// preview version only

Treatment Plan - Dialectical Behaviour Therapy (DBT)

⊟ Demographics:

NHI: _____   **Name:** _____   **Phone No.** _____

Age: _____   **Address:** _____   **D.O.B.** _____

Gender: _____   **G.P.** _____   **GP Phone No.** _____

Status and Dates:

Plan Date: _____ * 📅   **Expected Review Date:** _____ * 📅

⊟ External support people and contact details:

Name of contact	Phone No.	Comment:
✗		
✗		

New

⊟ Care Team:

Keyworker: _____ *   Search   Clear   **Telephone:** _____ *

Care Team: _____ ▾ *

Psychiatrist or Therapist: _____   Search   Clear   **Telephone:** _____

My Social Worker is: _____   Search   Clear   **Telephone:** _____

Other Clinician: _____   Search   Clear   **Telephone:** _____

DBT Care Team

DBT Therapist: _____ *   Search   Clear   **Telephone:** _____ *

Skills Facilitator: _____   Search   Clear   **Telephone:** _____

Skills Facilitator: _____   **Telephone:** _____

⊟ Diagnosis (DSM-IV-TR Criteria):

AXIS I: _____ * 🔍 _____ *

AXIS II: _____ 🔍 _____

AXIS III: _____ 🔍 _____

(Any medical conditions to be aware of).

_____

⊟ Summary of History and Assessment/Conceptualisation of Service User:

_____ *

⊟ Risk:

Summary of risk and current risk: (suicidality; acute; intermittent; chronic; not current).

_____ *

Risk to others:

_____

⊟ Treatment Outline:

Treatment approach:

_____ *

Treatment goals:

> *

☐ Medications and any Known Allergies:

☐ Skills:

Skills: (Identify the skills the client has learnt or is able to apply)

> *

☐ Crisis Plan:

Usual crisis presentation: include indicators of increased high suicide risk.

Clinical contact Monday to Friday 8:30am to 5:00pm.

Clinical contact after hours, weekends and nights:

Guidelines for crisis worker pre self-harm. (expression of suicidal thoughts/intent/plan).

What helps?

What doesn't help?

Guidelines post self-harm:

Obtaining treatment for physical injury/overdose:

Ongoing acute suicidality:

Respite: (Where and what, criteria, aims, guidelines, duration and frequency)

☐ Inpatient Treatment Approach:

Type A: Time limited inpatient stay:

Type B: Or negotiated transfer of treatment to inpatient team:

Criteria:

Aims:

Guidelines for inpatient team:

Contingencies:

Length of stay:

Place of Mental Health Act (MHA):

➖ Names of Participating Parties in this Plan:

Authored By: [_____] *   **Designation:** [_____] *

➖ Other Parties Involved:

Name:		Designation/role:		Signed Date:	
❌ [_____] *		[_____] 🔍		[_____] 📅	
❌ [_____] *		[_____] 🔍		[_____] 📅	

New

IPM Referral No. [_____] *   **<<-- If this field blank. Choose Referral at Top of Page!**

| Print... | Save Draft | Save Active. | Discharge... | Exit | Cancel |

| Expand All | Spell Check... | Search Page | Clear Codes |

Recovery Plan - Health Care + Recovery (Dundrum)

NHI: [ ]   **Name:** [ ]   **Phone No.** [ ]

Age: [ ]   **Address:** [ ]   **D.O.B.** [ ]

Gender: [ ]   **G.P.** [ ]   **GP Phone No.** [ ]

⊟ First Section - General

Date: [ ] * 📅   **MH Service Setting:** [▾] *

⊟ Legal Status:

Legal Status (RC and next review): [ ]   [ ]

Legal Status is from i.PM updated each time this form is edited. *Edits will be over written next form update.*

⊟ Health Care Plan Overview

Health Care Plan Overview:
(Describe consumer's current mental state and functioning and how it relates to his / her care and recovery needs and risk formulation. State which overall go

[ ]

⊟ Further studies or testing to be completed

Type: **Responsible Staff Member:**   **Date Initiated:**

✕ [ ]   [ ] Search   Clear   [ ] 📅

New

⊟ Dundrum-3 PC1 - Physical Health

PC1 - Physical Health [▾] Pillar 1 guide   **PC1 Self Assessed Score:** [▾]

