Cayuga MEDICAL CENTER
A Member of Cayuga Health System

BLAYK, BONZE ANNE ROSE
A00088571823 M000597460
05/01/1956 62 F
Ehmke, Clifford BSU 202-01

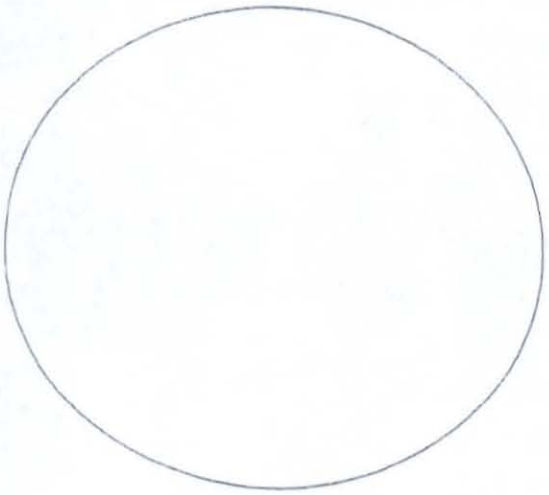
Behavioral Services Unit - Adult Program

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. _____
2. _____
3. _____

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.



Pt. Declined 9-26-18 1030

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.

_____
_____
_____

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.

_____
_____
_____

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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: _____

_____

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: _____
3. Low impact Activity: _____
4. Identify family members or friends you could speak to: _____
   _____
5. Call therapist or other emergency contact: _____
   _____
6. Snack on comfort food: _____
7. The one thing that is most important to me and worth living for is and why:
   _____
8. My favorite creative outlets are: _____
   _____
9. Write in my journal.
10. Move to another location away from immediate stressor.
11. Identify places in your community that provide an escape from stress/crisis:
    _____
    _____

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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INITIAL TREATMENT PLAN | DATE OF ADMISSION: 09/24/18

LEGAL STATUS 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

DIAGNOSIS

DSM 5 Diagnosis: Unspecified - Psychosis

Medical Condition(s):

TREATMENT APPROACHES [Check all that apply]

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

LEVEL OF OBSERVATION/ PRIVILEGES/ PRECAUTIONS

Level of observation has been reviewed by Treatment Team Members and the patient will be placed on the following:

OBV: ☒15" ☐30" ☐Constant Observation ☐Constant Observation While Awake ☐1:1

Precautions: ☐Suicide ☐Seizure ☐Fall ☐History of Violence ☐Mouth Checks ☐Other _____

Comment regarding how/why this decision was made:

RELEASE OF INFORMATION (ROI)

Outpatient Mental Health Provider:
ROI? ☐Yes ☐No, why?

Outpatient Substance Abuse Provider:
ROI? ☐Yes ☐No, why?

Primary Care Provider:
ROI? ☐Yes ☐No, why?

Family/Friends:
ROI? ☐Yes ☐No, why?

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

Signing acknowledges review of your treatment plan; it does not indicate agreement with the plan

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Adult Behavioral Services U

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☐ Depressed and/or ☐ Anxious M

LONG TERM GOALS:

☐Symptoms of depression will be significantly reduced and will no longer interfere with the patient's functioning.
☐Patient will recognize, accept, and cope with feelings of depression.
☐Reduce overall frequency, intensity, and duration of the anxiety so that daily functioning is not impaired.
☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 1-3 days the patient will – ☐ Demonstrate improved mood through changes in behavior and content of conversation. ☐ Demonstrate and verbalize the ability to have and make future oriented goals. **Within 3-5 days the patient will –** ☐ Demonstrate and verbalize improved energy, concentration and interest. ☐ Be free of self-harming behaviors and/or suicidal ideation. ☐ Report less than 2 panic attacks and/or anxiety symptoms that interfere with daily functioning. ☐ Report < one use of PRN medication for anxiety per day. ☐ Other: _____	**Staff will –** ☐ Provide education through group and individual programming regarding depression and/or anxiety including ways to manage and cope with symptoms. ☐ Monitor patient's self-care, sleep hygiene, encourage completion of ADL's and monitor appropriate nutritional intake. ☐ Encourage and teach relaxation strategies, breathing techniques and self-soothing skills to effectively manage and reduce symptoms. ☐ 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. ☐ Other: _____

☐ Mania ☐ Hypomania

LONG TERM GOALS:

