	IDAHO SC	OMB JUVENILE	TREATMENT F	PLAN – EDIT			
CL	IENT INFORMATION						
NA	ME:		DATE OF PLAN:				
DC	B: AGI	E:	DATE OF PSE:				
CU	RRENT RISK LEVEL:		DSM-5 DIAGNO	SIS:			
	□ LOW □ MODERATI	⊟HIGH					
IDI	NTIFIED NEEDS:		FUNCTIONAL AS	SESSMENT:			
#	DOMAIN I: Observable	Treatment Indicate	ors Relevant to In	creased Health	0	1	2
1	Pro-Social Relationship Skills (A	Able to establish close	eness, trust, etc.)				
2	Positive Self-Esteem (Able to b	e separate, independ	dent, competent)				
_	Ablata Darahia Cardiinta and I	A-L- Di-i /A					
3	Able to Resolve Conflicts and I Able to negotiate and compro	·	rtive, tolerant, forgi	ving, cooperative;			
4	Celebrates Good and Experien	•	relay and nlay: seel	s and maintains			
7	pro-social peers)	ces i leasure (Abie to	relax and play, see	Co aria mamtamo			
5	Able to Participate in Pro-socia	al Activities					
	Asic to Furticipate in Fro Social Activities						
6	Identified Family and/or Comr	nunity Supports					
7	Works/Struggles to Achieve De	Persistent pursuit of	goals; submission				
	to reasonable authority)						
8	Able to Think & Communicate	Effectively (Rational	Cognitive Processing	g; adequate verbal			
9	skills; able to concentrate) Adaptive Sense of Purpose & F	Luturo					
9	Adaptive Selise of Fulpose & F	ruture					
Kev:	(0=No or Minimal Need; 1=Mo	derate Need: 2=Sian	ificant Need)		<u> </u>		
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Tre	eatment Indicator #1:	Pro-Social Relation	onship Skills (Able t	o establish closeness,	trust	, etc.)	
Concrete/measurable							
objectives:							
Start Date:		Target Complet	ion Date:	Date Completed:			
Tre	eatment Indicator #2:	Positive Self-Esteem (Able to be separate, independent, competent)					
Concrete/measurable							
objectives:							
Start Date:		Target Complet	ion Date:	Date Completed:			
Tre	eatment Indicator #3:			Decisions (Assertive, 1		nt,	
		forgiving, cooperative; Able to negotiate and compromise)					

Concrete/measurable

objectives:

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 Activ	vities		
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 goals; submission to reasonable autl			
Concrete/measurable objectives:				
Start Date:	Target Completion Date: Date Completed:			
Treatment Indicator #8:	Able to Think & Communicate Effect adequate verbal skills; able to conce			
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:			
	Complete with Decrees in a flust amount of	and the second section of the second			
Treatment Indicator #13:	abusive solution)	Cycle (No later than 1st thought of an			
Concrete/measurable		ycle (No later than 1st thought of an			
		Lycie (No later than 1 st thought of an			
Concrete/measurable		Date Completed:			
Concrete/measurable objectives:	abusive solution)				
Concrete/measurable objectives: Start Date:	Target Completion Date:				
Concrete/measurable objectives: Start Date: Treatment Indicator #14:	Target Completion Date:				
Concrete/measurable objectives: Start Date: Treatment Indicator #14: Concrete/measurable	Target Completion Date:				
Concrete/measurable objectives: Start Date: Treatment Indicator #14: Concrete/measurable objectives:	abusive solution) Target Completion Date: Demonstrates Functional Coping	Date Completed: Date Completed: Date Empathic Responses			
Concrete/measurable objectives: Start Date: Treatment Indicator #14: Concrete/measurable objectives: Start Date:	abusive solution) Target Completion Date: Demonstrates Functional Coping Target Completion Date: Demonstrates Emotional Recognition	Date Completed: Date Completed: Date Empathic Responses			
Concrete/measurable objectives: Start Date: Treatment Indicator #14: Concrete/measurable objectives: Start Date: Treatment Indicator #15:	abusive solution) Target Completion Date: Demonstrates Functional Coping Target Completion Date: Demonstrates Emotional Recognition	Date Completed: Date Completed: Date Empathic Responses			

Treatment Indicator	#16:	Accurate Attributions of Responsibility (Takes responsibility for own behavior, does not try to control behavior of others)				
Concrete/measurabl	e		, , , , , , , , , , , , , , , , , , , ,			
objectives:						
Start Date:		Target Completion Date: Dat		Date Co	Pate Completed:	
Treatment Indicator	#17:	Able to Manage Frustration and Unfavorable Events (Anger management and self-protection)				
Concrete/measurabl	е					
objectives:				T		
Start Date:		Target Completion Date: Date Comple		impleted:		
Treatment Indicator	#18:	Rejects Ab	usive Thoughts as Disson	ant (Incon	gruent with self-image)	
Concrete/measurabl	е					
objectives:		T C.	lara Bara	D.1. C.		
Start Date:		Target Cor	mpletion Date:	Date Co	empleted:	
CLUSALTIC CTATED CO	A16			•		
CLIENT'S STATED GO	DALS:					
2.						
3.						
3.						
LEVEL OF SERVICE	PROVIDED					
Service Type	Intervention	on/	Length, Frequency,		Professional	
,,,,	Modality	•	Duration		Responsible	
Individual Tx	,					
Group Tx						
Family Tx						
Multi-Family Tx						
Polygraph						
Other						
TDEATMENT DIANID	FVIEW (Pavi	ours are real	uirad at minimum of C	manth int	omiala)	
Date of Review 1:	EVIEW (REVI	ews are requ	uired at minimum of 6 i	month mice	ervuisj	
PLUBLESS UN PIAN.						
Progress on Plan:						
Progress on Plan:						

Client's Response:						
Date of Review 2:						
Progress on Plan:						
J						
Client's Response:						
	- Client will be discharged when: (Check any or all that apply)					
	red the above-mentioned treatment goals judged to be necessary in order to be					
	atment and has an identified relapse plan: <u>and/or</u>					
	ns and level of functioning have improved to the point that he or she does not					
	apy sessions to maintain improved level of functioning: <u>and/or</u>					
	ondition has become such that he or she requires a higher level or intensity of					
care: <u>and/or</u>	ates lock of mativation to norticinate in the agreed upon treatment plan of care as					
	ates lack of motivation to participate in the agreed-upon treatment plan of care as cord of attendance at scheduled therapy sessions, non-compliance with					
• •	follow-through with referrals to community-based support groups, and					
•	n pharmacotherapy: <u>and/or</u>					
Other:	i pharmacotherapy. <u>unuyor</u>					
After Care Plan:						
	recommendations given by therapist, other treatment providers, and supervision					
	stability and functioning. Client will return to services as needed if negative					
	unmanageable and debilitating.					
CLIENT'S INFORM	ED CONSENT FOR TREATMENT					
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.						
\square My rights and re	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.						
□ Lundarstand +ha	at the emergency mental health crisis plan would be to					
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.						
Additionally, OPTON	η ΙΔΑΠΟ provides a 24 πουί Crisis response support at 855-202-0973.					
☐ I have reviewed	and offered a signed copy of the Idaho Professional Counseling and Marriage and					
	ne client (and his or her legal representative) if applicable.					

☐ I was offered a copy of my Treatment Plan but declined a copy of it.					
By signing treatment plan, Client and/or Parent and consents to treatment.	t/Guardian acknowledges agreement with the plan,				
Client Signature:	Signature Date:				
Parent/Guardian Signature:	Signature Date:				
Clinician Name:	Signature Date <u>:</u>				