Summary:

This document is a technical assistance tool that can help staff to create Treatment Plan of Care (TPOC) objectives and interventions:

- ***Format***: the document is formatted as a case presentation and programs are encouraged to use/adopt the format;
- ***Clinical Formulation***: in this document, the formulation has three components: (a) restate medical necessity; (b) frame the case in a theoretical orientation; (c) outline treatment model/interventions.
- ***Two Objectives***: the first Objective is written in a traditional "deficits-based" model and the second Objective is written in the vein of the wellness/recovery model.

ASSESSMENT RESULTS

1. **Client Diagnosis**:

    a. Schizophrenia (F20.9)

2. **Key Symptoms of Diagnosis**:

    a. Delusions: client believes that people are out to get him, look at him critically, etc. In terms of the frequency, onset, duration, severity and antecedents/consequences of this behavior… *(staff will insert specifics)*

    b. Hallucinations: client hears voices (his deceased father) that criticize him. In terms of frequency, onset, duration, severity and antecedents/consequences… *(staff will insert specifics)*

    c. Disorganized Thought Processes: client's though processes are disorganized, tangential. In terms of frequency, onset, duration, severity and antecedents/consequences… (*staff will insert specifics)*

3. **Mental Health Needs and Functional Impairments**:

    a. Significant Social impairments: client hears voices, interacts with them and this behavior makes other people intimidated, so they avoid him; the client does not maintain proper hygiene which makes other people avoid him; the client's thinking is so disorganized and confused that he cannot plan/organize/execute social activities; the client believes other people are against him, so he is reluctant to apply for jobs where he could meet other people and improve his social impairments.

    b. Significant Vocational impairments: client is withdrawn and does not maintain his hygiene, which impedes his ability to obtain stable work; client's paranoid delusions make him believe he is "no good" and impedes his motivation and ability to apply for jobs.

    c. Significant Psychiatric Symptoms: per his report, the client experiences delusions and hallucinations "all the time" and he experiences significant psychological distress and emotional suffering (cries, hits his head with his hand). The intensity of these symptoms contributes to his inability to plan/execute activities for social activities, food shopping, and going to the bank.

4. **Risks and Strengths**:

    a. Risks: client has been hospitalized approximately 20 times in his life; incarcerated twice for assault; no current indication of suicide. Client has never been able to successfully self-manage his medication regimen.

    b. Strengths: client enjoyed prior employment in a restaurant (dishwashing) and is likes talking about food. Client understands he is lonely and sees himself as able to be a "good friend" to others.

5. **Client Goals**:

   a. "Make food at home so I can save money"

   b. "Meet more people so I can find someone to date"

6. **Clinical Formulation:**

   a. Medical Necessity Criteria: client meets medical necessity criteria for Specialty Mental Health Services as evidenced by an included diagnosis (Schizophrenia, F20.9) with symptoms that lead to current significant impairments in important areas of life functioning (distressing psychiatric symptoms; social impairments; vocational impairments). These impairments can be significant reduced with Specialty Mental Health Services—this condition would not be responsive to physical health care based treatment.

   b. Clinical Formulation: Client's long-standing mental health condition has negatively impacted his sense of self and his abilities. His symptoms of schizophrenia are not managed and his behaviors appear bizarre to others—client cannot develop and maintain relationships and obtain/maintain work. Similarly, client's disorganized thought processes impede his ability to maintain his hygiene (cannot participate in vocational programs or develop social relationships due to this) and to plan/execute activities to manage his finances, food shopping and food preparation.

   c. Treatment Model: Client is expected to benefit from: (1) CBT models to address social skills (Social Skills Training) and delusions (ability to identify and evaluate thoughts; improve vocational and social impairments), (2) medication evaluation and medication support (IM injections; reduce psychological distress), (3) linkage to socialization and vocational programs (vocational training/support; improve vocational impairments; structured social/recreation activities to improve social impairments) and (4) skill development for himself (behavioral training; reduce psychological distress) and for his mother (a significant support person who can support behavioral training activities in the community).

TPOC OBJECTIVE #1: REDUCE INTRUSIVE SOCIAL INTERRUPTIONS

1. **Problem #1**: Social Impairments

2. **Goal #1**: Reduce Social Impairments

3. **Objective #1**: Client will reduce intrusive social interruptions (approaching strangers on the bus and initiating conversations about his delusions) by June 30, 2017 from a current baseline of 10 times per day to 5 times per day, per client report. This should help improve the client's social impairments.