⊟ PC1 - Physical Health

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

[ ]

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

[ ]

⊟ PC1 - Physical Health Plan

Plan: **Type of Intervention:**   **Staff Responsible:**

✕ [ ]   [ ]   [ ]

New

⊟ PC1 - Goal Review

Evaluation: Achieved ○   Ongoing ○   Other (Describe) ○

Comment: [ ]

⊟ Dundrum-3 PC2 - Mental Health

PC2 - Mental Health [▾] Pillar 2 guide   **PC2 Self Assessed Score:** [▾]

⊟ PC2 - Mental Health

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

[ ]

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

[ ]

⊟ PC2 - Mental Health Plan

Plan: **Type of Intervention:**   **Staff Responsible:**

✕ [ ]   [ ]   [ ]

New

⊟ PC2 - Goal Review

Evaluation: Achieved ○   Ongoing ○   Other (Describe) ○

Comment: [ ]

⊟ Dundrum-3 PC3 - Drugs and Alcohol

PC3 - Drugs and Alcohol [▾] Pillar 3 guide   **PC3 Self Assessed Score:** [▾]

⊟ PC3 - Drugs and Alcohol

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

[ ]

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

⊟ PC3 - Drugs and Alcohol Plan

Plan:	Type of Intervention:	Staff Responsible:
✗		

New

⊟ PC3 - Goal Review

Evaluation: Achieved ○ Ongoing ○ Other (Describe) ○

Comment:

⊟ Dundrum-3 PC4 - Problem Behaviours

PC4 - Problem Behaviours	[▾] Pillar 4 guide	PC4 Self Assessed Score:	[▾]

⊟ PC4 - Problem Behaviours

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

⊟ PC4 - Problem Behaviours Plan

Plan:	Type of Intervention:	Staff Responsible:
✗		

New

⊟ PC4 - Goal Review

Evaluation: Achieved ○ Ongoing ○ Other (Describe) ○

Comment:

⊟ Dundrum-3 PC5 - Self-Care and Activities of Daily Living

PC5 - Self-Care and Activities of Daily Living	[▾] Pillar 5 guide	PC5 Self Assessed Score:	[▾]

⊟ PC5 - Self-Care and Activities of Daily Living

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

⊟ PC5 - Self-Care and Activities of Daily Living Plan

Plan:	Type of Intervention:	Staff Responsible:
✗		

New

⊟ PC5 - Goal Review

Evaluation: Achieved ○ Ongoing ○ Other (Describe) ○

Comment:

⊟ Dundrum-3 PC6 - Education, Occupation, Creativity

PC6 - Education, Occupation, Creativity	[▾] Pillar 6 guide	PC6 Self Assessed Score:	[▾]

