Darcia Prince
SWK:770
Evidenced Based Practices in Mental Health
Prof. Anderson Yoon

Evidence Based Treatment Plan

Outpatient Treatment Plan

Plan Type: Initial Treatment Plan

Treatment Plan Date: 4/20/23

Treatment Plan Review Date: 4/20/24

Participants: Darcia Prince: Social Worker

John James: Psychiatrist

Jane Doe: Client **(***client is in agreement with treatment plan)

Client Demographics:

Name: Jane Doe D.O.B: 1/2/96 Gender Identity: Female

Address: 1234 Sandy Lane, Jamaica Estates, NY 11434 Phone: 321-456-7890

Diagnosis: Anxiety Disorder, Unspecified Type-Primary Code: F 41.9 ICD-10

Formulation & Plan: Client is a 26 year old male, referred by primary care physician for treatment of generalized anxiety. The client's presentation on interview and review of medical/psychiatric records indicate history of chronic/excessive fear/ worry (mainly about finances) sleeping difficulty, and frequent panic attacks for the past several months, thereby, resulting in significant impairments in daily/overall functioning. He currently meets DSM- criteria for Generalized Anxiety Disorder.

Treatments: Will target reduction in symptoms by utilizing treatment modalities such as MI, CBT, and task-centered exercises. Additionally, cultural beliefs and practices will be used to guide/inform treatment. Client will benefit from medication management, maintain a "worry journal;" regular assessment of anxiety levels with Penn State Worry Questionnaire and/or Beck Anxiety Inventory; cognitive restructuring around negative beliefs that reinforce anxiety; and practice of relaxation techniques, such as progressive muscle relaxation and breathing exercises. Prognosis is good, given the evidence for efficacy of CBT for anxiety disorders generally (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012).

Current Medications: Prozac 40 mg PO BID, Ambien 10 mg PO QHS PRN

Strengths: Include willingness to engage in treatment, supportive family, employment, religious/cultural beliefs unremarkable physical health, housing stability.

Limitations: Include relatively low stress coping skills, frequent migraines (likely stress related), and relative social isolation (partly due to some anxiety about social skills)

Problem: Anxiety

Long Term Goal: Client will reduce overall level, frequency, and intensity of anxiety so that daily functioning is not impaired. **Target Date: 4/20/24**

Treatment Goal #1

"I want to decrease my anxiety, so I can live my life without unnecessary worry and fear!."

Objectives for Goal #1

(I)Client will describe at least 2 situations, thoughts, feelings, and actions associated with anxieties and worries, and related impact on functioning

(I)Client will learn at least two new ways to cope with stressors.

(III)Complete mutually agreed upon homework activities at least 50% of the time over the next four sessions.

Intervention

Therapeutic approaches will include Motivational Interviewing, CBT, and Task Centered exercises. Homework activities to be completed outside of therapy sessions will be discussed with the client each week and resources such as web links, apps, & exercises will be shared.

Plan: Individual Psychotherapy: 1x weekly: 45 mins, to help client restructure negative beliefs that reinforce anxiety, learn and implement coping skills to identify, process and resolve feelings and concerns.

Will re-evaluate treatment progress and adjust goals as needed after one month or 4th session.

Treatment Goal #2

Client will verbalize understanding of the cognitive, physiological, and behavioral components of anxiety and its treatment at least 2x per week for 3 months

Objectives for Goal #2

(I)Client will detail/describe at least 2- 3 past experiences of anxiety and impact on functioning

(II) Client will develop understanding of biological influences of anxiety disorder

(III) Client will develop ability to identify and control physical manifestations of anxiety

Interventions:

Therapist will utilize therapeutic approaches such as Motivational Interviewing, and Anxiety Disorders Interview Schedule–Adult Version) to solicit relevant feedback from client/assess focus, excessiveness, and uncontrollability of the worry and the type, frequency, intensity, and duration of his anxiety symptoms Additionally, therapist will provide relevant psycho-education about physiological manifestations of anxiety to promote increased awareness.

Plan: Individual Psychotherapy: 1x weekly-45 mins. Family Therapy: 1x monthly.

Will monitor progress and adjust goals as needed.

Treatment Goal #3

Client will learn/implement coping skills/strategies to manage anxiety symptoms 3 x weekly for 6 months

Objectives for Goal #3

(I)Client will identify at least 3 relevant calming/ relaxation techniques/ skills (e.g., applied relaxation, progressive muscle relaxation, cue controlled relaxation; mindful breathing, etc. that are helpful in managing incidences of anxiety

(II) Client will be able to self-soothe when anxious at least 2 times per week, for 3 months when experiencing anxiety attack

(III)Client will demonstrate increased ability to cope with anxiety at least 2x per week, by examining potential biases such as the probability of the negative expectation occurring, the perceived consequences of it occurring, and ability to control outcome

Intervention: Therapist will utilize CBT to challenge/restructure irrational belief system. Client will also be assigned homework exercise after each psychotherapy session which will require him to practice relaxation exercises/implement into daily routine-will document successes/failures. Additionally, therapist will discuss benefits of routine medication regimen and complete referral for psychiatric evaluation by psychiatrist.

Plan: Individual Psychotherapy: 1x weekly-45 mins. Medication Management: 1x monthly- 12 months

Transition Plan: Expected/Projected length of treatment is 12 months. Once Client begins to make progress towards attainment of treatment goals & objectives, treatment team will initiate “step-down” service and work to decrease the frequency of sessions. Upon discharge, client will receive a list of referrals to facilitate continuity of care and will be encouraged to follow-up, routinely with PCP.

Will monitor progress and update goals as necessary