

My Treatment Plan

(A Strength Based Collaborative Treatment Plan Example)

Today's Date:

My Identifying Information:

Why Now (The member's explanation for why they called for therapy when they did.):

DSM-5 Diagnosis:

Current symptoms and functional impairments that are related to the diagnosis and need for treatment (<http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5/online-assessment-measures>):

My Treatment Plan will be coordinated with the following people on my team (friends, family, other professionals, doctor, etc.):

My Medications:

We have identified the following strength(s) to be incorporated into my treatment to help me reach my goals (Describe how these strengths are utilized in the treatment plan):

My At Home Treatment Plan: (My Natural Support Plan to maintain my treatment gains at discharge and at home. This plan likely involves family, friends and identified others. We have also identified the following resources in the community, i.e., preventive/ancillary services incl. community & peer supports to help me maintain my goals:

My Safety/Crisis/or Wrap Plan: (Use a separate page if necessary or see template <http://www.magellanofnebraska.com/media/134289/crisis%20wrap%20or%20relapse%20plan%20example.pdf>)

Modality (e.g. solution-focused individual therapy, cognitive restructuring, etc.):

Frequency (e.g. 1x per week for 3 weeks, then taper to discharge):

My Primary Goal as it Relates to Why Now (Based on our member's description of what they want out of therapy or outcome. Worded positively if possible: (i.e., "The client will do more of something positive")):

By (Within X number of sessions or target date.): _____

As Evidence By (An improvement over assessed baseline symptoms, strengths and functioning as evidenced and supported by an improved item score on a DSM symptom or severity measure such as <http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5/online-assessment-measures> or other objective measure, for example, the PHQ9, CHI, CHI-C, CANS, Beck Depression scale, etc.)

Objective Measure to be Assessed with Member (Frequency, i.e. monthly): _____

Assessments that measure strength and functional development (i.e. CHI-C/CHI, CANS and ANSA) are highly encouraged as methods to measure goal attainment along with symptom reduction and functioning improvement.

Objectives (These are optional but may use them as milestones or steps towards treatment goal attainment. Objectives require a concrete method to measure completion.):

Anticipated Discharge Date: _____

My therapist and I have developed this plan together, and I agree to work on the issues and goals. Part of my treatment plan is to work together with my therapist to review my progress at each session.

Client / Guardian _____ Date _____

Provider _____ Date _____

Supervising Practitioner _____ Date _____