

Treatment Plan

Client Name:

Treatment Plan Initiation Date:

Treating Diagnosis:

Services to be provided and planned frequency:

Estimated length of service:

Treatment goal 1: _____

Treatment goal 2: _____

Intervention strategies and methods used to attain these goals:

Rapport building and development of therapeutic alliance

Empathic reflection/feelings validation

Normalizing/Shaping

Effective coping skills identification and development

Linkage to natural and community supports

Reinforcement/Praise/Positive reframing of efforts

Skills Training: Anger/Stress/Anxiety Management, Conflict Resolution, Impulse Control, Social Engagement, Assertive Communication Skills, other: _____

Psychosocial Education regarding _____

Additional interventions, if indicated: _____

Client strengths and resources to aid goal achievement:

To aid goal achievement, Client will:

Practice skills learned in session

Report symptom changes and progress and/or regression in goal achievement

Consistently work to utilize coping skills developed in treatment

Access support persons and community resources as needed

[If applicable] **To aid goal achievement, Parent/Guardian will:**

Utilize consistent and non-reactive limit setting

Support client in utilizing healthy and appropriate coping skills

Model respectful feelings expression

Model assertive conflict resolution skills

Monitor client's behaviors to ensure safe choices

Monitor client's peer group and provide supervision and structure as needed

I want counseling to help me:

I will know counseling is working if:

Client Signature

Date

Clinical Therapist

Date