

# Treatment Plan Data

<b>Client Name:</b>	<b>Client Code:</b> 2012752
<b>Person Responsible for Plan:</b>	<b>Plan Effective Date:</b> 11/23/2016
<b>Client Address:</b>	<b>Plan Expiration Date:</b> 11/23/2017

**Client Diagnosis:** \_\_\_\_\_

Code	Description	Type	CodeSet	Effective Dates
F43.22	Adjustment Disorders - With anxiety	P	ICD 10	10/24/2016 - Present

**Plan Type:** Individualized Action Plan v2

**Item Data:** \_\_\_\_\_

**Item Attributes:** \_\_\_\_\_

**Strengths, Preferences, and Skills:** Document the strengths and skills the person served has that can be used to work towards and accomplish this goal. **Status:** D

The client is very artistic and into photography. The client stated that she does well in school and receives good grades.

**Supports and Resources:** List supports and resources that will be needed to accomplish the goal. **Status:** D

The client is very close to her parents and step parents, however struggles to open up to them. She expressed, "I only talk to my step mom sometimes." The client reported that friends are a good source of support.

**Potential Barriers:** Record any potential barriers to meeting the goal, which the person served identifies or that were identified while developing the IAP. **Status:** D

Client is seen in school, but if seen in the clinic transportation could be an issue since she does not have a license.

**Person Served Will:** Indicate the specific actions the person served will take to support achievement of the stated objective. **Status:** D

Client will attend sessions weekly and reach out to other supports in times of need, such as guidance counselors.

**Parent/Guardian/Community/Other Will:** Indicate the actions/support the parent/guardian/community/ others will provide to assist the person served in accomplishing the objective. If family or other involvement is not clinically indicated, state that. **Status:** D

The parents of the client will remain in contact with the clinician on a weekly basis and in times of crisis.

**Goal:** Identify Goal **Status:** D

"I want to be able to talk to my parents about my feelings."

**Link to Assessed Needs:** State Linked Form Section, Name of form (CA, CA Update, Psych Eval, Other) and Date it was completed that contains the assessed needs. **Status:** D

**Target Date:** 11-23-2017  
**Start Date:** 11-23-2016

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**Desired Outcomes:** Document in the words of the person served his or her desired outcomes for the assessed need. This statement will be utilized in formulating the goal statement described above. **Status:** D  
The client desires to find family members to confide in.

**Start Date:** 11-23-2016

**Target Date:** 11-23-2017

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
The client will identify three feelings/emotions that she wants to express to her parents on a monthly basis.

**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
The clinician and client will work together to create skills that will aid her in talking to her parents.

**Target Date:** 11-23-2017

**Start Date:** 11-23-2016

**Goal: Identify Goal Status:** D

Symptoms of anxiety will be reduced and will no longer hinder client's everyday's functioning.

**Link to Assessed Needs:** State Linked Form Section, Name of form (CA, CA Update, Psych Eval, Other) and Date it was completed that contains the assessed needs. **Status:** D

**Desired Outcomes:** Document in the words of the person served his or her desired outcomes for the assessed need. This statement will be utilized in formulating the goal statement described above. **Status:** D  
"I want to be able to leave the house and talk to people without being overwhelmed."

**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
The clinician and client will role play situations that make her anxious with friends and family.

**Responsible Staff:** Kevin Hull, B.S.W.

**Service Modality:** Individual therapy

**Frequency per Month:** 4

**Frequency per Week:** 1

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**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
"I think putting myself into situations that I have to talk to people will be helpful."

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
"I want to be able to talk to people comfortably." Client will self report conversations she has with individuals with once a week.

**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
"I will go out in public twice week to become more comfortable with situations that make me anxious."

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
"I want to be able to leave the house without being anxious. I love being in the nature but I hate being in public. I think people are always looking at me." The client will report anxious feelings with 50% accuracy.

**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
The clinician and client will identify situations that trigger the anxiety.

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
Client will utilize coping skills to reduce anxiety by 5% over one month.

**Intervention:** Describe the actual therapeutic or rehabilitative interventions/methods the clinician/trained other staff will provide to support/facilitate the person served in achieving the stated objective. **Status:** D  
The clinician will present the client with a new coping skill.

Start Date: 11-23-2016

Target Date: 11-23-2017

Frequency per Week: 2

Responsible Staff: Kevin Hull, B.S.W

Frequency per Month: 8

Service Modality: Outside of therapy