⊟ PC6 - Education, Occupation, Creativity

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

⊟ PC6 - Education, Occupation, Creativity Plan
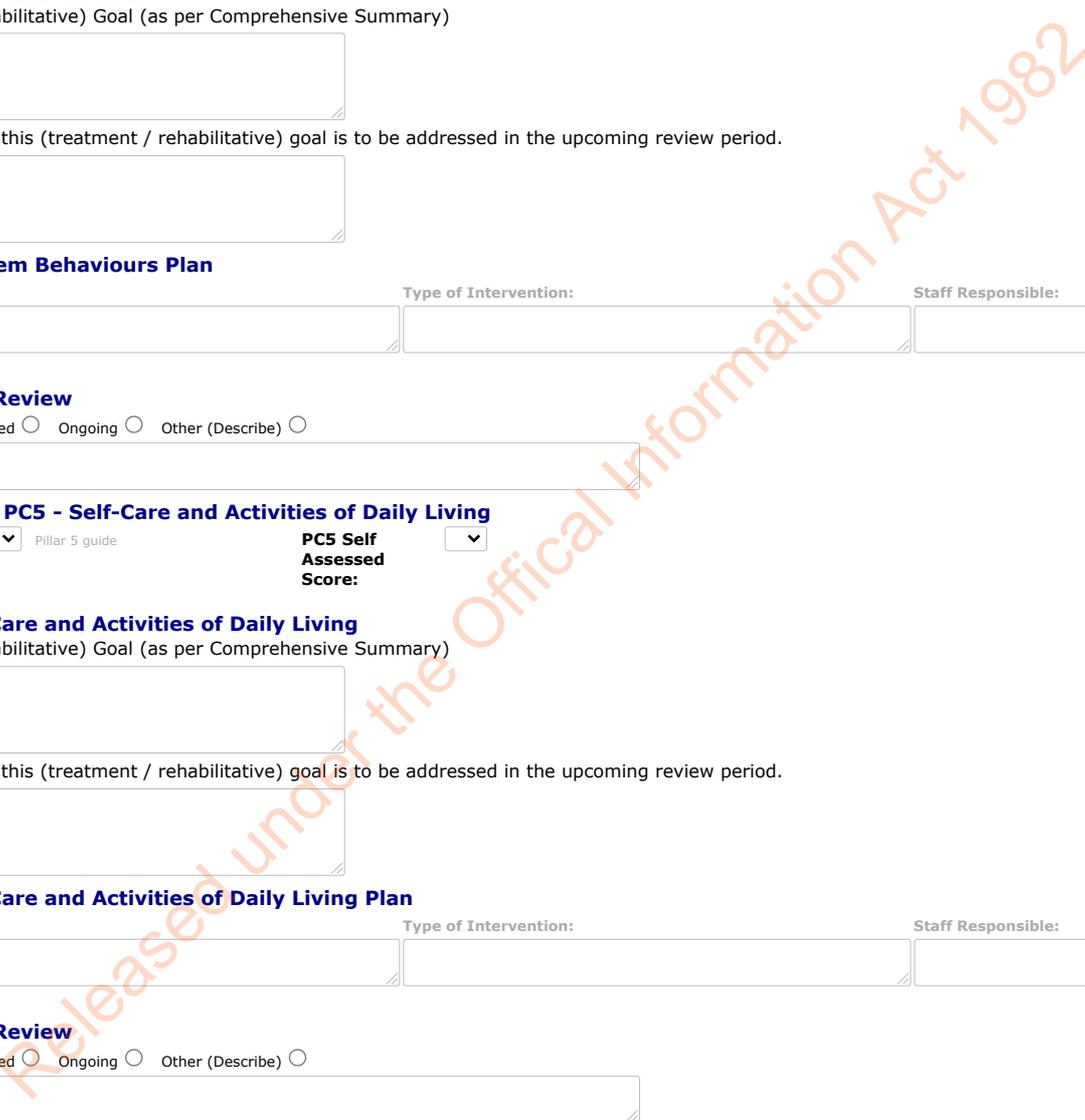
Plan: **Type of Intervention:**   **Staff Responsible:**

✕

New

▬ PC6 - Goal Review

Evaluation: Achieved ○   Ongoing ○   Other (Describe) ○

Comment:

▬ Dundrum-3 PC7 - Family and Social Networks, Friends and Intimacy

PC7 - Family and Social Networks, Friends and Intimacy   [▾] Pillar 7 guide   **PC7 Self Assessed Score:**   [▾]

▬ PC7 - Family and Social Networks, Friends and Intimacy

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

▬ PC7 - Family and Social Networks, Friends and Intimacy Plan

Plan: **Type of Intervention:**   **Staff Responsible:**

✕

New

▬ PC7 - Goal Review

Evaluation: Achieved ○   Ongoing ○   Other (Describe) ○

Comment:

▬ Dundrum-3 PC8 - Cultural and Spiritual Awareness

▬ PC8 - Cultural and Spiritual Awareness

(Treatment / Rehabilitative) Goal (as per Comprehensive Summary)

Comment on why this (treatment / rehabilitative) goal is to be addressed in the upcoming review period.

