

Treatment Plan

Client Name: _____ Laura Mickity _____ **Client ID:** _12345_ **DOB:** _____ 10/23/1998_

Therapist Name: Chanel N. Person

Treatment Plan Start Date:

3/08/2023 _____

Treatment Plan Review Date:

3/22/2023 _____

Treatment Plan End Date (Est):

5/04/2023 _____

Presenting Problem/Concerns:

Client agrees to therapy due to recent increase in anxiety symptoms, panic attacks, asthma attacks, and bouts of depression. Client will experience symptoms of disturbed sleep patterns where she will not sleep for 3-4 days a month and then have vivid nightmares due to lack of sleep. Client states, "I avoid getting food items that I can't find or reach so I don't have to ask anyone for help because I would seem annoying and they might judge me."

Strengths & Resources: Client has the support of her husband and parents and enjoys painting and arts and crafts outside of her tattoo art. Client also enjoys researching random fun facts about animals and mental health and reports that she has over \$15,000 saved due to her discipline to budget her money well. Client maintains two jobs and budgets her and her Husband's income to save for a future house.

Goals (What the person wants to achieve in treatment)

"I want to stop avoiding people and making it difficult on myself when I simply want to go food shopping and ask for what I need without feeling like a burden to someone. I also want to stop making excuses for not finding time for self-care and doing things I used to love to do but don't do anymore." Possible Goal: Learn to write down self-talk affirmations and deep breathing exercises to do before going food shopping and repeating this exercise 3x before approaching one person for help. Doing this exercise before every food store errand.

Objectives (Steps to achieve the goals)

Based on the above comments that were made from the client these were the treatment recommendations that were discussed with the client. Agreeing to maintain cognitive-behavioral individual therapy once a week. Additionally, the tentative short term goals of treatment are, writing down self-talk affirmations and deep breathing exercises to do before going food shopping and repeating this exercise 3x before approaching one person for help. Doing this exercise before every food store errand. The client will also plan a monthly self-care activity within budget for 1-hour a week such as a massage or arts and crafts to reduce anxiety symptoms. The last short term goal will be to carry a scrapbook and every time a client does research on a desired topic she will document it and draw it out in the scrapbook. This activity will give the client a hobby to look forward to doing throughout the week and alleviate any sudden panic attacks. These goals will be monitored and updated every 2 weeks throughout the individual therapy sessions

Therapeutic Interventions: (Actions of the Clinician)

Therapist will work to develop trust, and rapport. Will provide support and empathy as a means of providing a safe environment. Therapist will explore other underlying causes of anxiety symptoms and possible on-set of depression. Therapist will also document everything discussed in every session with attentive and active listening.

Therapist Signature: *Chanel N. Person*

Client Signature: *Lauren Mickity*
