**Treatment Plan**

Based on the information collected in Week 4, complete the following treatment plan for your client Eliza. Be sure to include a description of the problem, goals, objectives, and interventions. Remember to incorporate the client's strengths and support system in the treatment plan.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DSM Diagnosis** | **ICD Diagnosis** |
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|  **Goals / Objectives:** | **Interventions:** | **Frequency:** |
| □ Mood Stabilization | □ Psychotropic Medication Referral & Consultation □ Journaling□ Cognitive Behavior Therapy □ Skill Training□ Emotion Recognition – Regulation Techniques | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Anxiety Reduction | □ Psychotropic Medication Referral & Consultation □ Journaling□ Cognitive Behavior Therapy □ Skill Training□ Relaxation Techniques | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Reduce Obsessive Compulsive Behaviors | □ Psychotropic Medication Referral & Consultation □ Journaling□ Cognitive Behavior Therapy □ Skill Training | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Decrease Sensitivity to Trauma Experiences | □ Verbalize Memories Triggers & Emotion□ Desensitize Trauma Triggers and Memories□ Utilize Healing Model/Support (Mending the Soul) | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Establish and Maintain Eating Disorder Recovery | □ Overcome Denial □ Identify Negative Consequences □ Menu Planning □ Nutrition Counseling □ Body Image Work □ Healthy Exercise □ Trigger Mngmt Recovery Plan □ CBT | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Maintain Abstinence from substances (Alcohol/Drugs) | □ Substance Use Assessment □ Stepwork □ Overcome Denial □ Identify Negative Consequences □ Commitment to Recovery Program □ Attend Meetings □ Obtain Sponsor  | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Increase Coping Skills | □ DBT Skills Training □ Problem Solving Techniques□ Emotion Recognition & Regulation □ Communication Skills | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Stabilize, Adjustment to New Life Circumstances | □ Alleviate Distress □ Cognitive Behavior Therapy □ Stress Management □ Skills Training □ Improve Daily Functioning □ Develop Healthy Support  | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Decrease/Eliminate Self Harmful Behaviors | □ Cognitive Behavior Therapy □ Skills Training□ Develop and Utilize Support System | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Improve Relationships | □ Communication Skills □ Active Listening □ Family Therapy □ Assertiveness □ Setting Healthy Boundaries | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Improve Self Worth | □ Affirmation Work □ Positive Self Talk □ Skills Training□ Confidence Building Tasks  | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Grief Reduction and Healing from Loss | □ Psychoeducation on Grief Process/ Stages□ Process Feeling □ Emotion Regulation Techniques□ Reading/Writing Assignments □ Develop/Utilize Support | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |
| □ Develop Anger Management Skills | □ Decrease Anger Outbursts □ Emotion Regulation Techniques □ Cognitive Behavior Therapy□ Increase Awareness/Self Control | □ Weekly □ Bi Weekly □ Monthly □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Group □ Individual □ Family |