☐Accomplish controlled behavior, moderated mood, and thought process through psychotherapy and medication.
☐Lower level of psychic energy and return to normal activity levels.
☐Increase good judgment, stable mood, and goal directed behavior.
☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 1-3 days the patient will – ☐ Demonstrate an improvement in sleep (> 6 hrs per night). ☐ Demonstrate improvement in mood, affect and reality based thought content. **Within 3-5 days the patient will –** ☐ Demonstrate a reduction in pressured speech. ☐ Demonstrate a reduction in disruptive/ intrusive behavior(s). ☐ Demonstrate reduction or resolution of physical or verbal agitation. ☐ Other: _____	**Staff will –** ☐ Assess for clear and reality based thought content through group and individual programming. ☐ Monitor patient's self-care, encourage completion of ADL's, monitor appropriate nutritional intake and sleep hygiene including the use of sleep aids. ☐ Encourage appropriate social interactions and personal boundaries and redirect disruptive/intrusive behavior(s) as needed. ☐ Encourage and closely monitor medication adherence. Staff will provide education regarding medication profiles including rationale and benefits of use. ☐ Other: _____

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☒ Psychosis

LONG TERM GOALS

☐ Eliminate/control active psychotic symptoms to allow minimally supervised functioning, and assure that medication is taken consistently.
☐ Lower/eliminate hallucinations and/or delusions.
☐ Eliminate/reduce acute, reactive, psychotic symptoms and allow return to normal functioning in affect, thinking, and relating.
☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 1-5 days the patient will – ☒ Demonstrate ability to follow unit routines. ☒ Demonstrate the ability to have a reality based conversation. ☑ Verbalize a reduction in the severity and frequency of auditory/visual/other hallucinations. ☒ 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. ☐ Other: _____	**Staff will –** ☒ 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. ☑ Monitor patient's self-care, encourage completion of ADL's, monitor appropriate nutritional intake and sleep hygiene including the use of sleep aids. ☒ Encourage and closely monitor medication adherence. Staff will provide education regarding medication profiles including rationale and benefits of use. ☐ Other: _____

☐ Substance Abuse and/or Chemical Dependency

LONG TERM GOALS:

☐ Decrease denial of substance abuse and achieve and maintain sobriety.
☐ Stabilize one's health, finances, vocation/school, employment, living arrangements.
☐ Develop sober leisure skills. Stabilize one's intimate relationships, marriage, family, etc.
☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 1-3 days the patient will – ☐ Partner with staff during detox process to achieve medical stability and reduce physical discomfort. ☐ Increased participation/engagement in group programming and 1:1 discussions with staff. **Within 3-5 days the patient will –** ☐ Identify triggers and consequences (health, personal, social, legal, occupational, etc.) of substance use. ☐ Explore motivation for change of substance use habits. ☐ Identify barriers to sobriety, identify and effectively manage urges to use, and create plan to achieve/maintain sobriety. ☐ Actively participate in the discharge planning process and gain an understanding of available treatment ptions/recommendations. ☐ Other: _____	**Staff will –** ☐ 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. ☐ Educate on withdrawal symptoms based on the particular drug of abuse. ☐ Explore/identify drug-seeking behavior and provide alternative coping strategies. ☐ Explore patient's motivation for change and elicit change talk regarding behaviors and future goals. ☐ Encourage patient to attend AA and/or MICA programming on the unit. ☐ Encourage the patient to complete the MICA contract/WRAP. ☐ Discharge planning staff will review specific substance abuse treatment options such as inpatient rehab, addiction crisis centers, self-help groups, and/or outpatient clinics. ☐ Other: _____

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Adult Behavioral Servic

☐ High-Risk Behavio

☐Suicidal: ☐Ideation ☐Attempt ☐Plan ☐Means ☐Hom... ☐Ideation ☐Attempt ☐Plan ☐M...
☐Physical aggression/violence towards persons or property ☐Verbal aggression/threats ☐Self-injurious beha...

