



BONZE, BONZE ANNE ROSE
A00082793308 M000597460
05/01/1956 60 M
ED

Behavioral Services Unit - Adult Program

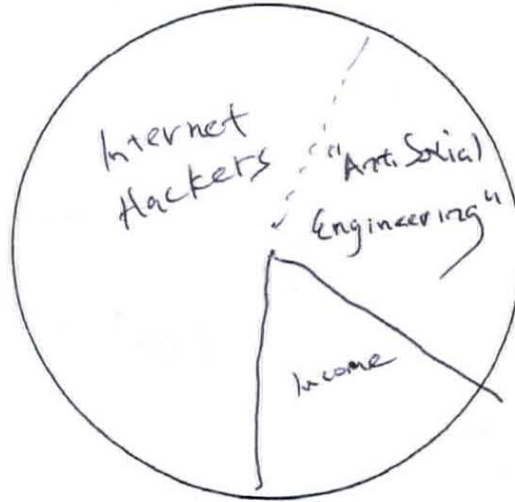
LEGALLY
'F'

INDIVIDUALIZED TREATMENT PLAN

The treatment team would like to know the problems you are currently experiencing so that we can most effectively help you. Please identify three problems you would like help with during your admission.

1. Harassment from "Internet Hackers"
2. Lets, and no, you folks cannot help me with these...
3. Need to increase income (A no, you don't have the funds + idea what I DO. R.L.)

Now divide the circle below into sections to rank the importance of each problem. For example, if family stressors are the most important problem you would like to address, divide the circle in half.



Received
1-24-17
@1355

In helping you to address these problems, please identify your strengths. Strengths include things you like about yourself, things you are good at, and nice things others say about you.

I'm "Tested to 60", perseverance in the face of adversity,
excellent upbringing by wonderful parents, and a GREAT
education at UT Austin (BA, High Honors), + 30 years exp in networking
starting with S&W as a Systems Programmer at Cornell University.

Family/partner/spouse/friends have an important role in your treatment. Please identify strengths of your family. Strengths may include things you do well together, things you enjoy doing, and family members who you feel supported by.

Both of my parents, Earl L. Saunders Jr. & Jean Cox Saunders, have
passed on. My brother doesn't communicate much outside of Facebook
but is generally supportive - Mike lives in Hayward CA, and has
promised to me \$10,000.

Otherwise, my beloved, Lenore Quins, called here on Monday 1/23/17,
and I hope to see her soon.

Sincerely,
Bonze Anne Rose Blyck
1/24/17

Behavioral Services Unit – Adult Program
CALMING PLAN

PURPOSE: To help our clients identify tools and techniques that can be used to reduce stress, anger and frustration.

Identify your triggers and warning signs: HARASSMENT / MENACING.
Suffer from PTSD (Kern Field diagnosed this)

Warning signs? I RAISE MY VOICE AND THAT IS ALL I DO.
INSTRUCTIONS: Please identify in each category what tools and/or techniques you could be encouraged to use when you are in a state of crisis.

1. Relaxation Technique(s): ✓
2. Physical Activity: walking
3. Low impact Activity: _____
4. Identify family members or friends you could speak to: _____
5. Call therapist or other emergency contact: Kern Field PhD
6. Snack on comfort food: _____
7. The one thing that is most important to me and worth living for is and why:
Fighting Nazism is the cause of Christian benevolence -
8. My favorite creative outlets are: Creative Writing & playing and composing music - NETWORKING on Facebook, LinkedIn etc
9. Write in my journal. Facebook? lol
10. Move to another location away from immediate stressor. HAVE THE MENACE REMOVED FROM MY location, thank you!
11. Identify places in your community that provide an escape from stress/crisis:
HOME - At 1668 Trumansburg Rd where I hope soon to resolve issues regarding repeated intrusions into my privacy.

During your stay you will be encouraged to use the COMFORT ROOM to help reduce stress and anxiety with the hope that you can incorporate these techniques into your stress management routine at home.

