Client: Jane Doe Medicaid E assessment DOB: xx/m/1996

Outs of Service: 06/06/2012 Group name: IOP Organization: Shady Meadows

Start Time: Sam Stop time: 10:15am Bof group members present: 8.

Group Facilitator: Infin Wilson LMHP LADC Location: Omafia South Campus

53/HO/Saflety Risk: None reported today.

Mood/affect observed: Jane appeared anxious for most of session also fame facial muscles, persistent fidgeting with papers, their, pencil. However, by the end of session she also more releved sets by facial expression, posture, and eye contact.

Substance Use: Jame reported smoking one pack of cigaretters and 2-3 cups of office per day, timor her last sension... Her last reported manipums use is Way 1, 2002. No effect substance use was reported.

Ancillary/social supports utilized: Jane reported attending 1 NA meeting spice (adjustion).

Goals/Objectives addressed from individualized freatment (flam. Goalst) Prevent Relayse Objective 1. Identify triggers to using marituans.

Therapeutic Intervention: Provider facilitated a discoular on relapse prevention interventions. Group was asked to identify what symptoms often protection if an uran 17 use.

Member's response to interventions have decided any symptoms that precipitate her desire to smalle marissens, at first. Especially, after intering to other group member's give examples of their triggers, she responded that "Lien Wagety Serling Member or analogs about something when my desire to use is the strongest."

Progress Enwards goals/organized. Jame Mark/field a major trigger for her relayed prevention plan, analytic

Plan for next group will be to display/practice tools/fee/hrigues to minimize symptoms/triggers. Plan for individual session tomorrow at item and family session on Friday at 4pm. Provider will contact PCF to coordinate treatment and pre-minimize to rule out need for medication for symptoms and/or cravings.

Discharge Plan: Estimated length of stay: 4-6 weeks: Supports that will be in place upon discharge: NA. support group meetings. Parents will be home placement.

Group Facilitator Signature, credentials:

Dieta of Signature:

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SJ Ball

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Fundamentals of Psychiatric Treatment Planning James A. Kennedy,2008-05-20 First published in 1992 Fundamentals of Psychiatric Treatment Planning outlines an approach that quickly became the definitive standard for writing treatment plans Developed by clinical psychiatrist James A Kennedy this practical intuitive method organizes psychiatric problems into seven categories psychological impairment social skills violence activities of daily living substance abuse medical impairment and ancillary impairment Treatment plans are developed using information gathered with the Kennedy Axis V an instrument that has proven more successful than both the Global Assessment of Functioning GAF scale and the Brief Psychiatric Rating Scale BPRS in establishing baselines and determining outcome measures Fundamentals of Psychiatric Treatment Planning serves as a powerful highly effective tool that Promotes a cohesive approach By using a consistent approach to planning the clinical team works in concert toward uniform goals and outcomes Helps staff gather critical information to improve outcomes For establishing baselines and determining outcome measures the Kennedy Axis V instrument has proven more successful than both the GAF and the BPRS Includes many examples to help staff write their own plans Rich with real life examples to guide staff including problem names and descriptions treatment modalities and samples of individual plans for each of the seven problem categories In addition to the Kennedy Axis V questionnaire Fundamentals of Psychiatric Treatment Planning includes blank forms for treatment planning and tabbed sections to allow for quick reference New features in the second edition include the integration of nursing care plans into master treatment

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