▬ PC8 - Cultural and Spiritual Awareness Plan

Plan: **Type of Intervention:**   **Staff Responsible:**

✕

New

▬ PC8 - Goal Review

Evaluation: Achieved ○   Ongoing ○   Other (Describe) ○

Comment:

▬ Dundrum-4 Recovery Items

RC 1 - Stability	[▾] Recovery 1 guide	**RC1 Self Assessed Score:**	[▾]
RC 2 - Insight	[▾] Recovery 2 guide	**RC2 Self Assessed Score:**	[▾]
RC 3 - Therapeutic Rapport	[▾] Recovery 3 guide	**RC3 Self Assessed Score:**	[▾]
RC 4 - Leave	[▾] Recovery 4 guide	**RC4 Self Assessed Score:**	[▾]
RC 5 - Dynamic Risk Items	[▾] Recovery 5 guide	**RC5 Self Assessed Score:**	[▾]
RC 6 - Victim Sensitivity Items	[▾] Recovery 6 guide	**RC6 Self Assessed Score:**	[▾]
RC 7 - Hope	[▾] Recovery 7 guide	**RC7 Self Assessed Score:**	[▾]

▬ Tangata Whaiora Review

Tangata Whaiora has reviewed the Plan   [▾] *

Tangata Whaiora Approves   [▾]

Tangata Whaiora Perspective

Administration Detail:

Last Update: [_____]   **By:** [_____]   **Designation:** [_____]

Contributors:

[_____]

| Print | Save Draft | Save Active... | Exit | Cancel |

Last Update: [_____]   **By:** [_____]   **Designation:** [_____]

Contributors:

[_____]

| Print | Save Draft | Save Active... | Exit | Cancel |

// preview version only

Recovery Plan - Crisis Assessment and Home Treatment

[+]
[+]

Demographics:

NHI:	**Name:**	**Phone No.**
Age:	**Address:**	**D.O.B.**
Gender:	**GP:**	**GP Phone No.**

[–] Status and Dates:

Plan Date: **Next Review / Stop Date:** [   ] *

Presentation and Formulation:

[   ] *

[–] Risk Assessment: Risk Levels

	Date:	**Risk to Self:**	**Risk to Others:**	**Risk from Others:**	**Risk to Property:**	**Physical or Medical:**	**Progression of Illness:**
✗	[ ]	[▾]	[▾]	[▾]	[▾]	[▾]	[▾]

New
^^^
Use New Button above to add a new risk assessment!

Use (**X**) to delete empty row if none are being recorded

[–] Risk Assessment: - Rationale

Elaborate on other risks if required, for example Overdoses, Self Mutilation, Violent behaviours, and to whom, and helpful interventions:

[   ]

Ethnicity: [   ] *   **Cultural Input Required?** [▾]

Comment: [   ]

[–] MDT and Clinical Review Meetings:

	Date:	**Discussion:**	**Attendees:**
✗	[ ] *	[ ] *	[ ] *

New
For large discussions use a Community Progress Note and summarise the discussion above.
^^^
Use New Button above to add additional meetings.

Use (**X**) to delete empty row if none are being recorded

[–] Medications:

[   ]

[–] Daily Plan:

	Date:	**Recommendations & Plan:**
✗	[ ] *	[ ] *

New
A New Daily Plan should be added following each MDT meeting
^^^
Use New Button above to add a new daily plan!

Use (**X**) to delete empty row if none are being recorded

[–] Discharge Plan:

Refer To: [▾]   **Referral Date:** [   ]

[   ]