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Treatment Plan Review # 1 Date of Rev 1/7/17

OBSERVATION STATUS/PRIVILEGES:

15" 30" 1:1 Constant Observation COWA Comfort Room Computer Staff Pass
Comment(s): _____

DSM 5 Diagnosis: Psychosis NOS

TARGET PROBLEMS & TREATMENT PROGRESS:

- #1. psychosis it is refusing medication & participation in treatment, TOO granted by court on 1/3/17,
- #2. responding to internal stimuli, & groups, in behavioral control
- #3. _____
- #4. _____

SPECIAL CONSIDERATIONS:

SAFETY CONCERNS:

GROUP ATTENDANCE: Consistently Attends (5) Inconsistent Attendance (3) No Attendance (1) 0

SKILL BUILDING FOCUS:

- Healthy Habits Medication Adherence Anger Management Boundaries Symptom Mgt. DBT/CBT
- Leisure Education Assertive Communication Sleep Hygiene Exercise MICA/AA Stress Reduction

Comment(s): patient has been refusing groups and offers of individualized treatment options

DISCHARGE PLAN UPDATE: convert to 2 PC, TOO granted, encourage pt. to be medication compliant

G. Shubert, MD 1/4/17 09:30
MD/Psychiatrist Date/Time

Shane Saddle 1/4/17 0900
Nursing Staff Date/Time

Psychiatric Technician Date/Time

Pt. declined. 1-4-17
Patient Date/Time

Alv. B. LMSW 1/4/17 0900
Discharge Planning Date/Time

Kip Stinson, CTRS 1/4/17 0930
Recreation Therapist Date/Time

Kevin [unclear] 1/4/17 0820
Psychologist Date/Time

By signing you acknowledge that you have had an opportunity to review your treatment plan; it does not indicate agreement with the plan

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INITIAL TREATMENT PLAN

DATE OF AI
12/25/16

LEGAL STATUS/ OBSERVATION STATUS/ PRIVILEGES/ PRECAUTIONS

Copy of legal status and rights given to patient: Yes No

- Legal Status: 9.13 Voluntary 9.39 Involuntary 9.37 Involuntary 9.27 Involuntary
 OBV: 15" 30" Constant Observation Constant Observation While Awake 1:1
 Precautions: Suicide Precautions Seizure Precautions Fall Precautions History of Violence

DIAGNOSIS

DSM 5 Diagnosis: Unspecified Psychotic d/o

Medical Condition(s): Ø

TREATMENT APPROACHES

[Check all that apply]

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Comprehensive Assessments | <input type="checkbox"/> MICA/AA | <input type="checkbox"/> Chaplain Consult |
| <input checked="" type="checkbox"/> History and Physical | <input type="checkbox"/> Medical Detoxification | <input type="checkbox"/> PT/ OT/ Speech |
| <input checked="" type="checkbox"/> Psychosocial | <input type="checkbox"/> WAM Protocol | <input type="checkbox"/> Medical Consult |
| <input checked="" type="checkbox"/> Recreational Therapy | <input type="checkbox"/> Clonidine Protocol | <input type="checkbox"/> Monitor In/Output |
| <input checked="" type="checkbox"/> Psychological Testing | <input type="checkbox"/> MICA WRAP Given | <input type="checkbox"/> Nutrition Consult |
| <input checked="" type="checkbox"/> Discharge Planning | <input type="checkbox"/> Pet Therapy (Consent <input type="checkbox"/> Yes <input type="checkbox"/> No) | <input checked="" type="checkbox"/> Nicotine Replacement |
| <input checked="" type="checkbox"/> Individual Supportive Therapy | <input type="checkbox"/> Behavioral Modification Contract | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Group Therapy | <input type="checkbox"/> Glucose Monitoring (<input type="checkbox"/> AC <input type="checkbox"/> HS) | <input type="checkbox"/> _____ |

RELEASES OF INFORMATION/ TREATMENT COLLABORATION NEEDS

(If an ROI is not completed, please mark NO and comment as to why in the space provided.)

Outpatient Psychiatrist: _____
 ROI? Yes No, why? _____

Outpatient Therapist: Dr. Kevin Fields
Dr. Breiman
 ROI? Yes No, why? - Verbal family plan documented

Substance Abuse Clinician: _____
 ROI? Yes No, why? _____

PCP: Dr. Breiman
 ROI? Yes No, why? _____

School Contact (Cornell, Ithaca College, TC3, etc.): _____
 ROI? Yes No, why? _____

Family: _____
 ROI? Yes No, why? _____

Previous Hospitalization(s): Where/When: _____
 ROI? Yes No, why? _____

Housing (Lakeview, Franziska Racker Centers, Unity House, etc.): _____
 ROI? Yes No, why? _____

Other: (Probation/Parole Officer, Attorney, Drug Court, Case Manager, DSS, etc.): _____
 ROI? Yes No, why? _____

