Signature of Supervisor



# Treatment Plan

Maya Rovner, MSW

Signature of Psychiatrist

A handwritten signature in black ink, appearing to read 'Joanne Blisset', written in a cursive style.

Joanne Blisset M.D