Sample Individual Treatment Plan (ITP)

Client Name: Tony Date of Plan 7-04 Client ID: 1234567

Individuals Involved in the development of the ITP	**Client/Agency/Title/Family Member/Other (specify)**
Tony	**Client**
Mark	**Best ARMHS Mental Health Practitioner**
John	**Best ARMHS Nurse**
Rebecca	**DRS Counselor**
Dimetrius	**Client's brother**
Lynn	**County Case Manager**
Other	

Date of most current diagnostic assessment: Schizoaffective Disorder 6-30-04 redetermination

Problems/Needs identified in the diagnostic and functional assessment:

1) Tony reports that he has gone off of medication 3x's in the past three years when he was psychiatrically stable to "fit in" with his peers and to lose weight he gained on Zyprexa. "I'm losing time, I'm losing my life." Doesn't understand how medication works and 80 lb weight increase has decreased mobility and energy.
2) Tony has lived independently once, but lost apartment due to environmental safety issues (clutter). Identified lack of safety plans and safety resources.
3) "I don't have any friends but the ones that use drugs. When I'm not with them I stay at home and watch TV or sleep. I want A sense of community. " "I want to be a nice guy and sometimes I do things that I know I shouldn't do or can't do, but I don't know how to get out of it."

Strengths and resources:

1) Has membership to the YWCA through local community support program; psychiatrically stable for six months after committed to RTC and released six months ago.
2) Indicated a desire to live in shared housing as a "practice step" to living independently in the future.
3) Has started going to "rap poetry" events and likes the "atmosphere and friendliness".
4) He has many good social skills. He is polite and respectful. He reads the paper daily and likes to talk politics, engaging and warm. Well liked by peers and professionals in mental health system. Well groomed and takes pride in his personal appearance. "People judge you by how you look. I don't want to look intimidating or messed up. I want people to like me."
5) Has enrolled in Barber College and will begin the first week of September.

Cultural considerations, resources, supports and needs:

Recipient identified the stigma of mental illness especially as a young male in the African American community. "Brothers" in the church support him as well as his blood brothers. They do community building and he likes to be "positive and healthy". Church members are older and he wants a peer group close to his age.

Goals, Objectives and Strategies (objective must be outcomes and measurable) (strategies define actions to be taken and who does what)	**Med. Nec. Y/N**	**Time Frame to be achieved**	**Type of Service**	**Frequency (of service contact, length and frequency)**	**Person (s) Responsible (recipient and providers)**
Goal #1A: Improving my health and mental illness. (Illness management) **Objective:** I will name my symptoms of schizoaffective disorder, name the medications and what symptoms they treat and the potential side effects of the medications I take. **Strategies:** I will meet with the ARMHS nurse weekly. I will read information that she gives me and ask questions. I will learn about how the medications work and what to tell my psychiatrist by role playing with the nurse.	**Yes**	**Goal 1A: by 10/3/04**	**Medication education/IMR 1 to 1**	**Goal 1A :weekly until Tony understands meds etc. and then every other week.**	**Tony and Best ARMHS nurse.**
Goal #1B: Improving my health and mental health (Illness management, health management) **Objective:** I will exercise 3X's a week for 20 minutes and mark my calendar each day that I do this. **Strategies:** Exercises that I can choose from: I can go to the YWCA. I can shoot baskets with the other guys at XYZ CSP, with staff or my family. I can walk six blocks to XYZ CSP. I will talk to the ARMHS nurse about my exercise and eating.	**Yes**	**Goal 1B: by 8/4/04 - to have worked up to 3X's a week.**	**1 to 1 Skills Programming (helping Tony set up a plan for exercising)**	**Goal #1B: ARMHS nurse weekly contacts and then every other week as exercise is established.**	**Tony and Best ARMHS nurse**
Goal #2: Keeping myself safe and where I live safe. (Independent living skills, maintaining housing) **Objective:** I will make a safety plan and use it so that I have no unsafe incidents over the next six months where I am living. **Strategies:** I will talk to my ARMHS worker about past Incidents and come up with safe ways to handle the problems that I had. I will make a list of people and resources to call in an emergency or when I don't know what to do and put it by my phone. I will role play unsafe or emergency situations with my ARMHS worker.	**Yes**	**By 1/3/05 when I move into independent housing.**	**1 to 1's Skills Teaching, Skills strengthening, Resource acquisition and development. Community intervention as needed**	**Goal #2 weekly visits with ARMHS worker**	**Tony and Best ARMHS worker**

