

Treatment Plan

Date: 5/2/23

Demographic information: Client (MP) is an adult male recently discharged from a month of inpatient hospitalization and treatment. Client's background includes being from an urban area where he lived with his mother and sister. There is no history of mental or physical illness within the family; there is no mention of history of substance abuse within family.

DSM 5 Diagnosis: F20.9 Schizophrenia (First episode, currently in partial remission – pending on technical timeframe of admission and discharge.)

Client's strengths: Client's strengths and protective factors include presence of a family, presence of a partner in agreement with treatment. Client was able to communicate with his workplace about inability to work (albeit a bit unorthodox). Client is perseverant towards his goals, and despite presence of schizophrenic behavior, is committed to self-preservation and self-protection. Client's physical medical records indicate normal, functioning health. Client also has a spiritual connection/connection to spirituality. Client also has introvert personality which indicates depth of emotion, observation skills, and emotional sensitivity.

Client's barriers to progress: Client's barriers to progress includes having poor insight and lack of awareness; client's perception of reality is inaccurate. Client is at-risk of significant health decline due to lack of food ingestion. Client shows signs of non-compliance with treatment and has failed to complete necessary psychiatric follow-up. Client's family members seem to be unable to commit client to treatment and are at-risk should client be non-compliant with treatment.

Psychosocial Formulation of client's situation: Client was admitted to inpatient care/psychiatric unit after being sent by client's partner. Client's presentation at time showed significant symptomology including: difficulty sleeping, loss of appetite, considerable weight deficit, depressed mood, and presence of paranoid delusions and delusions of reference. Client exhibited apprehensive behavior, fatuous laughter, hesitancy, and family reports presence of violent and unsafe behaviors and patterns. Scale for the Assessment of Positive Symptoms (SAPS) and Brief Psychiatric Rating Scale (BPRS) administered to screen for schizophrenia/schizoaffective presentation.

Client has not received medication or appropriate treatment due to lack of diagnosis; this is client's first clinical intervention. Client will be further assessed for necessary treatment and intervention.

Problem 1: Client reports being suspicious and uneasy with others due to presence of people talking about him and insulting him.

Client Goal 1: Client wants to feel safe and less anxious when hearing people talk about him.

Clinical Goal: Increase behaviors that promote positive sense of self/increase self-esteem in social situations. (Able to sustain Weekly for period of 1 Month.)

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- **Objective 1:** Client will learn to identify moments of suspicion/uneasiness (emotional dysregulation).
- **Objective 2:** Client will identify stressors that cause challenging emotions (suspicion/uneasiness).
- **Objective 3:** Client will learn to identify and process her emotions.

Intervention: Client will receive Cognitive Behavioral Therapy (CBT) to identify the negative thought preceding the emotion and utilize Cognitive Restructuring to identify new ways of assessing the situation.

Problem 2: Client is having difficulty due to hearing voices of a man and woman engaging conversation with him.

Client Goal 2: Client wants to not engage with these persons and minimize presence of voices.

Clinical Goal: Increase behaviors that promote client autonomy and emotional regulation (in presence of distressing situations). (Able to sustain Daily for period of 1 Month.)

- **Objective 1:** Client will learn to identify moments of dysregulation due to stressors (presence of voices).
- **Objective 2:** Client will learn to regulate in the presence of stressors.
- **Objective 3:** Client will utilize coping skills and strategies at the presence of stressors.

Intervention: Client will receive Acceptance and Commitment Therapy (ACT) to learn to cope in the face of distressing situations; to not react but maintain a nonjudgmental, nonreactive stance towards their stressors.

Problem 3: Client is feeling apprehensive about being at the hospital.

Client Goal 3: Client wants to return to his normal life and be discharged from hospital.

Clinical Goal: Increase behaviors that promote client safety. (Able to sustain Daily for period of 1 Month.)

- **Objective 1:** Client will learn to identify moments of conflict (with medication).
- **Objective 2:** Client will learn to identify areas of ambivalence with treatment (medication).
- **Objective 3:** Client will learn to identify problems that might hinder discharge.

Intervention: Client will receive Compliance Therapy where discharge will be the motivation for patient discharge; client will also receive CBT to learn Problem-Solving skills so the client can identify solutions appropriate for implementation.

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Psychotropic Medications? Yes. Client was initially administered IM haloperidol 10 mg and IV diazepam 10 mg; then switched to IM midazolam 7.5 mg and IM haloperidol 5 mg for rapid tranquilization and to reduce aggression. Client was also prescribed Olanzapine 10 mg for Schizophrenia. Client was prescribed trihexyphenidyl 5 mg for tremors; eventually Olanzapine 5 mg.

*Client is expected to be discharged with IM flupentixol 40 mg (4 weeks) and Olanzapine 5 mg (daily).

Do you want your family involved in treatment? N/A

Date of Next Review: 8/2/23

Termination Criterion and Plan for Termination

For Client to meet criterion for termination, client will show cognitive-behavioral improvement in regard to his stressors and anxiety, conflict response. Client will also be able to better self-regulate their emotions in the face of stressors or show improvement at administration of screeners. Client will show growth in the level of achievement toward Goals and Interventions. Client must also have a certain level of treatment compliance to meet criteria for discharge, and is recommended for follow-up (which will also be a part of client's discharge plan). Client is recommended to continue psychotherapy and/or utilize psychosocial interventions in tandem with medication management and treatment.

Signature of Therapist

Signature of Supervisor

Signature of Psychiatrist

References

Dickerson, F., & Lehman, A. F. (2012). Evidence-Based Psychotherapy for Schizophrenia 2011

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