

Treatment Plan Example

TREATMENT PLANNING

- Introduction** – Treatment planning can be defined as the process in which the counselor and client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide on the treatment methods and resources to be used.
- Problem Selection** – Determine the most significant problems/challenges on which to focus the treatment process. Selected primary and/or secondary problems/challenges can help focus the counseling process.
- Problem Definition** – Many problems/challenges present with certain characteristics or patterns. These patterns/symptoms may be identified in the DSM-IV-TR, ICD or other behaviorally defined methods.
- Goal Development** – The next step is to develop a broad goal for resolving the target problem or challenge. This goal can be stated as a global, long-term goal that indicates positive growth.
- Objectives** – In contrast to long-term goals, objectives are behaviorally accountable statements, so that it is clear that the client has achieved the stated objective.
- Interventions** – Interventions are the clinician's actions that are designed to help the client reach/complete the objectives. Interventions are selected based on the client's needs and the treatment providers' skills.
- Diagnosis** – An appropriate diagnosis is based on the client's complete clinical presentation and evaluation. This is often compared with the behavioral, cognitive, emotional, and interpersonal symptoms/challenges that the client presents with to the criteria described in the DSM-IV-TR or ICD.

EXAMPLE

Client One- presents with Depression, Post Traumatic Stress Disorder (PTSD)

I. Problem Definition

A. Depression:

1. Client presents with poor concentration and indecisiveness.
2. Complains about poor appetite and difficulty sleeping.
3. Children being placed in CPS custody.

B. Post Traumatic Stress Disorder:

1. Client presents with hypervigilance.
2. Client presents with signs of physical abuse. Indicates abusive relationship history in excess of 3 years.
3. Client also complains of poor sleep habits.
4. Client also presents with exaggerated startle responses at intermittent times during interview.

II. Long-term Goals

A. Depression:

1. Develop healthy cognitive patterns and beliefs about self and increase self-esteem.

B. PTSD:

1. Replace self defeating beliefs and behavior patterns which serve to foster and maintain abusive relationship(s) with self affirming belief and behavior patterns.
2. Reduce the negative impact that history of physical abuse has had on many aspects of client's life and move towards healthy relationships.

III. Objectives

A. Depression:

1. Describe current and past experiences with depression, including prior attempts to resolve it.
2. Complete psychological testing (using BDI) to assess the depth of the depression, for possible referral for anti-depressants and suicide prevention measures.

B. PTSD:

1. Describe history and nature of PTSD symptoms.
2. Describe traumatic event as much as possible.
3. Verbalize an accurate understanding of PTSD and how it develops.
4. Verbalize an understanding of the rationale for treatment.

IV. Interventions

A. Depression:

- 1.

B. PTSD:

- 1.

V. Diagnosis

Axis I: PTSD, Depression

Axis II: Diagnosis Deferred

Axis III: Bruising

Axis IV: Abusive Relationship, Legal issues with CPS and removal of 2 children ages; 2 and 5.