Office: (866) 721-0962 | Fax: (406) 794-0352

Treatment Plan Create Date: 02/03/2026 9:38 AM MT

Treatment Plan

Client info

Joseph Mahoney
8052257061
76 Second Street
Waterford, NY 12188
Admit Date: December 06, 2025
Level of Care: Virtual Intensive Outpatient (IOP) with group and individual therapy

Plan Type:

Treatment Plan Review

Client's Strengths, Needs, Abilities, and Goals

Client's strengths:

Client is insightful, intelligent and resilient.

Client's needs:

Client wants to process underlying emotions/unworked trauma that impacts the way that he interacts with the world today.

Client's abilities:

Client is motivated to be in treatment and has internal strength/resilience.

Client's goals:

Client reported 'Getting beyond an unwanted existence'.

Treatment Plan

Major depressive disorder, recurrent severe without psychotic features:

- Diagnosis(es)
  - [F33.2 (296.33)] Major depressive disorder, recurrent severe without psychotic features
- Symptoms
  - Feelings of sadness, tearfulness, emptiness or hopelessness
  - Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
  - Feelings of worthlessness or guilt, fixating on past failures or self-blame
  - Irritability/Frustration
  - Memory difficulties or personality changes
  - Self-Harm/ Self-Injury
  - Trouble thinking, concentrating, making decisions and remembering things
  - Fatigue
- Goals
  - "I have experienced depression on and off throughout my life"
- Objectives

    - Decrease Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide from 4 per week to 1 per week in the next 8 week(s) as measured by Clinician observation

- Interventions
    - DBT: Implement GIVE (be Gentle, act Interested, validate, easy manner) skill to maintain healthy close relationships and increase interpersonal effectiveness.
    - DBT: Implement WISE mind, by incorporating emotional and logical reasoning into decision making to increase mindfulness.
    - DBT: Practice coping ahead to rehearse plans ahead of time and practice coping skills to increase emotional regulation.
    - DBT: Develop and establish healthy, flexible boundaries to promote improve interpersonal effectiveness in relationships.
    - DBT: Apply opposite action thinking and choose a response opposite from what your biological response activates you to do to increase emotional regulation.
    - DBT: Practice radical acceptance to reduce internal conflict and increase distress tolerance.
    - DBT: Implement effective problem solving skills (stop, define, describe, identify options, consequences, decision making, evaluation) to increase distress tolerance.
    - DBT: Implement ACCEPTS (activities, contributions, comparisons, emotions, pushing away, thoughts, and sensations) skills to increase distress tolerance.
    - DBT: Use self-soothing techniques (incorporating five senses) to increase distress tolerance.
    - DBT: Practice mindfulness through non-judgment, focusing awareness on the present moment, and being effective.
    - DBT: Implement TIP (temperature, intense exercise, paced breathing) skills to change body chemistry in increase distress tolerance
    - DBT: Implement STOP (stop, take a step back, observe, proceed mindfully) to increase emotional regulation.
    - DBT: Weigh out pros and cons to accept reality, improve decision making skills, and increase distress tolerance.

Anxiety disorder, unspecified:

- Diagnosis(es)
    - [F41.9 (300.00)] Anxiety disorder, unspecified

- Symptoms
    - Trouble sleeping
    - Sense of impending doom or danger
    - Feeling nervous, restless or tense
    - Irritability
    - Excessive worry
    - Fatigue
    - Concentration
    - Self-Harm/ Self-Injury
    - Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide

- Goals
    - "I find myself to be hyper vigilant and mask my emotions around others"

- Objectives
    - Decrease Sense of impending doom or danger from 7 per week to 4 per week in the next 8 week(s) as measured by Clinician observation

- Interventions
    - Psychoeducation: Combine the elements of cognitive behavior therapy, group therapy, and education to provide the client and family knowledge about symptoms, diagnosis, and treatment to improve collaboration with mental health professionals for a better overall outcome.
    - Psychoeducation: Therapist to provide information for the client and family to provide support, increase understanding, and increase medication compliance.
    - Group Sessions: Client will share openly in group about their day.
    - Group Sessions: Learn skills in group setting.
    - Group Sessions: Attend 3 hours of groups 3 days a week.
    - Group Sessions: Engage openly in group to build relationships, share and learn coping strategies, and participate in group processing.

