Treatment Plan Template

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):

<table>
<thead>
<tr>
<th>Assertiveness Training</th>
<th>Problem Solving Skills Training</th>
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<tbody>
<tr>
<td>Anger Management</td>
<td>Solution Focused Techniques</td>
</tr>
<tr>
<td>Affect Identification and Expression</td>
<td>Stress Management</td>
</tr>
<tr>
<td>Cognitive Restructuring</td>
<td>Supportive Therapy</td>
</tr>
<tr>
<td>Communication Training</td>
<td>Self/Other Boundaries Training</td>
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<tr>
<td>Grief Work</td>
<td>Decision Option Exploration</td>
</tr>
<tr>
<td>Imagery/Relaxation Training</td>
<td>Pattern Identification and Interruption</td>
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<tr>
<td>Parent Training</td>
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</tbody>
</table>

- 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 ________________________________

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