Goals, Objectives and Strategies	Med Nec Y/N	Time Frame	Type of Service	Frequency	Persons Responsible
Goal #3A: Making friends who don't use (Use of drugs and alcohol, social functioning and leisure) **Objective:** I will make a new acquaintance who I can call A friend and will tell his/her name and social contact to my ARMHS worker. **Strategies:** I will make a list of places to go where I can have fun without using. I can ask other members of XYZ CSP. I can call AA. I can attend "African African American Perspectives on Mental Health Group" and talk about it with other young guys, I can go to the drop in center. I can volunteer. I can ask people at church what they do.	**Yes Or Best ARMHS**	**Goal #3A By 1/3/05**	**Resource acquisition (where to go to meet people)**	**Goal #3A: Weekly 1 to 1's and weekly groups with Best ARMHS staff specializing in socialization and interpersonal communication**	**Goal #3A: Tony and Best ARMHS Staff** **XYZ CSP**
Goal #3B: Standing up for myself and not let others take Advantage of me. (Use of drugs and alcohol, social functioning) **Objective**: I will not use any drugs or alcohol for the next six months reported weekly by me, my family, XYZ CSP staff weekly to my ARMHS worker. **Strategies**: I sill say "no" to others who use drugs or ask me to do things I feel are wrong. I will role play with staff. I will talk about difficult situations with with staff. I will try AA and go to the MI/CD class at Best ARMHS. I will participate in Assertiveness Group at XYZ CSP.	**Yes for Best ARMHS**	**Goal 3B: 180 days with no use or approximately through 1/3/05.** **Reported weekly to ARMHS staff.**	**MI/CD group at Best ARMHS** **XYZ assertiveness group** **AA group participation** **Community intervention with brother and as needed**	**Goal #3B: Weekly MI/CD groups at Best ARMHS Weekly 1 to 1's with ARMHS staff.** **XYZ CSP program group weekly**	**Tony and ARMHS staff,** **XYZ CSP staff and my family**

Goals, Objectives, Strategies	Med Nec Y/N	Time Frame	Type of Service	Frequency	Persons Responsible
Goal #4: Being successful in Barber College (Vocational and illness management) **Objective**: I will follow a 'healthy schedule" five days a week (Monday through Friday) and mark it on my calendar daily to show my Dad and ARMHS worker. **Strategies**: A "healthy schedule" includes going to bed and getting up at the same time, taking my meds every day, exercising at least three times a week and getting out of the house each day for programs and appointments. I will attend activities and groups at XYZ CSP When I feel stressed that I am doing too much I will talk to my ARMHS worker before I get too overwhelmed. Monthly meetings with DRS worker	**Yes for Best ARMHS**	**Goal #4: To be achieved by 9-3-04. Daily self report each day M-F on calendar in room.**	**Skills teaching (Planning and Scheduling)** **Activities groups** **Vocational support group**	**1 to 1's weekly with Best ARMHS worker and weekly vocational support group** **XYZ CSP activities** **(referral to be made)**	**Tony, Best ARMHS worker,** **XYZ CSP,** **DRS Counselor**

Referral (s) will be made to (if needed):	Person (s) responsible for making referral (s):	Time Frame
ABC Work support group	Rebecca (DRS Counselor)	

Coordination of Services – identify other services recipient is receiving and explain how the services are being coordinated):
Rule 79 Case Manager Mark _____, is coordinating services, XYZ CSP, Rebecca _____ of DRS.

This plan was developed with the participation of the recipient or legal representative (Identify):
Yes___
No____ (Specify reason): _____

Signatures:

_____/_____
Recipient **Date**

_____ /_____
Recipient's Legal Guardian (if applicable)
Date

_____ /_____
Mental Health Professional **Date**
Or Mental Health Practitioner (individual who wrote plan)

_____ /_____
Mental Health Professional **Date**
(Individual providing clinical supervision in the development of the plan and determination of medical necessity)

_____/_____
Other **Date**

Plan Update: This plan must be updated at least every six months or more often when there is a significant change in the recipient's situation or functioning, or in services or service methods to be used, or at the request of the recipient or the recipient's legal guardian.
Proposed Date for ITP meeting to update plan: _____

A copy of the plan must be given to the recipient and/or legal guardian. The provide is responsible to develop and maintain clear progress notes in the recipients file related to service contacts and outcomes of the goals specified in this plan.