

**MED MANAGEMENT TREATMENT PLAN for DEPRESSION**

Treatment Problem # \_\_\_\_: depressed mood, sleep disturbance, appetite disturbance, social withdrawal, impaired interpersonal relationship, poor anger management, ineffective coping with emotions, problems at work/school, inability to perform ADLs, other \_\_\_\_\_

As evidenced by: inability to enjoy self, weight loss/gain, low energy/fatigue, insomnia, feelings of sadness, feelings of worthlessness, hopelessness, feelings of helplessness, suicidal thoughts, excessive crying spells, angry outbursts, decreased concentration, excessive or inappropriate guilt, indecisiveness, low self esteem.

Goal: To control symptoms with psychotropic medication, avoid hospitalization, & reach and maintain optimum level of functioning.

Objectives: 1. I will meet with the psychiatrist/ARNP as scheduled so s/he can assess my mental status, prescribe medications as clinically indicated, & monitor my response to treatment

Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

2. I will review the medication education materials provided to me by the psychiatrist and nurses regarding the importance of taking medications, side effects, and medical contraindications.

Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

3. I will report any side effects or adverse reactions to prescribed medication to the Medication Management nurses/ARNP/Psychiatrist.

Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

4. I will take my medications as prescribed every day.

Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

5. I will continue mental health &/or substance abuse counseling, if the psychiatrist/ARNP recommends I do so.

Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

**Interventions:**

| Service                | Frequency                 | Length of service | Duration | Person Responsible |
|------------------------|---------------------------|-------------------|----------|--------------------|
| Psychiatric Evaluation | <u>2</u> time(s) per year | <u>60</u> minutes | 6 months | MD/ARNP            |
| Medication Management  | _____ time(s) per _____   | _____ minutes     |          | MD/ARNP            |
| Clinic Visit           | _____ time(s) per _____   | _____ minutes     |          | Nurse              |
| Review of Records      | _____ time(s) per _____   | _____ minutes     |          | MD/ARNP            |
| Drug Screen            | _____ time(s) per _____   | _____ minutes     |          |                    |
|                        | _____ time(s) per _____   | _____ minutes     |          |                    |

Measurable discharge criteria from this goal: \_\_\_\_\_

- Increase in GAF/CGAS to \_\_\_\_\_
- ASAM criteria for discharge met
- Significant decrease in symptoms
- 30 days substance free

The above objectives will be observed by a therapist, MD, ARNP, team member, parent/guardian, or teacher.

| Client Name | CID# |
|-------------|------|
|             |      |