MBC score auto-generated text:

The client completed their first MBC Survey on 01/02/26. Their most recent MBC survey was completed on 01/30/26. WHO-5 overall scores have been 20, 44, 28, 56, 40. Mental Health Functional Impairment (MHFI) scores have been School/Work: 2, N/A, N/A, N/A, N/A. Sleep: 1, 1, 2, 1, 1. Brushing Teeth: 1, 1, 1, 1, 1. Showering: 1, 1, 1, 1, 2. Appetite: 2, 2, 1, 1, 1. Medication: 2, 2, 2, 2, 2. PROMIS Depression sum scores have been 23, 19, 26, 19, 23. PROMIS Anxiety sum scores have been 17, 18, 17, 18, 18.

Explanation of scores: WHO5: 5 questions each max score of 5, add the totals for each question (max 25) and then multiply the sum by 4 to get a percentage out of 100. Higher score indicates better wellbeing. Mental Health Functional Impairment (MHFI): 6 questions, each max score of 2. Higher scores indicate symptom improvement. Depression: 7 questions each max score of 5, add the totals for each question (max 35). Lower score indicates lower depression levels. Anxiety: 5 questions each max score of 5, add the totals for each question (max 25). Lower score indicates lower anxiety levels. N/A (Not Applicable) indicates that the client selected the N/A answer choice. N/R (Not Reported) indicates that the client did not select any answer choice.

MBC score summary:

Clients MBC measures indicate that client experiences severe symptoms of anxiety and depression. These measures support the use of DBT, group therapy and psychoeducational interventions.

Discharge

Anticipated discharge date: February 28, 2026

Criteria for discharge

Client's deferred goals

n/a

Barriers to treatment

n/a

Criteria for discharge

Client wants symptoms of anxiety and depression to not interfere with his life to the degree that it does now.

Care Team

Within Charlie Health

Care experience specialists will be available to client to support and answer any questions about treatment along the way.

Emma Stein, as the Primary therapist, will meet with client for 1.0 individual hrs/week and 0.0 family hrs/week.

Client will attend group sessions 3 time(s) a week, for 3 hour(s) per session.

Primary therapist will be supervised by Stephanie VanAlstyne

Outside providers

Referrals to Charlie Health

- Primary
  - Amy Sullivan
  - 518-557-1887
  - amysullivanpsychiatry@gmail.com

Any needs for referrals outside of Charlie Health or change in level of care? (Also include referred goals/needs)

Client overview

Reason for admission

Client reported 'I've had depression all my life or at least as far as I know. My first encounter with depression was when I was 16 and I had a suicide attempt at 16 y/o. The hard core part of what I am dealing with right now has been going on for the past 2 years. My mind kept telling me that I deserved to get worse and to not

get help. Two and a half years ago my marriage of 20 years blew up. I am close to signing divorce papers. I lost my home and I lost my family. I am in New York and they are in California. My three boys are still living with her. After that happened I ended up living in my car for 16 months. I have family in Colorado and family in New York. Family offered to stay with them and that was October, 2024 when I drove from California to Colorado, I was in Colorado from 10/2024-07/2025. I've been in New york Since 07/2025. During that time I couldn't get any kind of services because I didn't have a mailing address. I self admitted into inpatient treatment earlier this year and after being discharged I started seeing a psychiatrist and working on DBT'. Client reported seeking treatment to find the root cause of depression and suicidal thoughts and reported 'I have done CBT for so long and I feel like it has just been like putting a bandaid on the problem rather than figuring out the root cause and getting better'.

Initial client needs

Client reported 'I want to learn more about DBT to improve my mental health'.

Family support and education

Client reported that his family has expressed concerns about his mental health over the past month. Client reported that his family is supportive of him seeking care.

Next treatment plan review

March 06, 2026

Medications

Name - Qty - Instructions

- buPROPion ER (XL) Tab ER 24hr 450 mg - 450 mg - Once daily
- Venlafaxine ER Tab ER 24hr 225 mg - 225 mg - 1x daily

Verbal consent on this treatment plan was given from the client. Signatures below indicate the client has participated in the development of and agrees with the treatment plan, has received a copy, will sign an informed consent of the treatment plan, and is aware of alternatives to treatment.

Signatures

Submitted and electronically signed by Emma Stein, LMSW, Associate Primary Therapist on 02/03/2026 09:38:24 AM MST

Awaiting review

Sent to Joseph Mahoney (Client) for signature on 02/03/2026 9:38:23 AM MST and will send regular reminders thereafter

Electronically signed by Joseph Mahoney (Client) on 02/03/2026 11:01:10 AM MST