[–] Administration

Last Update: [   ] * **By:** [   ]   **Designation:** [   ] *

Contributors:
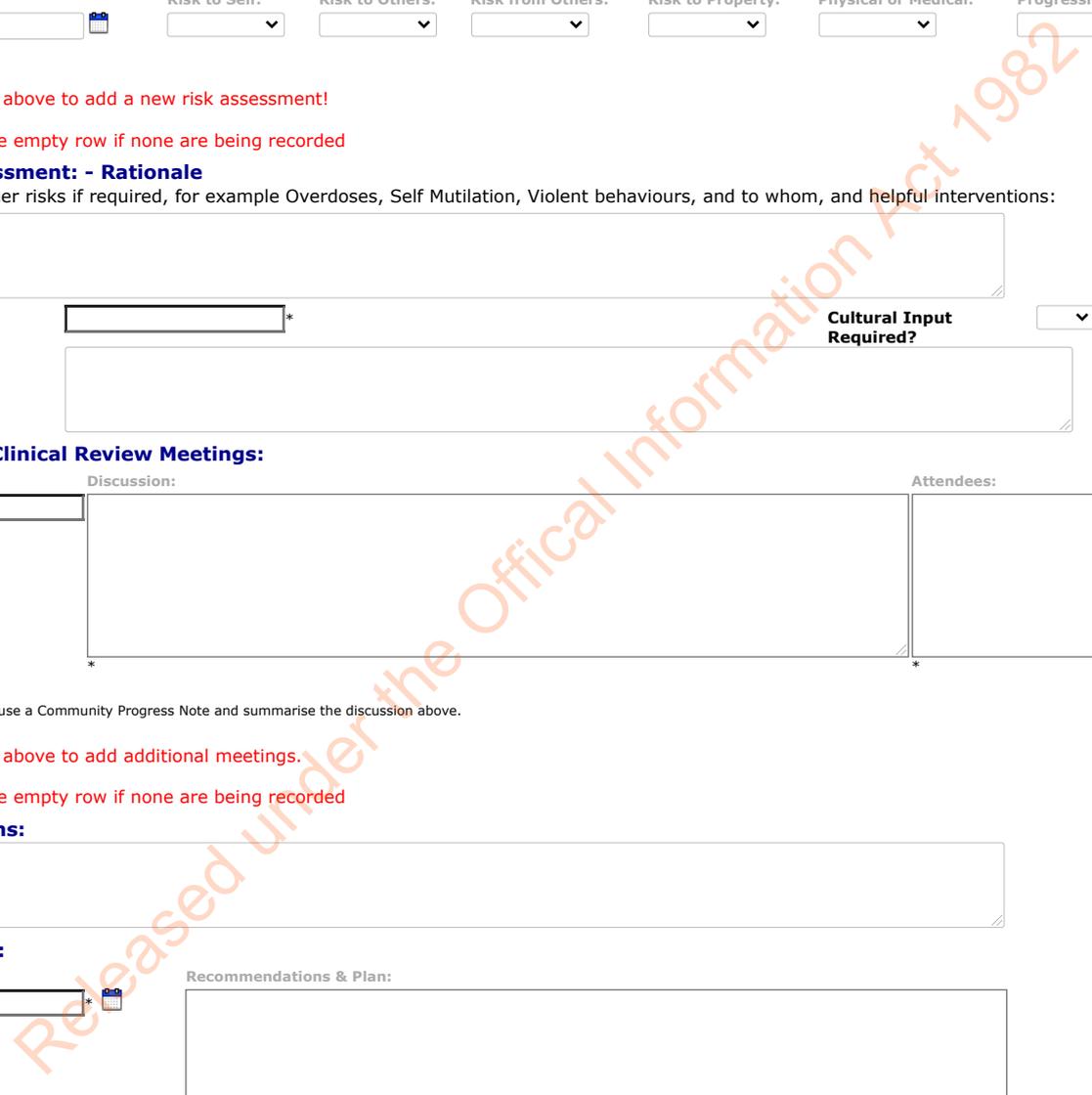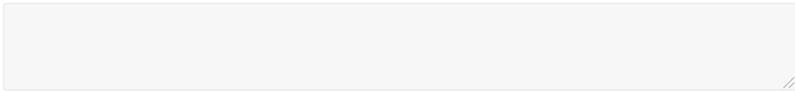
Electronic Only document. File copy not required. Please destroy paper copies using confidential destruction.

This document should only be printed for temporary or Service User use.

		Save Draft	Save Active	Discharge	Exit	Cancel	
		Expand All	Spell Check…	Search Page	Clear Codes		

// preview version only

Recovery Play - MH Services for Older People

[+]
[+]

Demographics:

NHI:		**Name:**	**Phone No.**
Age:		**Address:**	**D.O.B.**
Gender:		**GP:**	**GP Phone No.**

Status and Dates:

Plan Date: [_____] * 📅   **Expected Review Date:** [_____] * 📅

Legal Status: [_____]   [_____]

Legal Status is automatically updated (from i.PM) each time the Recovery Plan form is edited. *Edits will be over written next update.*

Plan Focus (Service User / Service Provider)?

If this Treatment Plan will be used predominantly by the Service User to facilitate their own care select 'Service User.'

If the Treatment Plan will be used solely by a Service Provider or Carer select 'Service Provider.'