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MEASURABLE GOAL(S)	
<input type="checkbox"/> Depressed and/or <input type="checkbox"/> Anxious Mood	Related to Depressed and/or Anxious Mood
<p>Within 1-3 days the patient will –</p> <input type="checkbox"/> Demonstrate improved mood through changes in behavior and content of conversation. <input type="checkbox"/> Demonstrate and verbalize the ability to have and make future oriented goals. <p>Within 3-5 days the patient will –</p> <input type="checkbox"/> Demonstrate and verbalize improved energy, concentration and interest. <input type="checkbox"/> Be free of self-harming behaviors and/or suicidal ideation. <input type="checkbox"/> Report less than 2 panic attacks and/or anxiety symptoms that interfere with daily functioning. <input type="checkbox"/> Report < one use of PRN medication for anxiety per day. <input type="checkbox"/> Other: _____ _____	<p>Staff will –</p> <input type="checkbox"/> Provide education through group and individual programming regarding depression and/or anxiety including ways to manage and cope with symptoms. <input type="checkbox"/> Monitor patient's self-care, sleep hygiene, encourage completion of ADL's and monitor appropriate nutritional intake. <input type="checkbox"/> Encourage and teach relaxation strategies, breathing techniques and self-soothing skills to effectively manage and reduce symptoms. <input type="checkbox"/> Encourage patient to identify and communicate distressing symptoms, thoughts, and feelings. In response, staff will guide patient to use their individualized calming plan to gain mastery in emotional regulation. <input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> Mania <input type="checkbox"/> Hypomania	Related to Mania/Hypomania
<p>Within 1-3 days the patient will –</p> <input type="checkbox"/> Demonstrate an improvement in sleep (> 6 hrs per night). <input type="checkbox"/> Demonstrate improvement in mood, affect and reality based thought content. <p>Within 3-5 days the patient will –</p> <input type="checkbox"/> Demonstrate a reduction in pressured speech. <input type="checkbox"/> Demonstrate a reduction in disruptive/ intrusive behavior(s). <input type="checkbox"/> Demonstrate reduction or resolution of physical or verbal agitation. <input type="checkbox"/> Other: _____ _____	<p>Staff will –</p> <input type="checkbox"/> Assess for clear and reality based thought content through group and individual programming. <input type="checkbox"/> Monitor patient's self-care, encourage completion of ADL's, monitor appropriate nutritional intake and sleep hygiene including the use of sleep aids. <input type="checkbox"/> Encourage appropriate social interactions and personal boundaries and redirect disruptive/intrusive behavior(s) as needed. <input type="checkbox"/> Encourage and closely monitor medication adherence. Staff will provide education regarding medication profiles including rationale and benefits of use. <input type="checkbox"/> Other: _____ _____
<input checked="" type="checkbox"/> Psychosis	Related to Psychosis
<p>Within 1-5 days the patient will –</p> <input checked="" type="checkbox"/> Demonstrate ability to follow unit routines. <input checked="" type="checkbox"/> Demonstrate the ability to have a reality based conversation. <input checked="" type="checkbox"/> Verbalize a reduction in the severity and frequency of auditory/visual/other hallucinations. <input checked="" type="checkbox"/> Demonstrate a decrease in paranoia and/or persecutory ideations as evidenced by reality based communication, appropriate and increased socialization, as well as group attendance and participation. <input type="checkbox"/> Other: _____ _____	<p>Staff will –</p> <input checked="" type="checkbox"/> Assess level of perceptual disturbances and provide clear and reality based feedback to assist the patient in organizing thoughts, managing symptoms, and following unit routines.. <input checked="" type="checkbox"/> Monitor patient's self-care, encourage completion of ADL's, monitor appropriate nutritional intake and sleep hygiene including the use of sleep aids. <input checked="" type="checkbox"/> Encourage and closely monitor medication adherence. Staff will provide education regarding medication profiles including rationale and benefits of use. <input type="checkbox"/> Other: _____ _____

