

SAMPLE

**BEHAVIORAL HEALTH CARE PLAN
DEPRESSION**

RESIDENT:					
DATE	PROBLEM	GOAL	REVIEW DATE	INTERVENTIONS	RESPONSIBLE DISCIPLINE
	<p>1. Resident has a diagnosis of depression. Reports/displays the following signs and symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Little interest/pleasure in doing things <input type="checkbox"/> Feeling down, depressed, hopeless <input type="checkbox"/> Trouble falling/staying asleep; sleeping too much <input type="checkbox"/> Feeling tired /having little energy <input type="checkbox"/> Poor appetite/overeating <input type="checkbox"/> Feeling bad about him/herself; a failure <input type="checkbox"/> Trouble concentrating, e.g. reading, watching TV <input type="checkbox"/> Moving/speaking so slowly others noticed; or opposite <input type="checkbox"/> Thoughts he/she would be better off dead; or hurting him/herself <p>2. Resident expresses his depression by withdrawing from social activity and refusing ADL care.</p> <p>3. Resident admits to having a short temper when he feels most depressed. He will generally raise his voice when angry, but feels it takes a lot to get him to that point.</p>	<p>The resident's will not experience s/s of depression as evidenced by reporting that s/s have diminished.</p> <p>Or</p> <p>The resident will demonstrate fewer episodes of depression as evidenced by his attendance at social activities and acceptance of ADL care over the next quarter.</p> <p>Or</p> <p>The resident will achieve better control over his anger as evidenced by not raising his voice to staff and peers.</p> <p><u>(Note: Team should work toward a single goal)</u></p>		<ul style="list-style-type: none"> <input type="checkbox"/> Meet with resident to identify topics and/or events that may trigger s/s of depression <input type="checkbox"/> Identify what interventions the resident currently practices to minimize the s/s of depression <input type="checkbox"/> Psychology/mental health services <input type="checkbox"/> Therapeutic activity to improve social comfort and interest in conversation with peers (i.e. roundtable discussions, social events, educational programs) <input type="checkbox"/> Develop an ADL care routine that resident accepts; record in writing and review daily to minimize the potential for refusals <input type="checkbox"/> Medications, as indicated 	<p>MD, Nursing, SW</p> <p>IDT</p> <p>MD/Psych/SW</p> <p>TR/SW/Rehab</p> <p>SW/TR/Nursing</p> <p>MD, Nursing, SW</p>