

This is a fictitious case. All names used in the document are fictitious

Sample Treatment Plan

Recipient Information		Provider Information	
Medicaid Number: 12345678		Medicaid Number: 987654321	
Name: Jill Spratt		Name: Tom Thumb, Ph.D.	
DOB: 9-13-92		Treatment Plan Date: 10-9-06	
Other Agencies Involved:		Plan to Coordinate Services:	
Jack Horner, M.D., Child Psychiatrist		Phone contact during the first month of treatment, then as needed, but at least 1 time every 3 months.	
Spring Hill Middle School		Request teacher to complete Achenbach teacher Report Form (TRF) 1 time during the first month of treatment. Continued contact by phone as needed.	
Medication(s):		Dose:	Frequency:
Prozac		20 mg	1 x day
1. Problem/Symptom: Depression as manifested by sadness, irritability, poor self-esteem, low energy, excessive sleep and suicidal ideation.			
Long Term Goal: Symptoms of depression will be significantly reduced and will no longer interfere with Jill's functioning. This will be measured by a t score of 60 or below on the YSR Withdrawn/Depressed scale at the time of discharge. Anticipated completion date: 4-2-07			
Short Term Goals/Objectives:		Date Established	Projected Completion Date
1. Jill and her father will develop a safety plan/no self-harm contract		10-9-06	10-9-06
2. Jill will become involved in at least one additional extracurricular activity or sport		10-9-06	11-02-06
3. Jill will report no suicidal ideation for 3 consecutive weeks		10-9-06	12-02-06
4. Jill will learn coping skills, including problem solving and emotional regulation. This will be measured by her demonstrating these skills during therapy sessions and bringing in homework assignments for two consecutive weeks that show she practiced them between sessions.		10-9-06	1-16-07
5. Jill will learn to identify maladaptive, negative thoughts and how to replace them with more positive, adaptive thoughts. This will be measured by her demonstrating these skills during therapy sessions and bringing in homework assignments for two consecutive weeks that show she practiced them between sessions.		10-9-06	4-02-07
Intervention/Action		Responsible Person(s)	
Individual therapy to help Jill learn and implement		1. Tom Thumb, Ph.D.	

coping skills and to help her identify, process and resolve feelings and concerns.		2. Jill Spratt	3.
Intervention/actions: Family Therapy to develop safety plan/no self harm contract, provide psycho-education about depression to increase parents' insight into Jill, and to increase parents' ability to support and encourage Jill to utilize new coping skills.		Responsible Person(s):	1. Tom Thumb, Ph.D.
		2. Jill Spratt	3. Jack and Joan Spratt, father and step-mother
Intervention/actions: Medication Management		Responsible Person(s): Jack Horner, M.D.	1.
		2.	3.
Intervention/actions:		Responsible Person(s):	1.
		2.	3.
Review Date:	Progress:		
Review Date:	Progress:		

2. Problem/Symptom: Family Conflict as manifested by poor communication between Jill and her father, rude comments towards her step-mother and frequent arguing between Jill and her step-mother. To establish a baseline, Mr. Spratt was asked to record for one week: 1) the number of times he attempted to talk to Jill about concerns and she was evasive or withdrew; and 2) the number of times Jill was rude to her step-mother or Jill and her step-mother argued. "Rude" behavior towards her step-mother included eye rolling; walking away while her step-mother tried to talk to her; using a hostile or sarcastic tone of voice; and making comments such as "you can't tell me what to do, you're not my parent." Jill was evasive/withdrew from her father 8 times in one week and argued/was rude to her step-mother 26 times in one week.

Long Term Goal: Reduce family conflict and increase positive family interactions. This will be measured by reducing evasive/withdrawn interactions with her father to 1 time a week for 3 consecutive weeks; reducing arguing/rudeness towards her step-mother to 7 times a week for 3 consecutive weeks; and family will report at least one positive interaction/family activity per day for 3 consecutive weeks.

Anticipated completion date: 4-2-07

Short Term Goals/Objectives:	Date Established	Projected Completion Date	Date Achieved
1. Gather baseline data on evasive/withdrawn interactions with father and arguing/rudeness with step-mother.	10-2-06	10-9-06	10-9-06
2. Family will establish routine times in the week for communication and/or family activities (i.e., family meetings, family fun nights). This will be measured by the family establishing a schedule for communication/activities and reporting the number of times each week that they followed the schedule.	10-9-06	10-23-06	
3. Jill and her father will learn communication and conflict			

<p>resolution skills. This will be measured by Jill and her father demonstrating the skills, without coaching, to successfully discuss and resolve issues in 2 consecutive family therapy sessions.</p> <p>4. Jill and her step-mother will learn communication and conflict resolution skills. This will be measured by Jill and her step-mother demonstrating the skills, without coaching, to successfully discuss and resolve issues in 2 consecutive family therapy sessions.</p> <p>5. Reduce evasive/withdrawn interactions with father to 3 times a week</p> <p>6. Reduce arguing/rudeness to step-mother to 14 times a week</p> <p>7. Reduce evasive/withdrawn interactions with father to 1 time a week.</p> <p>8. Reduce arguing/rudeness to step-mother to 7 times a week.</p>	10-9-06	11-23-06	
	10-9-06	12-23-06	
	10-9-06	1-23-07	
	10-9-06	2-23-07	
	10-9-06	3-9-07	
	10-9-06	4-2-07	
<p>Intervention/actions: Family Therapy to explore and help family understand family dynamics, negative patterns and problems in family structure; and to help family learn and use communication and conflict resolution skills.</p>	<p>Responsible Person(s): .</p>	<p>1. Tom Thumb, Ph.D.</p>	
	<p>2. Jill Spratt</p>	<p>3. Jack and Joan Spratt, father and step-mother</p>	
<p>Intervention/actions: Individual Therapy to explore, process and resolve Jill's feelings about family members, rules and structure; and to reinforce using good communication, conflict resolution and coping skills at home.</p>	<p>Responsible Person(s):</p>	<p>1. Tom Thumb, Ph.D.</p>	
	<p>2. Jill Spratt</p>	<p>3.</p>	
<p>Intervention/actions:</p>	<p>Responsible Person(s):</p>	<p>1.</p>	
	<p>2.</p>	<p>3.</p>	
<p>Intervention/actions:</p>	<p>Responsible Person(s):</p>	<p>1.</p>	
	<p>2.</p>	<p>3.</p>	
<p>Review Date:</p>	<p>Progress:</p>		
<p>Review Date:</p>	<p>Progress:</p>		
<p>Involvement of Family: Father and step-mother will participate in family therapy and follow through on homework assignments to improve family functioning. Father and step-mother will formally (behavior counts and homework assignments) and informally monitor Jill's symptoms, problems and progress. Father will support Jill in implementing new skills and becoming more active.</p>			
<p>Services Needed beyond scope of organization or program:</p>			

Medication Management by Dr. Jack Horner	
Estimated Completion date for level of care: 4-2-07	
Patient /Responsible Party Signature:	
Provider Signature: <i>Tom Thumb, Ph.D.</i> Must be a true signature, Rubber stamp signatures are not allowed Electronic signatures are acceptable	Date:
Provider Name/Title: (Print) Tom Thumb, Ph.D., Licensed Psychologist	

SAMPLE