Plan Focus: [_____ ▼] *

Social Indicators:

Accommodation Status: [_____ ▼] * Definitions

Dependants: ☐ None ☐ Infants, Children + Adolescents (0-17) ☐ Adult (18 - 64) ☐ Elderly (65+) ☐ Other*

Support Needs: [_____ ▼]

Details: [_____]

Paid Employment: (select one) ○ Not in paid employment (<1 hr / wk) ○ Part time paid (1 - 30 hr /wk) ○ Full Time Employment (>30 hr / wk) ○ Retired *

Occupation: [_____]

Education / Training: ○ Pre-school ○ Primary ○ Intermediate ○ Secondary ○ Tertiary ○ Trades / Other NZQA ○ Other / Non NZQA ○ None *

Description: [_____]

Meaningful Activities: [_____] *

☐ Carer Role ☐ Child Care / Parenting ☐ Community Centre ☐ Voluntary Work ☐ Recreation / Sport ☐ Other ☐ None*

Usual GP [_____] * **Practice:** [_____]

GP Engagement Level: [_____ ▼] *

Treatment Plan:

Background and Presentation Summary:

[_____]

Primary or Presenting Problem: [_____] *

(My) Risk Summary:

My Understanding of My Risks and My Safety Plan

[_____]

Please ensure a Risk Plan exists if indicated by the Risk Statement. Risk strategies should be reflected in goals and interventions.

Service User Perspective:

This area can be used to record:
Service User Perspective, Wellness Statement, Overarching Goal for Recovery, Relationship with Family / Support Networks.

[_____]

Family / Whanau Perspective:

[_____]

Transition / Discharge Plan(s):

Strategies for next transition from high to low acuity; or to primary care and self management.
This section can be used for inpatient to community and community to primary care transitions.

[ ] *

Main Objectives:

1. [ ] *   [ ] *

2. [ ]   [ ]

3. [ ]   [ ]

4. [ ]   [ ]

5. [ ]   [ ]

Other Objectives:

. [ ]   [ ]

Completed Objectives (Optional):

This area can be used to store completed objectives to share with the service user or provider.

[ ]

Attach Documents:

Find Document: [Add Document]

Early Warning Signs and Actions (Triggers):

1. [ ] *   [ ] *

2. [ ]   [ ]

3. [ ]   [ ]

4. [ ]   [ ]

Please ensure most important Early Warning Sign is at top of the list

Other Relevant Information

This field can be used to record: Service User Perspective, Carer Perspective or other information relevant to the Service User's care.

[ ]

Advanced Directive:

Advanced Directive Status: [▼]

Details of Current Medications:

[ ] *

If no relevant medications please state "none"

Service User Support Team:

Keyworker: [ ] *   Search   Clear   **Telephone:** [ ] *

Waikato DHB Team: [▼] *

Psychiatrist or Counsellor: [ ]   Search   Clear   **Telephone:** [ ]

Nurse: [ ]   Search   Clear   **Telephone:** [ ]

Doctor / GP: [ ]   **Telephone:** [ ]

Support People: (external) [ ]   **Telephone:** [ ]

Other Support People: [ ]   **Telephone:** [ ]

Administration Detail:

Authored By: [   ]   **Designation:**   [   ]*

IPM Referral No.   [   ]*   <<-- If this field blank. Choose Referral at Top of Page!

| Expand All | Spell Check... | Search Page | Clear Codes |

Administration Detail:

Authored By: [   ]   **Designation:**   [   ]*

IPM Referral No.   [   ]*   <<-- If this field blank. Choose Referral at Top of Page!

| Expand All | Spell Check... | Search Page | Clear Codes |

// preview version only

Recovery Play - Infant, Child and Adolescent MH

Demographics:

NHI:	**Name:**	**Phone No.**
Age:	**Address:**	**D.O.B.**
Gender:	**GP:**	**GP Phone No.**

Plan Type:

Keyworker: ● Waikato Keyworker   ○ NGO Keyworker   ○ NGO Shared Care   *

Status and Dates:

Plan Date: _____ * 📅   **Expected Review Date:** _____ * 📅

Legal Status: _____

Legal Status is automatically updated (from i.PM) each time the Recovery Plan form is edited. *Edits will be over written next update.*

Instructions:

Treatment / Recovery / Safety Plans are developed predominantly for use by the Service user, to facilitate their own care.

