

Treatment plans need to:

- Include **goals** that are **objective and measurable** with **estimated time frames** for goal completion
- Be **developed with the patient** and **document the patient's agreement to the treatment plan** (patient's signature)

Treatment Goals [after each item selected, indicate outcome measures (i.e., "as evidenced by")]

___ Reduce Risk Factors of: _____

___ Reduce Major Symptoms of: _____

___ Ameliorate Functional Impairments of: _____

___ Develop Coping Strategies to Deal with Stress of: _____

___ Stabilize (short term) Crisis of: _____

___ Maintain (long term) Stabilization of Symptoms of: _____

___ Medication Referral to: _____

Planned Interventions-Patient Participation (must be consistent with treatment goals):

___ Assertiveness Training	___ Problem Solving Skills Training
___ Anger Management	___ Solution Focused Techniques
___ Affect Identification and Expression	___ Stress Management
___ Cognitive Restructuring	___ Supportive Therapy
___ Communication Training	___ Self/Other Boundaries Training
___ Grief Work	___ Decision Option Exploration
___ Imagery/Relaxation Training	___ Pattern Identification and Interruption
___ Parent Training	

___ Engage Significant Others in Treatment: _____

___ Facilitate Decision Making Regarding: _____

___ Explore/Monitor: _____

___ Teach Skills of: _____

___ Educate Regarding: _____

___ Assign Readings: _____

___ Assign Tasks of: _____

___ Referrals Planned: _____

___ Use of Resources/Strengths: _____

___ Preventive Strategies: _____

___ Obstacles to Change: _____

Estimated Timeframes

Goal 1 _____ Goal 2 _____

I have been provided education on my primary diagnosis of _____

My therapist and I have developed this plan together, and I am in agreement to working on these issues and goals. I understand the plan that has been developed for my treatment.

Patient Signature _____ **Date** _____

Therapist Signature _____