

Figure 4-4
TR Care Plan

Data Line:**Who:**

Rose E. Mullins

Why admitted:

Suicide attempt by overdose of over-the-counter sleeping pills and alcohol.

Subjective:

She stated that she "gets along" well with her children and "OK" with her mother. Ms. Mullins stated "not missing work" as her only personal strength. She stated that her life seems "out of control" and "too difficult." Although she does have a boyfriend, they rarely go out socially. She reported that her rotating shifts at the glass factory make it difficult to find other people to do activities with. Ms. Mullins stated that she has become increasingly depressed over the course of the past year, and has no close friends. She stated that when she was younger she had a few close friends with whom she regularly "partied."

Objective:

Ms. Mullins is a divorced mother of two elementary school-aged children. She presents as a socially withdrawn and quiet adult female. She does not initiate interactions with other clients or with staff. Affect is sad most of the time. She is unable to identify with any currently satisfying leisure activities. She stated that she used to camp and fish with her ex-husband, but is uncertain if she would like to resume participating in these activities. When presented with a barrier to a desired leisure activity, she was unable to identify strategies to negotiate the barrier.

Figure 4-4 Continued
TR Care Plan

Assessment:

Ms. Mullins shows limited social skills and self-confidence. Ms. Mullins appears to desire an expanded social network, but has limited ability to act on this desire. She has an extremely limited leisure repertoire. Leisure-related problem-solving skills are poor.

Strengths:

1. Family support.
2. Able to form intimate interpersonal relationships.
3. Stable employment.

Needs:

1. Improved self-concept.
2. Improved social interaction.
3. Stress management skills.
4. Expanded leisure repertoire.
5. Exploration of potential problems related to alcohol consumption.

Long-Term Goals (within one month):

Upon completion of specified plan, client will:

1. Self-concept. Increase self-esteem.
2. Social Interaction. Expand supportive social network.
3. Stress Management. Report less stress in her daily life.
4. Leisure Repertoire. Expand repertoire of leisure activities.

Specific Objectives:

Over the course of intervention, client will:

1. Self-concept
 - a. Make at least one positive comment about self when asked.
 - b. Identify successful outcomes of activities when prompted.
 - c. Identify her attributions for outcomes of activities.
 - d. Make internal attributions for successes in leisure activities.
2. Social Interaction
 - a. Disclose at least one fact about self during each intervention session.

Figure 4-4 Continued
TR Care Plan

- b. Initiate at least one conversation during each intervention session.
 - c. Identify plan for seeking increased social interaction in her community.
3. Stress Management
 - a. Identify sources of stress in her life.
 - b. Perform tension reduction exercises when feeling stressed.
 4. Leisure Repertoire
 - a. Identify at least three leisure activities that interest her.
 - b. Identify barriers to leisure activity participation.
 - c. Identify plan for managing personal time.
 - d. Identify plan for engaging in one new leisure activity.

Plans:

Interventions

- Client to attend self-awareness/self-esteem group two times per week for one-hour sessions.
- Clients to attend leisure education group weekly for two-hour session.
- Client to attend social competence class weekly for one-hour session.
- Client to attend stress and anger management class two times per week for one-hour sessions.

Therapeutic Approaches

Self-esteem

- Encourage participation in success-oriented activities.
- Process activities with client.
- Facilitate client's identification of attributions for activity outcomes.
- Dispute attributions indicating helplessness.

Social Interaction

- Remind and reinforce social interaction goals.
- Teach client assertiveness skills.
- Teach client to identify barriers to social interaction.

Figure 4-4 Continued
TR Care Plan

Stress Management

- Facilitate client's identification of sources and symptoms of stress.
- Instruct client in tension reduction exercises (physical).
- Teach client time-management and cognitive coping techniques (cognitive).
- Use role playing to practice skills.

Leisure Repertoire

- Teach client strategies for negotiating leisure barriers.
- Teach client time-management strategies.
- Use behavioral contracting for developing new leisure activities.
- Use homework.

Evaluation:

- Use time-interval observations to monitor 1a, 1b, 2a 2b.
- Maintain progress notes of behavior in intervention sessions to monitor 1c, 1d, 2c, 3a, 3b, 4a-d.
- Monitor nursing staff notes for behavior related to 3b.

March 19, 2003
(date)

Bryan P. McCormick, CTRS
(signature)

is working with the client in a day hospital setting, and expects to work with the client over the period of at least one month. The client has already completed a five-day in-patient psychiatric treatment. The client is a 34-year-old divorced mother of two children who was admitted to the in-patient psychiatric unit of the local general hospital following a suicide attempt.

Ms. Mullins' plan covers a number of needs. The list of needs represents a prioritized list in the sense that unless more primary needs are met, lower-order needs may not be relevant. For example, until Ms. Mullins can cope with her apparent depression and low self-esteem, it is unlikely that she will be motivated to work on stress management or expanding her leisure repertoire. If the therapist were working with Ms. Mullins at a time in which she had a