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MEASURABLE GOAL(S)	Related to/Subs
<input type="checkbox"/> Substance Abuse and/or Chemical Dependency Within 1-3 days the patient will – <input type="checkbox"/> Partner with staff during detox process to achieve medical stability and reduce physical discomfort. <input type="checkbox"/> Increased participation/engagement in group programming and 1:1 discussions with staff. Within 3-5 days the patient will – <input type="checkbox"/> Identify triggers and consequences (health, personal, social, legal, occupational, etc.) of substance use. <input type="checkbox"/> Explore motivation for change of substance use habits. <input type="checkbox"/> Identify barriers to sobriety, identify and effectively manage urges to use, and create plan to achieve/maintain sobriety. <input type="checkbox"/> Actively participate in the discharge planning process and gain an understanding of available treatment options/recommendations. <input type="checkbox"/> Other: _____	Staff will – <input type="checkbox"/> Initiate detox protocol, assess for s/s of detox, and (when indicated) administer medications to promote patient's medical stability and reduce physical discomfort during detox. <input type="checkbox"/> Educate on withdrawal symptoms based on the particular drug of abuse. <input type="checkbox"/> Explore/identify drug-seeking behavior and provide alternative coping strategies. <input type="checkbox"/> Explore patient's motivation for change and elicit change talk regarding behaviors and future goals. <input type="checkbox"/> Encourage patient to attend AA and/or MICA programming on the unit. <input type="checkbox"/> Encourage the patient to complete the MICA contract/WRAP. <input type="checkbox"/> Discharge planning staff will review specific substance abuse treatment options such as inpatient rehab, addiction crisis centers, self-help groups, and/or outpatient clinics. <input type="checkbox"/> Other: _____
High-Risk Behavior(s)	Related to High-Risk Behavior(s)
<input type="checkbox"/> Suicidal: <input type="checkbox"/> Ideation <input type="checkbox"/> Attempt <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Homicidal: <input type="checkbox"/> Ideation <input type="checkbox"/> Attempt <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Physical aggression/violence towards persons or property <input type="checkbox"/> Verbal aggression/threats <input type="checkbox"/> Self-injurious behavior. Within 3-5 days the patient will – <input type="checkbox"/> Identify triggers that lead to the demonstrated high risk behavior(s). <input type="checkbox"/> Reduce/resolve the need for restrictive measures such as higher level of observation, seclusion or physical restraint. <input type="checkbox"/> Identify and utilize positive ways to cope with distressing feelings, thoughts, and events. <input type="checkbox"/> Other: _____	Staff will – <input type="checkbox"/> Assess patient for appropriate observation level (constant observation, 1:1, safety check q15" or q30") and obtain MD order. <input type="checkbox"/> Assist the patient in developing and utilizing a safety plan to manage and cope with distressing feelings, thoughts, and events. <input type="checkbox"/> Implement an individualized Behavioral Modification Contract upon admission to provide guidelines and clear expectations of appropriate behavior(s). <input type="checkbox"/> Encourage/praise patient help-seeking behavior and encourage patient identification/verbalization of feelings. <input type="checkbox"/> Other: _____

Cyblent, mo 12/28/16 09:15
MD/Psychiatrist Date/Time
R/WRN 12/25/16 03:45
Nursing Staff/Psychiatric Evaluator Date/Time
refused to sign 12/28/16 10:30
Patient Date/Time

Other Signature Date/Time

Ally Bri, LMSW 12/28/16 09:00
Discharge Planning Date/Time
Kyle Stinson CTRS 12/28/16 09:20
Recreation Therapist Date/Time
Kevin J. ... 12/28/16 09:40
Psychologist Date/Time

Other Signature Date/Time

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Adult Behavioral Services Unit

Treatment Plan Review # 2 Date of Review: 1/13/17

OBSERVATION STATUS/PRIVILEGES:
 15" 30" 1:1 Constant Observation COWA Comfort Room Computer Staff Pass
 Comment(s): _____

DSM 5 Diagnosis: Psychosis, NOS

TARGET PROBLEMS & TREATMENT PROGRESS:
 #1. Psychosis - Anne had been declining medication, court order for treatment over-objection has been obtained and Pt. has been taking medication. Cont's to be observed as responding to internal stimuli as evidenced by talking to self. Has not been attending groups, seclusion to self, presents with paranoia and delusional thinking.
 #4. _____

SPECIAL CONSIDERATIONS:	SAFETY CONCERNS:
_____	_____

GROUP ATTENDANCE: Consistently Attends (5) Inconsistent Attendance (3) No Attendance (1) 0

SKILL BUILDING FOCUS:
 Healthy Habits Medication Adherence Anger Management Boundaries Symptom Mgt. DBT/CBT
 Leisure Education Assertive Communication Sleep Hygiene Exercise MICA/AA Stress Reduction
 Comment(s): no group attendance, declines individualized treatment options

