

## Treatment Plan Data

**Client Name:** /

**Client Code:** 2010984

**Plan Effective Date:** 10/21/2016

**Person Responsible for Plan:**

**Plan Expiration Date:** 10/21/2017

**Client Address:**

**Client Diagnosis:**

Code	Description
F43.10	Posttraumatic Stress Disorder

Type	CodeSet	Effective Dates
P	ICD 10	09/13/2016 - 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 beyond motivated for change to the point of creating personal goals and theories around his own treatment. The client enjoys being active and is joining the wrestling team in the winter. The client is highly intelligent and does well in school. Lastly, the client enjoys child development because, "I will learn how to be a parent before having my own children."

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

The client stated that, "he has his mother as a support, but that is about it and I do not talk to her about my feelings because I do not feel comfortable talking to women about my issues." The client also talked about his friends as supports, "however I do not see them much outside of school because I do not want them to meet my parents." Lastly, the client talked about one of his maternal aunts being a support. He talked about how she told him, "If you ever just want to get out of the house and come over just call." However, "I do not want to burden her family with my presences, she has like four kids. Also I do not want to leave my little brother or little sister alone with my father."

**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 he 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 mother of the client will remain in contact with the clinician on a weekly basis and in times of crisis.

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

**Target Date:** 10-21-2017

**Start Date:** 10-21-2016

# Treatment Plan Data

Client Name Y

Client Code: 2010984

Plan Effective Date: 10/21/2016

Person Responsible for Plan:

Plan Expiration Date: 10/21/2017

Client Address:

Plan Type:  
Individualized Action Plan v2

Item Data:

Item Attributes:

Symptoms of depression will be significantly reduced and will no longer interfere with the client'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  
Client desires to decrease depression symptoms.

**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 client will learn to take care of self before others, at appropriate times.

**Service Modality:** Individual therapy  
**Frequency per Month:** 4  
**Frequency per Week:** 1  
**Responsible Staff:** Kevin Hull, B.S.W.

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
"I really want to figure out all my family stuff." Client will identify 3/5 situations where he needs to think "put himself first."

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
The client will utilize coping skills discussed in individual therapy 75% of the time.

**Target Date:** 10-21-2017  
**Start Date:** 10-21-2016

**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 client will focus on building supports that he is willing to talk about his "feelings" with. (i.e. his mother, aunt, and friends)

**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 client will find an activity that he enjoys doing, such as wrestling, to relieve stress and build relationships.

Treatment Plan Data

Client Name: J

Client Code: 2010984

Person Responsible for Plan:

Plan Effective Date: 10/21/2016

Client Address:

Plan Expiration Date: 10/21/2017

Plan Type:  
Individualized Action Plan v2

Item Data:

Item Attributes:

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
The client will decrease his negative self-talk by 50%. **Target Date:** 10-21-2017  
**Start Date:** 10-21-2016

**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 provide client with ways to challenge his negative self-talk. (i.e. what is my evidence that I will fail at this task?)

**Goal:** Identify Goal **Status:** D  
The client will reduce feelings around guilt, "should haves," and "if onllys" revolving around the death of his brother. **Start Date:** 10-21-2016  
**Target Date:** 10-21-2017

**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 have memories of my brother and not have flashbacks."

**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 client will identify a good memory of his brother once a month. **Service Modality:** Individual therapy  
**Frequency per Month:** 4  
**Frequency per Week:** 1

**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 want flashbacks to stop and I think they will if I am able to identify negative memories of my brother."

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D

**Service Modality:** Individual therapy  
**Frequency per Month:** 4  
**Frequency per Week:** 1  
**Responsible Staff:** Kevin Hull, B.S.W.

## Treatment Plan Data

**Client Name:** MARIADY

**Client Code:** 2010984

**Plan Effective Date:** 10/21/2016

**Person Responsible for Plan:**

**Plan Expiration Date:** 10/21/2017

**Client Address:**

**Plan Type:**  
Individualized Action Plan v2

**Item Data:**

**Item Attributes:**

The client will identify what is a good and bad memory of his brother twice a month.

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D

**Start Date:** 10-21-2016

The client will talk through brother's death and personal feelings around the death during individual therapy twice a month.

**Target Date:** 10-21-2017

**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 client will initiate discussion about brother's death twice a month and talk about feelings around the death.

**Goal: Identify Goal Status:** D

**Start Date:** 10-21-2016

The client will increase and practice ability to manage anger.

**Target Date:** 10-21-2017

**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  
Client desires to learn what triggers his anger and learn how to manage it.

**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 client will identify feelings and emotions he feels when angry twice a month while in therapy.

**Responsible Staff:** Kevin Hull, B.S.W.  
**Frequency per Month:** 2  
**Service Modality:** Individual therapy

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D  
The client will verbalize his emotions around anger to his mother and aunt once a 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

**Frequency per Week:** 1  
**Frequency per Month:** 4

The client will identify situations that make him angry and/or frustrated.

**Responsible Staff:** Kevin Hull, B.S.W.  
**Service Modality:** Individual therapy; CBT

Treatment Plan Data

Client Name: F

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Client Address:

Plan Expiration Date: 10/21/2017

Plan Type:  
Individualized Action Plan v2

Item Data:

Item Attributes:

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D

The client will learn what triggers his anger and frustration and will state his triggers to the clinician twice a 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 client will learn ways to communicate verbally when angry.

Frequency per Month: 4

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

Frequency per Week: 1

Service Modality: Individual therapy

**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 client will learn positive anger management skills.

**Objective:** Describe in measurable terms an objective that will assist the person served in reaching the identified goal. **Status:** D

The client will increase his low frustration tolerance by 50%.