

## Session Information

<b>Client:</b>	Test, Client-Six (0000) 10/3/2008
<b>Staff:</b>	VoVillia, Jeffery (2004)
<b>Document Date:</b>	8/21/2024
<b>Client Program:</b>	(Not Set)

## Treatment Plan

<b>Plan Type:</b>	<input type="radio"/> Initial <input checked="" type="radio"/> Update <input type="radio"/> Review
<b>Plan Begin Date/Time:</b>	08/21/2024 11:09 AM
<b>Next Plan Due In (Number of Days):</b>	154
<b>Plan End Date/Time:</b>	01/21/2025 04:40 PM
<b>Client Program(s):</b>	<input checked="" type="checkbox"/> Outpatient Routine (OPR)
<b>Strengths:</b>	Considering client strengths in a treatment plan is crucial for several reasons. By identifying strengths, you can tailor interventions to align with what clients are already good at. Focusing on strengths fosters collaboration and trust. A strengths-based perspective provides a more holistic view of the client and helps clients sustain therapeutic growth by continuing to use their strengths beyond the therapy room.
<b>Challenges:</b>	Identifying the environmental challenges and barriers a client faces can help provide guidance for treatment goals and should reflect the areas in which a client identifies needing support. Consider what systems impact their ability to participate in therapy (poverty, single-parent home, social services etc.)
<b>Discharge Planning:</b>	Planning for the end of treatment helps set realistic goals and plan for natural and community supports to use after treatment concludes. "How will you know you're done with this round of therapy?"

## Problems/Goals/Objectives

	Duration	Status
<b>Problem 1: Identifying a problem should be client led and is not their diagnosis. This narrative should include a client's description of how they view the problem, and perhaps what they see as the resolution. It may reflect how symptoms interfere in the client's life.</b>		Active
Problem Type:		
<b>Goal 1: Given the client's problem, what is the hope from treatment? Is it a SMART goal or a broad goal? Is it important to the client or overly clinical? These questions can help guide goal setting. A goal may be a bit bigger than an objective, but also needs to leave room for successful completion.</b>		Active
Progress Toward Goal:		
Completed Date:		
<b>Objective 1: Given a client's goal, how will they get there? Objectives are the small steps along the way. Objectives may be easily accomplished and new steps added in pursuit of the goal. This is the place where clients may be able to see concrete progress in their work with you.</b>		Active
Start Date: 7/25/2024		
Progress Toward Objective:		
Completed Date:		
<b>Objective 2: Objectives often include Evidence-Based Treatment (EBT). Example: exposure for PTSD. EBT also includes skill-building like relaxation exercises.</b>		Active
Client Programs: Outpatient Routine		
Start Date: 8/21/2024		

Progress Toward Objective:

Completed Date:

**Objective 3: Objectives are what the CLIENT/FAMILY will do.**

Active

**"All adults and supports in client's life will be in contact...."****"Client will engage in exposure..."****"Client will implement and practice new coping skills..."****"Supportive adults will increase understanding of client's symptoms...."**

Client Programs: Outpatient Routine

Start Date: 8/13/2024

Progress Toward Objective:

Completed Date:

**Problem 2: Adding a second problem area may be needed for some clients, but should also be considered with caution. Treatment can feel more manageable for clients when it comes in bite-sized chunks.**

Active

Problem Type:

## Interventions

	Duration	Status
<b>Intervention 1: FORMATTING: Intervention names will start with ALL CAPS. This is an agency standard to aid in readability.</b> Frequency: 1 - 4 times per Month Modality: Individual Treatment Services Start Date: 8/21/2024 Responsible Party: All FS Treatment Team Members Completed Date:	30 minutes	Active
<b>Intervention 2: EXAMPLES:</b> <b>CFT (Child &amp; Family Team): Therapist will facilitate and/or attend meetings with outside providers in order to coordinate care for Client.</b>  <b>COMPREHENSIVE COMMUNITY SUPPORT:</b> This therapist will maintain open and consistent communication with identified adults, medical staff, and school staff to coordinate and ensure Client's needs are understood and met; psychoeducation materials will be provided as necessary. <b>"</b> <b>FAMILY:</b> This therapist will support Client's guardian(s) in increasing attachment and closeness, identifying helpful communication patterns, setting boundaries/limits, and allowing opportunity to express feelings; psychoeducation materials will be provided as necessary.  <b>INDIVIDUAL:</b> This therapist will actively build/maintain the level of trust with Client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance in order to support them in increasing their ability to identify and express emotions and concerns. Therapist will utilize CBT, DBT, strength-based, art therapy interventions, and mindfulness-based techniques to assist Client in developing healthy coping and cognitive patterns about self, others, and the world that serve to alleviate depressive symptoms. This therapist will assist Client in identifying triggers to Anxiety, as well as current unmet emotional needs; Therapist will work with Client to develop communication skills needed to express these needs to safe support people. <b>FSS:</b> Family Support Specialist (FSS - Skill Building)) will engage Client in the home, school, and other community environments with solution-focused and strengths-based interactions (modeling, role-playing, behavior rehearsal) for the purposes of reinforcing treatment goals, e.g. increasing self-awareness and ability to manage mood/behavior in various settings. <b>PSC:</b> Peer Support Counselor (PSC - Peer Services)) will engage caregivers in the home, school, and other community environments with solution-focused and strengths-based interactions (modeling, role-playing, behavior rehearsal) for the purposes of reinforcing treatment goals, e.g. increasing self-awareness and ability to manage mood/behavior in various settings.	60 minutes	Active

**MEDICATION MANAGEMENT:** Treatment team will collaborate regarding Client's presenting mental health needs, symptoms and response to medication management; Client will take medications as prescribed and attend scheduled follow-up appointments; psychoeducation materials will be provided as necessary.

Frequency: 1 - 4 times per Month

Start Date: 8/21/2024

Responsible Party: All FS Treatment Team Members

Completed Date:

**Intervention 3:** Interventions identify the HOW and WHO of the work to be done. They are active. Some interventions need to be called out separately such as medication management or peer support services, but many interventions can identify the whole treatment team providing the service, such as comprehensive community support. Frequency and duration are intended to be averages or recommendations.

Active

Frequency: - times per

Modality: Individual Treatment Services

Start Date: 7/25/2024

Responsible Party: All FS Treatment Team Members

Completed Date:

## Signatures

<b>Signature #1:</b>	Jeffery VoVillia (LMHC, MA, CMHS) - 8/21/2024 11:25 AM
<b>Staff to Sign:</b>	<input type="text"/>
	VoVillia, Jeffery (2004) <input type="text"/>
<b>Electronic Signature #2:</b>	

## Signature History

Action	Date	Staff
Document Signed	8/21/2024	Jeffery VoVillia (LMHC, MA, CMHS)