4. **Interventions for Objective #1**:

   a. Assessment:
      i) The *Case Manager* will provide assessment services (collection of assessment information) to confirm medical necessity if the client's condition changes (at a minimum, annual assessment).
      ii) The *Therapist* will provide assessment services (mental status exam; diagnosis) to confirm medical necessity if the client's condition changes (at a minimum, annually)

   b. Treatment Planning:
      i) The *Case Manager* will provide treatment planning services (obtaining client input for goals; monitoring client progress) when existing goals/objectives are met and if the client's condition changes (at a minimum, annually).
      ii) The *Therapist* will provide treatment planning services (confirming proposed interventions that are consistent with the included diagnosis and objectives) when existing goals/objectives are met and if the client's condition changes (at a minimum, annually).

   c. Therapy:
      i) The *Therapist* will provide individual therapy services (once a week, for 50 minutes, for 12 months) for the purposes of improving client's management of delusional beliefs that interfere with his ability to form/maintain

appropriate social relationships. The therapist will use Cognitive Behavioral Social Skills Training model to develop communication skills and problem-solving skills.

d. Rehabilitation:
   i) The *Case Manager* will provide individual rehabilitation services (once a week, for 30 minutes, for 12 months) for the purposes of restoring and maintaining the client's social skills and improving social impairments. The Case Manager will practice and rehearse social skills in the office as well as in the community (in particular, the bus). After the client has been referred/linked to socialization and vocational rehabilitation services, the Case Manager will also assist the client to practice social skills during those activities

e. Collateral:
   i) The *Case Manager* will provide collateral services (once a month, for 10 minutes, for 12 months) to client's mother, a significant support person, for the purposes of consulting and training the mother to help implement and reinforce the social skills activities (e.g., introduce himself, ask an open ended question, appropriately discuss his mental health symptoms, etc.).

f. Targeted Case Management:
   i) The *Case Manager* will provide TCM services for the purposes of brokering/referring/linking client to socialization services (support to help client meet pro-social peers). The initial activities will be completed within 60 days (complete referral packet; support client to complete intake and first sessions) and periodic monitoring will be conducted monthly, for 15 minutes, by the Case Manager to ensure that client is using/benefitting from services and to achieve his treatment plan goals.

g. Medication Support Services:
   i) The *Psychiatrist* will conduct an assessment to identify the client's current medication needs as well as supports needed to meet medication goals. Subsequently, the Psychiatrist will provide medication support services (one a month, for 15 minutes, for 12 months) to prescribe, administer, dispense and monitor medication.

h. Crisis Intervention Services:
   i) The *Psychiatrist, Therapist and/or Case Manager* will conduct Crisis Intervention services to assess and intervene for safety (harm to self/others) and address needs for safety.

TPOC OBJECTIVE #2: RESTORE & IMPROVE MEAL PREPARATION SKILLS

1. **Problem #2**: Vocational Impairments

2. **Goal #2**: Improve Vocational Impairments

3. **Objective #2**: Client will plan, prepare and eat dinner at home each evening, by June 30, 2017 (per client report). The current baseline for this is 0 times per evening. This objective is expected to improve the client's psychiatric symptoms and vocational impairments.

4. **Interventions**:

   a. Assessment:
      i) The *Case Manager* will provide assessment services (collection of assessment information) to confirm medical necessity if the client's condition changes (at a minimum, annual assessment).
      ii) The *Therapist* will provide assessment services (mental status exam; diagnosis) to confirm medical necessity if the client's condition changes (at a minimum, annually)

   b. Treatment Planning:
      i) The *Case Manager* will provide treatment planning services (obtaining client input for goals; monitoring client progress) when existing goals/objectives are met and if the client's condition changes (at a minimum, annually).
      ii) The *Therapist* will provide treatment planning services (confirming proposed interventions that are consistent with the included diagnosis and objectives) when existing goals/objectives are met and if the client's condition changes (at a minimum, annually).

c. Therapy:
   i) The *Therapist* will provide individual therapy services (once a week, for 50 minutes, for 12 months) for the purposes of improving client's management of delusional beliefs that interfere with his ability to create and implement plans for basic living activities and pursue vocational training/supported employment. Therapist will use Cognitive Therapy for Delusional Beliefs model to identify delusional beliefs and challenge delusional beliefs.

d. Rehabilitation:
   i) The *Case Manager* will provide individual rehabilitation services (once a week, for 30 minutes, for 12 months) for the purposes of improving and restoring the client's skills in meal planning and skills in grooming/personal hygiene (e.g., memory cues, planning, executing). Family Advocate will use behavioral tools developed by Therapist including activity charts, reminder cues, and tools that provide reinforcement for on-task behaviors).

e. Collateral:
   i) The *Case Manager* will provide collateral services (once a month, for 10 minutes, for 12 months) to client's mother, a significant support person, for the purposes of consulting and training the mother to help implement the behavioral tools consistently and to support client's use/benefit from services (remind client to use food shopping chart, shopping list, etc.).

f. Targeted Case Management:
   i) The *Case Manager* will provide TCM services for the purposes of brokering/referring/linking client to vocational services (support and skills to restore work skills in restaurant-related field). The initial activities will be completed within 60 days (complete referral packet; support client to complete intake and first sessions) and periodic monitoring will be conducted monthly, for 15 minutes, by the Case Manager to ensure that client is using/benefitting from services and to achieve his treatment plan goals.

g. Medication Support Services:
   i) The *Psychiatrist* will conduct an assessment to identify the client's current medication needs as well as supports needed to meet medication goals. Subsequently, the Psychiatrist will provide medication support services (one a month, for 15 minutes, for 12 months) to prescribe, administer, dispense and monitor medication.