LONG TERM GOALS:

☐ Relieve the suicidal desire and/or mind-set and return to the maximum level of prior daily functioning.
☐ Break patterns of behavior that contribute to harmful principles of living and result in suicidal patterns.
☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 3-5 days the patient will – ☐ Identify triggers that lead to the demonstrated high risk behavior(s).. ☐ Reduce/resolve the need for restrictive measures such as higher level of observation, seclusion or physical restraint. ☐ Identify and utilize at least 3 positive ways to cope with distressing feelings, thoughts, and events. ☐ Other: _____	**Staff will –** ☐ Assess patient for appropriate observation level (constant observation, 1:1, safety check q15" or q30") and obtain MD order. ☐ Assist the patient in developing and utilizing a safety plan to manage and cope with distressing feelings, thoughts, and events. ☐ Implement an individualized Behavioral Modification Contract upon admission to provide guidelines and clear expectations of appropriate behavior(s). ☐ Encourage/praise patient help-seeking behavior and encourage patient identification/verbalization of feelings. ☐ Other: _____

☐ Other: _____

LONG TERM GOALS:

☐ _____

SHORT TERM GOAL(S)	INTERVENTION(S)
Within 1-3 days the patient will – ☐ _____ **Within 3-5 days the patient will –** ☐ _____	**Staff will –** ☐ _____ ☐ _____ ☐ _____

[signature] MD 9/25/18 0930 Provider (MD, NP) Date/Time	[signature] 9/25/18 Social Work/ Discharge Planning Date/Time
Together, RN 9-26-18(1035) Nursing Staff/Psychiatric Evaluator Date/Time	Kellie Jaynes, CTRS 9/25/18 0935 Recreation Therapist Date/Time
Pt. Refused 9-26-18(1035) Patient Date/Time	absent Psychologist Date/Time
Other Signature Date/Time	Other Signature Date/Time

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Adult Behavioral Services Uni

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Treatment Plan Review # 1 **Date of Review:** 10/15/18

LEVEL OF OBSERVATION/ PRIVILEGES/ PRECAUTIONS

Level of observation has been reviewed by Treatment Team Members and the patient will:
☒ Continue on the same level of observation, which is 30m, or ☐ Be placed on the following:
Observation: ☐ 15" ☐ 30" ☐ Constant Observation ☐ Constant Observation While Awake ☐ 1:1
Precaution: ☐ Suicide ☐ Seizure ☐ Fall ☐ History of Violence ☐ Mouth Checks
Justification for decision(s):

Privilege(s): ☒ Computer Access ☐ Staff Pass:

DSM 5 Diagnosis: Unspecified Psychosis

TARGET PROBLEMS & TREATMENT PROGRESS:
#1. Psychosis — pt presents as organized, compliant ADLs, visible in milieu, rec'd Invega Sustenna initial dose and booster, engaged in reality based conversation, CMC took patient to court for TOO and patient started on Invega.
#2. physical aggression — Pt has been seen on all checks on unit, has not seen verbally aggressive since starting medication
#4.

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): more active in groups, appropriate

DISCHARGE PLAN UPDATE: Pt will be returning to her home, she will have outpatient follow up w/ Primary care Dr. Primary, She is also recommended to follow up w/ TCMH and will be sign in intake

[illegible], MD 10/15/18 09:30		Aliz Bli, LMSW 10/15/18 0930	
Provider (MD,NP)	Date/Time	Social Work/Discharge Planning	Date/Time
Selethor, RN	10-15-18 (1000)	Kyle Jaynes, CTRS	10/15/18 0930
Nursing Staff	Date/Time	Recreation Therapist	Date/Time
[illegible], PhD	10/15/18 0930	[illegible]	10/15/18
Psychologist	Date/Time	Patient	Date/Time

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

Adult Behavioral Services Unit

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Treatment Plan Review # _____ **Date of Review:** _____

LEVEL OF OBSERVATION/ PRIVILEGES/ PRECAUTIONS

Level of observation has been reviewed by Treatment Team Members and the patient will:
❒Continue on the same level of observation, which is _____, or ❒Be placed on the following:
Observation: ❒15" ❒30" ❒Constant Observation ❒Constant Observation While Awake ❒1:1
Precaution: ❒Suicide ❒Seizure ❒Fall ❒History of Violence ❒Mouth Checks
Justification for decision(s): _____

Privilege(s): ❒Computer Access ❒Staff Pass: _____

DSM 5 Diagnosis:

TARGET PROBLEMS & TREATMENT PROGRESS:
#1. _____
#2. _____
#3. _____
#4. _____

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): _____

DISCHARGE PLAN UPDATE: _____

Provider (MD,NP)	Date/Time	Social Work/Discharge Planning	Date/Time
Nursing Staff	Date/Time	Recreation Therapist	Date/Time
Psychologist	Date/Time	Patient	Date/Time

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