DISCHARGE PLAN UPDATE: Pt is currently on TOO, a referral for state hospital is pending clearance for MTLJ

<u>[Signature]</u> 1/13/17 10:30 MD/Psychiatrist	<u>[Signature]</u> 1/13/17 10:30 Discharge Planning
<u>[Signature]</u> 1/13/17 10:00 Nursing Staff	<u>[Signature]</u> 1/13/17 10:45 Recreation Therapist
<u>[Signature]</u> 1/13/17 @ 10:30am Unit Director/Manager	<u>[Signature]</u> 1/13/17 10:45 Psychologist
<u>pt. refused</u> 1/13/17 10:00 Patient	

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Adult Behavioral Services Unit

Treatment Plan Review # 3 Date of Review: 1/31/17

OBSERVATION STATUS/PRIVILEGES:

15" 30" 1:1 Constant Observation COWA Comfort Room Computer Staff Pass
Comment(s): _____

DSM 5 Diagnosis: Psychosis NOS

TARGET PROBLEMS & TREATMENT PROGRESS:

#1. Psychosis → Pt is taking medication due to court order. Pt continues to present with paranoia & delusional thinking. She has been able to engage in respectful conversation w/ discharge planner.

#3. _____

#4. _____

SPECIAL CONSIDERATIONS:

SAFETY CONCERNS:

GROUP ATTENDANCE: Consistently Attends 5 4 Inconsistent Attendance 3 2 No Attendance 1 0

SKILL BUILDING FOCUS:

Healthy Habits Medication Adherence Anger Management Boundaries Symptom Mgt. DBT/CBT
 Leisure Education Assertive Communication Sleep Hygiene Exercise MICA/AA Stress Reduction

Comment(s): Recently started to attend - encourage active involvement.

DISCHARGE PLAN UPDATE: Pt. is on the wait list for GBHC, she will be transferred there.

G. Blum, MD 1/31/17 12:25
MD/Psychiatrist Date/Time

Sea, RN 2/1/17 (8:30)
Nursing Staff Date/Time

Bonze Blayk 2/1/17 11:21 AM
Unit Director/Manager Date/Time

UNDER PROTEST
Patient Date/Time

Ali-Rh, LMSW 01/31/17 09:20
Discharge Planning Date/Time

Mauloats, MSW 1/31/17 9:30 AM
Recreation Therapist Date/Time

Kevin [unclear] 1/31/17 8:10
Psychologist Date/Time

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Adult Behavioral Services Unit

Treatment Plan Review # 4

Date of Review: 02/10/17

OBSERVATION STATUS/PRIVILEGES:

15" 30" 1:1 Constant Observation COWA Comfort Room Computer Staff Pass

Comment(s):

DSM 5 Diagnosis:

Psychosis NOS

TARGET PROBLEMS & TREATMENT PROGRESS:

- #1. Psychosis Pt has been medication compliant, she rec'd Invega Sustenna IM and Geonox this week, patient
- #2. has been present in milieu and has engaged in discharge planning. Pleasant interactions with others.
- #3. _____
- #4. _____

SPECIAL CONSIDERATIONS:

SAFETY CONCERNS:

GROUP ATTENDANCE:

Consistently Attends 5 4 Inconsistent Attendance 3 2 No Attendance 1 0

SKILL BUILDING FOCUS:

Healthy Habits Medication Adherence Anger Management Boundaries Symptom Mgt. DBT/CBT
 Leisure Education Assertive Communication Sleep Hygiene Exercise MICA/AA Stress Reduction

Comment(s):

Has not been attending groups since admission Declines individualized options

DISCHARGE PLAN UPDATE:

Patient will be returning home, she has her financing in order to pay utilities and her mortgage. Pt will go to TCMH

Electronically Signed by Clifford Ehmke MD

on 02/13/17 at 0905

MD/Psychiatrist Date/Time

Seather, RN 2-10-17 (1000)

Nursing Staff Date/Time

Psychiatric Technician Date/Time

Clay Blayk 2/10/17

Patient Date/Time

WANDA PROTEST

Clifford Ehmke, MD 02/10/17 0915
 Discharge Planning Date/Time

Kylli Stinson, CTRS 2/10/17 0930
 Recreation Therapist Date/Time

Kevin J. ... 2/10/17 0920
 Psychologist Date/Time

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