Inclusive language should be used indicating participation of the Service User in their own recovery.

Social Indicators:

Accommodation Status: [dropdown] * Definitions

Dependants: ☐ None ☐ Infants, Children + Adolescents (0-17) ☐ Adult (18 - 64) ☐ Elderly (65+) ☐ Other*

Support Needs: [dropdown]

Details: [text area]

Paid Employment: (select one) ○ Not in paid employment (<1 hr / wk)   ○ Part time paid (1 - 30 hr /wk)   ○ Full Time Employment (>30 hr / wk)   ○ Retired   *

Occupation: [text field]

Education / Training ○ Pre-school ○ Primary ○ Intermediate ○ Secondary ○ Tertiary ○ Trades / Other NZQA ○ Other / Non NZQA ○ None   *

Description: [text area]

Meaningful Activities: [text area] *

☐ Carer Role ☐ Child Care / Parenting ☐ Community Centre ☐ Voluntary Work ☐ Recreation / Sport ☐ Other ☐ None*

Usual GP [text field] * **Practice:** [text field]

GP Engagement Level: [dropdown] *

Service User Perspective:

This area can be used to record:
Service User Perspective, Wellness Statement, Overarching Goal for Recovery, Relationship with Family / Support Networks.

[text area]

Shared Perspective:

This area can be used to record:
A collaborative statement, mutually agreed upon, between Service user & Clinicians / Clinical Team

[text area]

Family / Whanau Perspective:

[text area]

My Risk Summary:

This area can be used to record:
My Understanding of My Risks and My Safety Plan

[text area]

Early Warning Signs, Triggers and Concerns:

. EW Signs / Triggers / Concerns: -	. What makes it worse?	. What makes it better?
1.		
2.		
3.		
4.		

Attach Documents:

Find Document: [Add Document]

Manage Attachments:

	Document ID:	**Document Type:**	**Description:**	**Document Date:**	**Instructions:**
✕		▼ *		* 📅	<-- Use the (X) to remove attachment

New

Attached document changes (made above) may be applied when the form is next saved next. Use Save and Continue to force display change. Duplicates are only displayed once.

Attachments:

Main Goals / Objectives:

.	My Goals / Objectives Are:	.	Actions, Interventions and Strengths:	.	By Whom/When?
1.					
2.					
3.					
4.					
5.					
.	Other Goals / Objectives: (please list)	.	Other Interventions:	.	By Whom / When?
.					

Completed Goals / Objectives (optional):

This area can be used to store completed goals / objectives to share with the service user.

Crisis Plan:

To record the care plan when the Service User is in Crisis

Details of Current Medications:

If no relevant medications please state "none"

Other Information / MDT Review:

This field can be used to record any additional information relevant to the Service User's care and recovery.

Advanced Directive:

Advanced Directive Status: ▼

Discharge Plan:

Strategies and plans for transition from high to low acuity including exit from service to primary care and/or self management. This section should be used for

*

Support Team:

Keyworker:		* Search	Clear	**Telephone:**	*
Waikato DHB Team	▼ *				
Psychiatrist or Therapist:		Search	Clear	**Telephone:**	
My Nurse is:		Search	Clear	**Telephone:**	
My Other Clinician is:		Search	Clear	**Telephone:**	
My Doctor or GP is:				**Telephone:**	
My support people are:				**Telephone:**	
Other people involved in my care are:				**Telephone:**	
If I have concerns I will contact:					

After-hours crisis line: Telephone 0800 50 50 50 (this number is free to call)

Youth line: Telephone 0800 376 633 (this number is free to call)

Administration Detail:

Authored By	[ ]* Search Clear	**Designation:** [ ]*
IPM Referral No.	[ ]*	<<-- If this field blank. Choose Referral at Top of Page!

Expand All   Spell Check…   Search Page   Clear Codes

Administration Detail:

Authored By	[ ]* Search Clear	**Designation:** [ ]*
IPM Referral No.	[ ]*	<<-- If this field blank. Choose Referral at Top of Page!

Expand All   Spell Check…   Search Page   Clear Codes