Optum

Treatment Plan

The Treatment Plan should address the client's needs, diagnosis and impairments as documented in the Initial Assessment. All treatment objectives must be **measurable and observable**. All interventions must include **frequency and duration**. The treatment plan is to be developed with the client, and the client's understanding of the treatment plan is to be documented in the medical record.

Client Name: First Last
DOB: 01/12/1969

Treatment Objectives (indicate how each will be measured/observed. i.e., "as evidenced by") Put an "X" next to agree on objectives.

	Treatment Objectives	To be measured/observed by:
	Reduce risk factors (as specified on Initial Assessment)	
x	Reduce symptoms (list specific symptoms)	Establish three coping skills to reduce depressive symptoms from an 8 to a 5 on the Likert scale
	Decrease impairments (list specifics)	
	Develop coping skills to deal with stress	
x	Stabilize (short term) crisis	Client to decrease suicide ideation and utilize safety plan as needed.
	Maintain (long term) Stabilization of Symptoms	
x	Psychotropic medication referral to:	Coordination of care will occur as needed to ensure medication compliance and discuss client needs to improve overall functioning.
	Physical Health Care referral to:	
x	Other (describe):	Client agrees to attends two AA meetings per week and contact sponsor on a weekly basis.

Strengths (indicate how client's strengths will be applied to assist in reaching treatment objectives):

Planned Interventions-Client Participation (Must be consistent with treatment objectives. Must include frequency/duration.) Check all that apply.

	Type of Intervention	Frequency/Duration		Type of Intervention	Frequency/Duration
x	Individual Therapy	1x weekly for 6 months		Solution Focused Techniques	
	Anger Management			Stress Management	
x	Cognitive Behavioral Interventions	CBT techniques (thought stopping, thought replacement, identifying maladaptive thinking) at least 2x per session with plan for client to utilize skills outside of sessions 3x per day to reduce depressive symptoms		Medication Management	
	Grief Work			Assertiveness Training	
	Relaxation training			Other:	

	Parent training			Other:	
	Teach skills of:			Other:	
	Planned referrals:			Other:	

My therapist and I have developed this plan together, and I agree to working on these issues and objectives. I understand the plan that was developed for my treatment.

Client's Signature: First Last	Date: 4/27/22
Parent's Signature (for minors):	Date:
Provider's Signature (include credential): *Caring Provider, LCSW*	Date: 4/27/22

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