

Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #4:	Celebrates Good and Experiences Pleasure (Able to relax and play; seeks and maintains pro-social peers)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #5:	Able to Participate in Pro-social Activities	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #6:	Identified Family and/or Community Supports	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #7:	Works/Struggles to Achieve Delayed Gratification (Persistent pursuit of goals; submission to reasonable authority)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #8:	Able to Think & Communicate Effectively (Rational Cognitive Processing; adequate verbal skills; able to concentrate)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #9:	Adaptive Sense of Purpose & Future	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:

#	DOMAIN II: Observable Treatment Indicator Relevant to Decreased Risk	0	1	2
10	Consistently Defines All Abuse (Self, others, property)			
11	Acknowledges Risk & Uses Foresight			
12	Compliant with Safety Planning			
13	Consistently Recognizes/Interrupts Dysfunctional Patterns of Thought or Behavior			

14	Demonstrates Functional Coping			
15	Demonstrates Emotional Recognition & Empathic Responses (Recognizes cues of self and others and able to respond)			
16	Accurate Attributions of Responsibility (Takes responsibility for own behavior, does not try to control behavior of others)			
17	Able to Manage Frustration and Unfavorable Events (Anger management and self-protection)			
18	Rejects Abusive Thoughts as Dissonant (Incongruent with self-image)			

Key: (0=No/Minimal Need; 1=Moderate Need; 2=Significant Need)

Treatment Indicator #10:	Consistently Defines All Abuse (Self, others, property)		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	
Treatment Indicator #11:	Acknowledges Risk & Uses Foresight		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	
Treatment Indicator #12:	Compliant with Safety Planning		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	
Treatment Indicator #13:	Consistently Recognizes/Interrupts Cycle (No later than 1st thought of an abusive solution)		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	
Treatment Indicator #14:	Demonstrates Functional Coping		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	
Treatment Indicator #15:	Demonstrates Emotional Recognition & Empathic Responses (Recognizes cues of self and others and able to respond)		
Concrete/measurable objectives:			
Start Date:	Target Completion Date:	Date Completed:	

Treatment Indicator #16:	Accurate Attributions of Responsibility (Takes responsibility for own behavior, does not try to control behavior of others)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #17:	Able to Manage Frustration and Unfavorable Events (Anger management and self-protection)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:
Treatment Indicator #18:	Rejects Abusive Thoughts as Dissonant (Incongruent with self-image)	
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:

CLIENT'S STATED GOALS:
<ol style="list-style-type: none"> 1. 2. 3.

LEVEL OF SERVICE PROVIDED			
Service Type	Intervention/Modality	Length, Frequency, Duration	Professional Responsible
<input type="checkbox"/> Individual Tx			
<input type="checkbox"/> Group Tx			
<input type="checkbox"/> Family Tx			
<input type="checkbox"/> Multi-Family Tx			
<input type="checkbox"/> Polygraph			
<input type="checkbox"/> Other			

TREATMENT PLAN REVIEW <i>(Reviews are required at minimum of 6 month intervals)</i>	
Date of Review 1:	
Progress on Plan:	

Client's Response:	
Date of Review 2:	
Progress on Plan:	
Client's Response:	

<p>Discharge Criteria - Client will be discharged when: <i>(Check any or all that apply)</i></p> <p><input type="checkbox"/> Client has achieved the above-mentioned treatment goals judged to be necessary in order to be discharged from treatment and has an identified relapse plan: <u>and/or</u></p> <p><input type="checkbox"/> Client's symptoms and level of functioning have improved to the point that he or she does not require psychotherapy sessions to maintain improved level of functioning: <u>and/or</u></p> <p><input type="checkbox"/> Client's clinical condition has become such that he or she requires a higher level or intensity of care: <u>and/or</u></p> <p><input type="checkbox"/> Client demonstrates lack of motivation to participate in the agreed-upon treatment plan of care as assessed by poor record of attendance at scheduled therapy sessions, non-compliance with treatment plan, no follow-through with referrals to community-based support groups, and noncompliance with pharmacotherapy: <u>and/or</u></p> <p><input type="checkbox"/> Other:</p>
<p>After Care Plan:</p> <p><input type="checkbox"/> Client will follow recommendations given by therapist, other treatment providers, and supervision agents for ongoing stability and functioning. Client will return to services as needed if negative symptoms become unmanageable and debilitating.</p>

<p>CLIENT'S INFORMED CONSENT FOR TREATMENT</p> <p><input type="checkbox"/> <i>My clinician has explained the treatment procedures described in this plan, including the potential benefits and risks for treatment, and I agree with this plan for treatment.</i></p> <p><input type="checkbox"/> <i>My rights and responsibilities as a client of _____ have been explained to me, and I understand that my protected health information will be disclosed only on a need-to-know basis for purposes of coordinating my treatment by staff, for obtaining payment, and for internal healthcare operations, and that my protected health information will not be disclosed to anyone who is not a member of my treatment team without my signed authorization, except as required by law.</i></p> <p><input type="checkbox"/> <i>I understand that the emergency mental health crisis plan would be to _____. If at any time you need immediate assistance contact 911 or visit your nearest emergency department. Additionally, OPTUM IDAHO provides a 24 hour crisis response support at 855-202-0973.</i></p> <p><input type="checkbox"/> <i>I have reviewed and offered a signed copy of the Idaho Professional Counseling and Marriage and Family Consent to the client (and his or her legal representative) if applicable.</i></p>
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I was offered a copy of my Treatment Plan but declined a copy of it.

By signing treatment plan, Client and/or Parent/Guardian acknowledges agreement with the plan, and consents to treatment.

Client Signature:

Signature Date:

Parent/Guardian Signature:

Signature Date:

Clinician Name:

Signature Date: