PLAN OF CARE

SUPPORT FOR DEVELOPING EFFECTIVE OBJECTIVES AND INTERVENTIONS

INSTRUCTIONS:

Use the Table of Contents to identify the diagnostic problem your patient is experiencing or the treatment program to which your patient will be enrolled. Copy appropriate Objectives and Interventions into your Plan of Care, being sure to ***individualize them based on your particular patient and/or family.***

All Objectives in this document meet minimum criteria for specificity, measurability, and relevance. Clinicians will need to ***modify each of them to be achievable****, based on the patient's current status,* ***and time-limited****, based on the patient's capabilities.*

Words printed in ***ALL CAPS*** *indicate the need for clinicians to specify or individualize the language of the Objective/ Intervention to match the needs of your patient (except where acronyms represent Center programs or therapies.)*

DISCLAIMER:

This document is not exhaustive and does not represent every objective or intervention available (or clinically appropriate) for every patient's presenting problems. The intent of this document is to assist clinicians in the development of robust and comprehensive care plans. Utilize clinical judgment and consider the patient's strengths, needs, abilities and preferences when developing a care plan.

HELP IMPROVE THIS DOCUMENT

Please forward additional objectives or interventions that can make this document even more useful to the QI Director. Thanks!

ACKNOWLEDGEMENT:

The objectives and interventions throughout this support document were derived from Jongsma and Peterson's "The Complete Psychotherapy Treatment Planner" series, fourth edition and from clinicians throughout Berkeley Community Mental Health Center.

TABLE OF CONTENTS

SUPPORT FOR DIAGNOSTIC CATEGORIES

NEURODEVELOPMENTAL DISORDERS (ADHD)

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT and FAMILY develop with counselor and use daily an organized system to record and keep track of the patient's school assignments, chores and household responsibilities. PATIENT and FAMILY share the daily journal of progress with counselor in session.

FAMILY maintains communication WEEKLY with the school to increase the patient's compliance with completion of school assignments, as measured by improved grades in classes.

PATIENT uses effective study skills, for example, clearing away distractions, studying in quiet places, scheduling breaks in studying, to improve academic performance.

PATIENT shows improved control over attention by completing every school assignment, chore, and household responsibility for the next THIRTY days, as measured by family and school reports.

PATIENT uses calming and focusing skills at least once each day, such as belly-breathing, "stop-think-act," to delay immediate gratification, and build patience to achieve long-term goals.

FAMILY helps PATIENT succeed by consistently using effective parenting skills, such as a reward/punishment system, contingency contract or token economy. FAMILY will share progress chart in session with counselor to evaluate PATIENT progress.

PATIENT uses problem solving skills, such as identifying the problem, brainstorming solutions, selecting an option, implementing a plan, and evaluating the plan, each day to be more effective at school and home, as measured by Teacher and Parent reports and improved DLA-20 Problem Solving score.

PATIENT uses helpful communication skills, INSERT SKILLS MHP TEACHES HERE, to have more positive interactions with FAMILY MEMBERS. The number of tantrums or angry outbursts decreases to zero for 30 consecutive days and DLA-20 Communication score will improve.

PATIENT demonstrates more maturity by taking responsibility for annoying or impulsive actions every time they occur, apologizing and making amends to people SHE/HE hurt or wronged. Improvement will be measured by scores on DLA-20 Problem Solving, Communication domains.

PATIENT addresses anxiety by identifying triggers, or keeping a journal and practicing techniques for anxiety reduction.

PATIENT learns and applies three relaxation skills, that will assist HIM/HER to better manage HIS/HER Stress. PATIENT reports successful use of these skills/techniques 7 out of 7 days of the week for at least TWO months.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PATIENT and FAMILY MEMBERS about ADHD; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP assists the family in developing and implementing an organizational system to increase the patient's on-task behaviors and completion of school assignments, chores, or household responsibilities, e.g., using calendars, charts, notebooks, class syllabi.

MHP encourages parents and teachers to maintain regular communication about the patient's academic, behavioral, emotional and social progress.

MHP teaches the patient more effective study skills, e.g., clearing away distractions, studying in quiet places, scheduling breaks in studying.

MHP consults with patient's teachers to implement strategies to improve school performance, such as sitting in the front row during class, using a prearranged signal to redirect the patient back to task, scheduling breaks from tasks, providing frequent feedback, calling on the client often, arranging for a listening buddy, implementing a daily behavioral report card.

MHP encourages the parents and teachers to use a behavioral classroom intervention, e.g., a school contract and reward system, to reinforce appropriate behavior and completion of assignments.

MHP teaches the patient self-control strategies, e.g., stop-listen-think-act, to delay need for instant gratification and inhibit impulses to achieve more meaningful, longer-term goals.

MHP teaches parents a Parent Management Training approach, (e.g., a reward/punishment system, contingency contract, token economy,) explaining how parent and child behavioral interaction can reduce the frequency of impulsive, disruptive and negative attention-seeking behaviors and increased desired behavior.

MHP teaches parents how to implement key parenting practices consistently, including establishing realistic age-appropriate rules for acceptable and unacceptable behavior, prompting of positive behavior in the environment, use of positive reinforcement to encourage behavior, use of clear direct instruction, time out and other loss-of-privilege practices for problem behavior.

MHP uses instruction, modeling, and role-playing to build the patient's general and developmentally appropriate social and /or communication skills.

MHP teaches patient effective problem-solving skills (e.g., identifying the problem, brainstorming alternatives, selecting an option, implementing a plan and evaluating.)

MHP instructs the parents to observe and record three to five positive behaviors by the patient in between sessions; reinforce positive behaviors and encourage patient to continue to exhibit these behaviors.

MHP encourages parents to spend 10-15 minutes daily of one-on-one time with the patient to create a closer parent-child bond. Allow the client to take the lead in selecting an activity or task.

MHP assigns homework to patient to identify 5 to 10 strengths or interests; review the list in the following session and encourage him/her to utilize strengths or interests to establish friendships.

MHP firmly confronts the patient's impulsive behaviors, pointing out consequences for himself/herself and others.

MHP confronts statements in which the patient blames others for HIS/HER annoying or impulsive behaviors and fails to accept responsibility for HIS/HER actions.

MHP works with patient and caregiver related to motivation for change (pros-cons)

MHP works with patient through roleplays related to organization; labeled praise for compliance; and communicating needs to caregiver related to organization struggles

MHP educates patient regarding hygiene importance and how this is related to total health. Uses Roleplays regarding self-esteem to include work sheets and processing motivation for change.

MHP works with caregivers on appropriately rewarding patient when task complete and introducing hygiene charts. Consistency in schedule related to tasks will be emphasized.

MHP works with patient on identifying barriers to doing schoolwork, work on ways to overcome problems with academics.

MHP addresses parent/child relationship and mother's ability to set appropriate limits by role modeling, problem solving situations that arise at home, and teaching alternative parenting techniques.

MHP assists patient in applying what HE/SHE is learning in order to address HIS/HER stress more effectively. Relaxation techniques, stress management skills, and CBT will be applied. Specific skills that will be taught are deep breathing, muscle relaxation and guided imagery.

SCHIZOPHRENIA SPECTRUM

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT is able to describe to MHP in session the type and history of HIS/HER psychotic symptoms.

PATIENT is able to accept and understand that the distressing symptoms are due to mental illness as measured by PATIENT's ability to describe to MHP HIS/HER diagnosis and its treatments.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team as measured by self- or family-report.

FAMILY MEMBERS describe to MHP and the Treatment Team how effective PATIENT's medications are working and if there are gaps to medication adherence.

PATIENT accepts the need for supervised living environment by agreeing to reside in a safe, supportive residential facility.

PATIENT is able to describe the recent stressors that may have triggered the current psychotic symptoms.

PATIENT reports the reduction or absence of hallucinations and/or delusions and this is supported by an improved score on the Brief Psychotic Symptoms Scale or DSM-5 Dimensions of Psychosis Symptom Severity Scale.

PATIENT uses social skills learned in session to respond appropriately to friendly encounters with others, and HIS/HER DLA-20 scores for communication and social supports improve.

PATIENT is able to think more clearly as demonstrated by logical, coherent speech and improved scores on the DLA-20 Health Practices and Communications domains.

PATIENT can describe how underlying needs, conflicts and emotions contribute to irrational beliefs and symptoms.

FAMILY MEMBERS increase positive support for PATIENT by applying interpersonal skills techniques taught in sessions.

FAMILY MEMBERS share their feelings of guilt, frustration and fear associated with PATIENT's mental illness.

PATIENT gradually returns to healthier level of functioning as measured by DLA-20 scores, and accepts responsibility for own basic needs, including medication regimen.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP provides supportive therapy to alleviate PATIENT fears and reduce feelings of alienation.

MHP explains the nature of the psychotic process, its biochemical components and the confusing effect on rational thinking.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT for medication adherence, side effects, and effectiveness; supports PATIENT to effectively adhere to medication regimen.

MHP explores PATIENT's feelings surrounding stressors that triggered the current psychotic symptoms.

MHP assists PATIENT to improve the safety of the living environment.

MHP assists PATIENT in restructuring HIS/HER irrational beliefs by reviewing reality-based evidence and HIS/HER misinterpretations.

MHP encourages PATIENT to focus on the reality of the external world versus HIS/HER internal reality.

MHP differentiates for PATIENT the source of the stimuli between self-generated messages and the reality of the external world.

MHP reinforces PATIENT's socially and emotionally appropriate responses to others.

MHP gently confronts PATIENT's illogical thoughts and speech to refocus disordered thinking.

MHP probes PATIENT's underlying needs and feelings (e.g., inadequacy, rejection, anxiety, guilt) that trigger irrational thoughts.

MHP arranges family therapy sessions to educate regarding PATIENT's illness, treatment and prognosis.

MHP assists the family in avoiding double-bind messages that increase anxiety and psychotic symptoms of PATIENT.

MHP encourages family members to share feelings of frustration, guilt, fear, or depressions surrounding PATIENT's mental illness and behavior problems.

MHP refers family members to community-based support groups for the families of psychotic patients.

MHP monitors PATIENT's daily level of functioning (i.e., reality orientation, personal hygiene, social interactions, and affect appropriateness) and gives feedback that either redirects or reinforces PATIENT's progress.

BIPOLAR DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT describes in session to MHP HIS/HER mood, energy level, amount of control over thoughts and sleeping pattern.

PATIENT is able to describe in session to MHP an understanding of the causes for, symptoms of, and treatments of mania, hypomania, and depressive episodes.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT identifies the sources of stress that increase HIS/HER risk for relapse and describes these to MHP in session.

PATIENT gets adequate sleep each night by developing and using a sleep hygiene plan with HIS/HER MHP and tracks hours of sleep each night using a sleep journal.

PATIENT develops a "relapse drill" with HIS/HER treatment team and FAMILY MEMBERS in which roles, responsibilities, and a course of action is agreed upon in the event that signs of relapse emerge.

PATIENT and FAMILY MEMBERS commit to replacing negative or aggressive communication with positive, honest and respectful communication, as measured by improvement of scores in DLA-20 Communications and Family domains.

PATIENT and FAMILY MEMBERS implement a problem-solving approach to addressing current problems by utilizing skills taught in sessions and measured by improved scores in DLA-20 Problem Solving and Coping Skills domains.

PATIENT stops all self-destructive behaviors, such as promiscuity, substance abuse, and overt hostility and aggression as measured by daily diary cards and improved scores on the DLA-20 Safety, Problem Solving, Alcohol & Drug, Sexual Health, and Health Practices domains.

PATIENT is able to recognize racing thought and speech and uses skills learned in session to speak more slowly, coherently and be more subject-focused.

PATIENT reports and demonstrates more control over impulses and thoughts and a slower thinking process, as measured by no aggressive or impulsive actions for TIMEFRAME and improved scores on the DLA-20 Safety and Coping Skills domains.

PATIENT improves HIS/HER understanding of bipolar disorder by reading educational material provided by MHP and discussing in session and with family.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about bipolar disorder; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP provides psychoeducation about the stress-diathesis model of bipolar illness that emphasizes the strong role of a biological predisposition to manic and depressive episodes that is vulnerable to stresses that are manageable.

MHP provides PATIENT with a rationale for treatment involving medication and psychosocial treatment to recognize, manage and reduce the likelihood of relapse.

MHP provides education and encouragement to PATIENT to stay compliant with necessary labwork.

MHP teaches the patient about the importance of good sleep hygiene.

MHP educates the patient's family about signs and symptoms of a pending relapse.

MHP assists the PATIENT and FAMILY MEMBERS to develop a "relapse drill" detailing roles and responsibilities; problem solving obstacles; and work towards adherence with the plan.

MHP assesses and educates the patient and family about the role of aversive communication in family distress and risk for the patient's relapse into mania.

MHP provides psychoeducation, models, roleplays, provides corrective feedback and positive reinforcement to PATIENT and FAMILY on effective communication strategies: including offering positive feedback, active listening, making positive requests of others for behavior change, and giving negative feedback in an honest and respectful manner.

MHP assigns homework to PATIENT and FAMILY MEMBERS to use and record use of newly learned communication skills; processes results in session.

MHP uses behavior techniques (education, modeling, role-playing, corrective feedback and positive reinforcement) to teach the patient and family problem solving skills, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, and implementing a plan, evaluating results, and reevaluating the plan.

MHP facilitates the patient's impulse control by using role-playing, behavior rehearsal, and role reversal to increase HIS/HER sensitivity to consequences of HIS/HER impulsive behavior.

MHP provides structure and focus the patient's thoughts and actions by regulation the direction of conversation and establishing plans for behavior.

MHP monitors the patient's energy level and reinforce increased control over behavior, pressured speech, and expression of ideas.

MHP reinforces the patient's reports of behavior that is more focused on goal attainment and less distractible.

MHP assigns homework to patient to research and learn about bipolar disorder.

DEPRESSIVE DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT describes to Counselor in session HIS/HER current and past experiences with depression including impacts on functioning.

PATIENT reduces symptoms of depression, INSERT CURRENT SYMPTOMS HERE, as demonstrated by self-report and increased Health Practices Daily Living Activities score and maintains the improvements for 90 days.

PATIENT uses safety skills learned in session to increase hope and reduce/eliminate worthlessness and thoughts/impulses for self-harm as measured by improved scores on the PHQ-9 or DLA-20 Safety, Health Practices, and Coping Skills domains.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT identifies and replaces cognitive self-talk that supports depression as measured by verbal report in session.

PATIENT maintains a thoughts and feelings journal every day for the next 60 days and brings to and discusses in session.

PATIENT uses the Negative Thoughts worksheet to identify the automatic negative thoughts HE/SHE has and practices Thought Stopping, Diaphragm breathing or other techniques learned about in therapy when he notices them.

PATIENT meets with the psychiatrist to determine if medications are appropriate to treat HIS/HER symptoms. If so, HE/SHE takes the medications as prescribed for the next 8 weeks and informs HIS/HER psychiatrist, nurse, and/or counselor of any side-effects, benefits, or worsening symptoms.

PATIENT gets 30 minutes of exercise at least 5 days each week for the next 30 days.

PATIENT gets 30 minutes of leisure activity with a friend at least 5 days each week for the next 30 days.

PATIENT increases the amount of nutritious food SHE/HE eats every day which includes at least 3 servings of fruits and vegetables, and abstains from mood altering substances.

PATIENT uses skills learned in sessions to increase self-reliance for routine activities, such as cleaning, cooking, shopping. PATIENT demonstrates this by tracking self-reliance activities on the daily diary card.

PATIENT uses conflict resolution skills, such as “I messages,” assertiveness without aggression, compromise, to help alleviate depression and resolve interpersonal problems, as measured by improved scores on the DLA-20 Problem Solving, Coping, and Communication domains.

PATIENT develops a continued wellness plan with counselor which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges. PATIENT rehearses and practices these skills in session and then out of session.

PATIENT practices uses assertive communication skills taught in session at least once per day for the next week to get needs met. PATIENT reviews and processes these events next session.

PATIENT reads self-help and educational handouts/brochures on Depression and processes/reviews what SHE/HE learned in session with counselor.

PATIENT cares for personal hygiene, dress and grooming each day by doing the following: sleeping and waking at a specific time, showering daily, brushing teeth twice daily, wearing clean clothing, and combing/brushing hair, as

measured by appearance in sessions, family report, and improved DLA-20 scores in the areas of hygiene, dress and grooming.

PATIENT's increases HIS/HER positive outlook for him/herself, others, and the future by journaling daily at least one positive affirmation regarding him/herself and the future. PATIENT shares and discusses this journal in sessions.

PATIENT expresses feelings of hurt, disappointment, shame, and anger that are associated with current depression symptoms and processes these with counselor in session.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about depressive disorders; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP provides psychoeducation about the stress-diathesis model of depressive disorders that emphasizes the strong role of a biological predisposition to depressive episodes that is vulnerable to stresses that are manageable.

MHP provides PATIENT with a rationale for treatment involving medication and psychosocial treatment to recognize, manage and reduce the likelihood of relapse.

MHP teaches the patient about the importance of good sleep hygiene.

MHP educates the patient's family about signs and symptoms of a pending relapse.

MHP assists the patient and family to develop a "relapse drill" detailing roles and responsibilities; problem solving obstacles; and work towards adherence with the plan.

MHP provides psychoeducation, models, roleplays, provides corrective feedback and positive reinforcement to patient and family on effective communication strategies: including offering positive feedback, active listening, making positive requests of others for behavior change, and giving negative feedback in an honest and respectful manner.

MHP assigns homework to patient and family to use and record use of newly learned communication skills; processes results in session.

MHP uses behavior techniques (education, modeling, role-playing, corrective feedback and positive reinforcement) to teach the patient and family problem solving skills, including defining the problem constructively and

specifically, brainstorming options, evaluating options, choosing options, and implementing a plan, evaluating results, and reevaluating the plan.

MHP assigns homework to patient to research and learn about depressive disorders.

MHP introduces value and components of safety plan; Assists client to identify risk factors for suicide/self-injury, healthy supports, and emergency contacts; Includes family members where appropriate in the safety planning process.

MHP assists the client in developing awareness of HIS/HER automatic thoughts that increase depression symptoms and depressive schema.

MHP introduces Cognitive Behavioral Therapy concepts, and assists client in linking thoughts to feelings and behaviors. Patient describes his life experiences and depressive symptoms to identify underlying beliefs and expectations related to life events so MHP can assist patient in developing rational beliefs, thoughts and behaviors.

MHP provides psychoeducation about the feeling/thoughts journal; reviews daily progress with patient in individual therapy.

MHP educates, demonstrates, models and roleplays use of diaphragmatic breathing, thought stopping, ACCEPTS, IMPROVE skills and Wise Mind.

MHP introduces/educates patient about the Negative Thoughts worksheet; assists patient in recognizing HIS/HER own automatic thoughts and replacement thoughts.

MD to provide medication assessment and authorizes nursing services if warranted.

MHP shares current research on benefits of exercise on depression symptoms.

MHP explores with patient barriers to exercise and leisure activities; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP shares psychoeducation on impact of nutrition and psychoactive substances on depression symptoms. Encourages and validates progress towards healthy nutrition and abstaining from or safe substance use.

MHP explores barriers to healthy nutrition and abstinence; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP encourages development of sleep hygiene practices. Reviews/roleplays PLEASE MASTER skill with patient to reduce vulnerabilities to depressive thinking and behaviors.

MHP and patient conduct “behavior experiments” during which automatic depressive thoughts are treated as hypotheses, reality-based alternatives are generated and both are tested against the client’s past, present and future experiences.

MHP reinforces the patient’s positive reality-based cognitive messages that enhance self-confidence and increase adaptive functioning.

MHP assists the patient in developing coping strategies, e.g., more exercise, less internal focus, increased social involvement, more assertiveness, greater need sharing, more anger expression, for feelings of depression; reinforce success.

MHP engages the client in behavioral activation by scheduling activities that have a high likelihood for pleasure and mastery. MHP uses rehearsal, role-playing, and role reversal, as needed, to assist adoption in the patient's daily life; reinforce success.

MHP employs self-reliance training to assist the patient to assume increased responsibility for routine activities, e.g., cleaning, cooking, shopping. MHP reinforces success.

MHP evaluates the patient's interpersonal inventory of important past and present relationships and evidence of potentially depressive themes, e.g., grief, interpersonal disputes, role transitions, interpersonal skills deficits.

MHP explores the role of unresolved grief issues as they contribute to the client's current depression.

MHP teaches patient conflict resolution skills, e.g., I-messages, respectful communication, assertiveness without aggression, compromise, to help alleviate depression, use modeling, role-playing, and behavior rehearsal to work through several current conflicts.

MHP helps the patient resolve depression related to interpersonal problems through the use of reassurance and support, clarification of cognitive and affective triggers that ignite conflicts, and active problem solving.

MHP assists patient and family members to resolve interpersonal conflicts.

MHP recommends and provides educational brochures/handouts/books that guide the patient to self-help for depression symptoms.

MHP assists the patient to develop a continuing wellness plan which identifies early warning signs of relapse, reviews skills learned in sessions, and develops a plan for managing challenges.

MHP uses modeling and/or roleplaying to train the patient in assertiveness; if needed, MHP will refer to an Assertive communication skills group.

MHP monitors and redirects the patient on daily grooming, hygiene and dress.

MHP assigns the client to write a daily affirmation journal to include at least one positive affirmation regarding him/herself and the future. Explores and assists client to resolve any challenges/obstacles to this process.

MHP explores experiences from the patient's childhood that contribute to current depression.

MHP explains the connection between previously unexpressed feelings of anger, helplessness, and current state of depression.

MHP assists patient in learning and applying skills as HE/SHE develops positive patterns in addressing HIS/HER depression and/or other emotions that produce problematic thoughts/behaviors. CBT, emotion regulation and motivation techniques are employed.

MHP assists patient in developing a positive pattern of addressing HER/HIS mood swings and associated emotions. CBT, psycho-education, motivational techniques and mindfulness are employed.

ANXIETY DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT describes to counselor in sessions, current and past experiences with the worry and anxiety symptoms, including their impact on functioning, and attempts to resolve it.

PATIENT can verbalize to counselor and family and understanding of the thoughts, biological processes, and behavior components of anxiety and its treatment.

PATIENT learns and implements calming skills, such as belly-breathing, thought-stopping, acceptance and others learned in sessions, to reduce overall anxiety and manage anxiety symptoms, as evidenced by improved scores on the DLA-20 Health Practices, Coping and Problem Solving domains.

PATIENT completes homework assignment to practice at least once daily calming skills, such as belly-breathing, thought-stopping, acceptance and others learned in sessions, to reduce overall anxiety and manage anxiety symptoms, as evidenced by improved scores on the DLA-20 Health Practices, Coping and Problem Solving domains.

PATIENT practices progressive muscle relaxation in session with counselor and describes benefits noticed to counselor. Once mastered in session, PATIENT practices muscle relaxation techniques at least once daily and writes about any benefits in HIS/HER anxiety journal. PATIENT processes journal with counselor in session.

PATIENT recognizes when automatic anxious thoughts or tension in the body is present and uses relaxation skills learned in session to stop/reduce the anxiety whenever they occur. Success will be measured by an improved DLA-20 score in the Coping Skills and Health Practices domains.

PATIENT replaces substance use, such as drinking alcohol or reliance on illicit use of prescription or over-the-counter medications, with coping strategies, such as belly-breathing, acceptance skills, muscle relaxation, thought-stopping, to manage anxious tension each day. Progress will be measured by improved scores in Health Practices, Coping, Substance Use, and Problem Solving DLA-20 domains.

PATIENT uses assertiveness skills, such as, I-messages, respectful communication, assertiveness without aggression, and compromise, every day to reduce avoidance of distressing problems and the worry that follows to manage anxiousness. Success will be measured by improved scores on DLA-20 Problem Solving, Coping Skills, and Communication domains.

PATIENT identifies, challenges and replaces fearful, negative self-talk with positive, realistic, and empowering self-talk as evidenced by fewer panic episodes each week and improved Health Practices scores on the DLA-20.

PATIENT completes homework exercise to identify fearful self-talk and creates reality-based, positive alternatives. This is reviewed and processed in session with counselor.

PATIENT reduces his subjective units of distress score (SUDS) from ## to ## by participating in session in graduated exposure techniques to reduce the fear and worry of negative consequences. PATIENT describes to counselor HIS/HER feelings of distress before and after practicing this technique.

PATIENT learns and implements problem solving skills, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, and implementing a plan, evaluating

results, and reevaluating the plan, to realistically address worries. Improvement will be measured by improved scores on Health Practices and Problem Solving scores on the DLA-20.

PATIENT develops a continued wellness plan with counselor which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges. PATIENT rehearses and practices these skills in session and then out of session.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about anxiety disorders; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP provides psychoeducation about the stress-diathesis model of anxiety disorders that emphasizes the strong role of a biological predisposition to anxiety that is vulnerable to stresses that are manageable.

MHP discusses with patient how generalized anxiety typically involves excessive worry about unrealistic threats, various bodily expressions of tension, over-arousal, and hypervigilance, and avoidance of what is threatening that interact to maintain the problem.

MHP guides the patient to handouts, brochures, websites and resources that assist the patient to learn about anxiety and excessive worry.

MHP teaches the patient relaxation skills, e.g., progressive muscle relaxation, guided imagery, diaphragmatic breathing, and how to discriminate better between relaxation and tension; teach the patient how to apply these skills to HIS/HER daily life.

MHP assigns homework to patient to practice relaxation exercises daily; review and reinforce success while providing corrective feedback toward improvement.

MHP discusses examples demonstrating that unrealistic worry typically overestimates the probability of threats and underestimates the patient's ability to manage realistic demands.

MHP assists the patient to gain insight into the notion that worry is a form of avoidance of a feared problem and that it creates chronic tension.

MHP explores the patient's schema and self-talk that influence HIS/HER fear response; challenge biases; assist the patient in replacing the distorted messages with reality-based alternatives and positive self-talk that will increase HIS/HER self-confidence in coping with irrational fears.

MHP teaches the patient a thought stopping technique, e.g., think of a stop sign and then a pleasant scene, for worries that have been addressed but persist.

MHP provides psychoeducation about graduated exposure treatment; selects initial exposures that have a high likelihood of being a successful experience for the client; develop a plan for managing negative affects caused by exposure; mentally rehearse the procedure.

MHP asks the client to vividly imagine worst-case consequences of worries, holding them in mind until anxiety associated with them weakens (up to 30 minutes); generate reality-based alternatives to that worst case and process them.

MHP assigns the patient homework in which SHE/HE does worry exposures and records responses; review in session; reinforce success and provide corrective feedback toward improvement.

MHP provides psychoeducation about and develops with patient a continued wellness plan which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges.

MHP instructs patient to routinely use relaxation, cognitive restructuring, exposure and problem-solving exposures as needed to address emergent worries, building them into HIS/HER life as much as possible.

MHP assists patient to develop a "coping card" on which coping strategies and other important information are written for the patient's later use.

MHP supports the patient in following through with work, family, and social activities rather than escaping or avoiding them to focus on panic.

MHP assists patient in developing a productive pattern of addressing the stressors SHE/HE is experiencing as a means to promote more effective functioning. CBT, stress management techniques, relaxation techniques and motivational techniques will be employed.

OBSESSIVE-COMPULSIVE DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT identifies a list of biased, fearful self-talk (obsessions) and identifies and lists more realistic beliefs to replace them; PATIENT practices every day replacing obsessions with more realistic beliefs, as measured by a reduction of compulsive behaviors by 10% in the next THIRTY days.

PATIENT participates each week in repeated imagining exposure to fearful cues exercises with counselor to reduce the distress of the obsessions.

PATIENT completes homework assignments involving exposure to fearful cues outside of session. Records progress in journal and reviews journal in sessions.

PATIENT practices a thought stopping technique, e.g., think of a stop sign and then a pleasant scene, for worries that have been addressed but persist, any time an obsessive thought occurs.

PATIENT completes fear hierarchy in sessions and completes at least one gradual exposure activity/assignment per week to decrease avoidance.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about Obsessive-Compulsive disorders; their symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP teaches the patient a thought stopping technique, e.g., think of a stop sign and then a pleasant scene, for worries that have been addressed but persist.

MHP directs and assists the patient in construction of a hierarchy of feared internal and external fear cues.

MHP assigns homework to patient in which he/she repeats the exposure to the fearful cues using restructured cognitions between sessions and records responses.

MHP teaches patient about fear hierarchy and exposure therapy and help HER/HIM use learned ABC method to manage anxiety and engage in avoided activities.

TRAUMA- AND STRESSOR-RELATED AND DISSOCIATIVE DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT describes in session to counselor the history and nature of HIS/HER trauma and symptoms a baseline measurement of PATIENT's symptoms and functioning will be established using the CPSS, or other Valid Trauma assessment tool.

PATIENT works with counselor in session to develop a trauma narrative.

PATIENT describes to counselor or treatment team any symptoms of depression, including any thoughts of self-harm or suicide, as they occur.

PATIENT is able to describe in session to MHP an understanding of the causes for, symptoms of, and treatments of trauma- and stressor-related conditions.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT builds confidence, desensitizes and overcome fears, and sees one's self, others, and the world in a less fearful and/or depressing way. Improvement will be measured by DLA-20 scores on the Coping, Problem Solving, and Health Practices domains.

PATIENT learns about PTSD, stress inoculation, cognitive restructuring and/or exposure based therapy by reading handouts/brochures provided by counselor and processes and reviews in session.

PATIENT learns and implements stress-inoculation and calming skills, such as belly-breathing, breath control, thought-stopping, and roleplays with counselor or trusted family member these skills until HE/SHE feels a sense of mastery. Progress is measured by improved scores on the DLA-20 Health Practices, Coping and Problem Solving domains.

PATIENT uses skills learned in session to challenge and replace biased, fearful self-talk with reality-based positive self-talk, as measured by improved Coping Skills score on DLA-20.

PATIENT replaces substance use, such as drinking alcohol or reliance on illicit use of prescription or over-the-counter medications, with coping strategies, such as belly-breathing, acceptance skills, muscle relaxation, thought-stopping, to manage intrusive thoughts, tension, and negative beliefs each day. Progress will be measured by improved scores in Health Practices, Coping, Substance Use, and Problem Solving DLA-20 domains.

PATIENT participates with counselor in session, in TF-CBT exposure to trauma-related memories exercises until talking or thinking about the trauma no longer causes distress as measured by improved scores on TF-CBT tools.

PATIENT completes homework exercises to practice exposure techniques outside of session; records responses in a recovery journal; and shares/processes these in session with counselor.

PATIENT learns and uses Thought-stopping skills (internally voice the word "Stop" and imagine a stop sign or stop light, immediately upon noticing unwanted trauma or negative thoughts. Improvements will be measured by client response and scores on TF-CBT measures.

PATIENT develops a continued wellness plan with counselor which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges. PATIENT rehearses and practices these skills in session and then out of session.

PATIENT participates in Eye-movement Desensitization and Reprocessing treatment, completes an EMDR treatment target analysis with therapist in session and reduces/replaces any negative cognitions with positive cognitions. Validity of Positive cognitions will be 7 of 7 before ending EMDR treatment.

PATIENT learns and implements strategies for managing and controlling anger, including: time-outs, walking away, belly-breathing, imagery, and thought-stopping. The frequency of uncontrolled anger outbursts or aggression episodes decreases to zero incidents before completing treatment as measured by self-report and scores on DLA-20 Problem Solving and Coping Skills domains.

PATIENT sleeps without being disturbed by dreams for 30 consecutive days, and uses a sleep hygiene plan which includes tracking hours of sleep each night and dreams using a sleep journal.

PATIENT gets 30 minutes of exercise at least 5 days each week for the next 30 days.

PATIENT gets 30 minutes of leisure activity with a friend at least 5 days each week for the next 30 days.

PATIENT increases the amount of nutritious food SHE/HE eats every day which includes at least 3 servings of fruits and vegetables, and abstains from mood altering substances.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about trauma- and stressor-related disorders; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP discusses with patient and family how PTSD results from exposure to trauma, resulting in intrusive recollections; unwarranted fears; anxiety; a vulnerability to negative emotions, such as shame, anger and guilt; and negative distortions about self, safety and the outer world.

MHP establishes a trusting, safe environment and therapeutic rapport with patient.

MHP administers EVIDENCE -BASED TRAUMA TREATMENT assessment tools to client to determine baseline symptoms and functioning deficits.

MHP gently guides patient in the exploration of the patient's trauma and the development of the trauma narrative.

MHP evaluates the patient for depression symptoms and the presence of self-harm or suicide ideas or urges; treats appropriately; and takes necessary safety precautions as needed.

MHP explores with client the use of substances as a coping mechanism for trauma symptoms; provides psychoeducation about the negative impact substance use can have on trauma recovery; encourages and reinforces attempts to replace substance use with healthier strategies and/or abstinence attempts.

MHP teaches the patient strategies form stress inoculation training such as relaxation, breathing control, covert modeling, i.e., imagining the successful use of the strategies, and/or roleplaying with therapist for managing fears until a sense of mastery is evident.

MHP explores the patient's schema (thought-processes) and self-talk that influence trauma-related fears; challenge negative biases and assist him/her in generating new ways of thinking that correct for the biases and build confidence.

MHP assigns patient homework exercise in which HE/SHE identifies fearful self-talk and creates reality-based alternatives; review and reinforce success; provide corrective feedback for failure.

MHP directs and assists the client in constructing a fear and avoidance hierarchy of feared and avoided trauma-related stimuli.

MHP assigns the patient a homework exercise in which HE/SHE does an exposure exercise and records responses.

MHP provides psychoeducation about the EMDR treatment.

MHP completes EMDR treatment target analysis with client and identifies client's negative cognitions.

MHP conducts 90-minute EMDR sessions with client for Bi-lateral Stimulation and target elimination.

MHP teaches the use of Thought-stopping skills (internally voice the word "Stop" and imagine a stop sign or stop light, immediately upon noticing unwanted trauma or negative thoughts.)

MHP assists the patient to develop a continued wellness plan which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges.

MHP teaches, models, roleplays, reinforces and redirects progress as needed, strategies for managing and controlling anger, including: time-outs, walking away, belly-breathing, imagery, and thought-stopping.

MHP provides psychoeducation about and develops with patient a continued wellness plan which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges.

MHP assists patient to develop a "coping card" on which coping strategies and other important information are written for the patient's later use.

MHP identifies and rehearses with patient the management of future situations or circumstances in which lapses could occur.

MHP instructs the patient to routinely use strategies learned in therapy, e.g., using cognitive restructuring, social skills, and exposure, while building social interactions and relationships.

MHP shares current research on benefits of exercise on PTSD symptoms.

MHP explores with patient barriers to exercise and leisure activities; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP shares psychoeducation on impact of nutrition and psychoactive substances on PTSD symptoms. Encourages and validates progress towards healthy nutrition and abstaining from or safe substance use.

MHP explores barriers to healthy nutrition and abstinence; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP encourages development of sleep hygiene practices. Reviews/roleplays PLEASE MASTER skill with patient to reduce vulnerabilities to trauma-related thinking and behaviors and depression.

FEEDING AND EATING AND ELIMINATION DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT participates in a physical examination by a physician to determine the impacts her symptoms have had on her health, and agrees to allow counselor and her physician to consult with each other.

PATIENT attends a dental appointment to determine the health of HER/HIS teeth, and agrees to allow counselor to consult with HIS/HER dentist.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT keeps a daily journal of food and beverage consumption and any feelings associated with eating and drinking, and shares/reviews in session with counselor.

PATIENT maintains balanced fluids and electrolytes by ingesting appropriate quantity and type of beverages daily, as measured by food journal and improved scores on the DLA-20 Nutrition domain.

PATIENT establishes regular eating patterns by eating at regular intervals each day and consuming at least the minimum daily calories necessary to progressively gain weight.

PATIENT identifies and develops a hierarchy of high-risk situations for unhealthy eating or weight-loss practices with counselor in session.

PATIENT participates in exposure exercises with counselor to build skills in managing urges to use maladaptive weight-control practices.

PATIENT uses problem solving skills, such as identifying the problem, brainstorming solutions, selecting an option, implementing a plan, and evaluating the plan, each day to resolve interpersonal problems, as measured by improved DLA-20 Problem Solving score.

PATIENT uses conflict resolution skills, e.g., I-messages, respectful communication, assertiveness without aggression, compromise, to resolve interpersonal conflicts, as measured by improvements in DLA-20 Communication and Problem Solving scores.

PATIENT develops a continued wellness plan with counselor which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges. PATIENT rehearses and practices these skills in session and then out of session.

PATIENT makes a list of the traits/values of a person SHE/HE holds with great respect and makes a list of HIS/HER current values and traits. Processes lists with counselor in session and one trait that SHE/HE would like to adopt into HER/HIS own life in order to develop a positive identity that is not based on weight or appearance, but on character, traits, relationships and intrinsic value.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about Feeding-Eating disorders; their symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP assigns the patient to self-monitor and record food and beverage intake, thoughts and feelings; process the journal material to challenge maladaptive patterns of thinking and behavior, and replace them with adaptive alternatives.

MHP and MD establish a minimum daily caloric intake (based on BMI or standardized height/weight charts) for the patient and assists the patient with HIS/HER meal planning.

MHP monitors the patient's weight and gives realistic feedback regarding body thinness.

MHP assess the nature of any external and internal cues that precipitate the client's uncontrolled eating and/or compensatory weight management behaviors.

MHP directs and assists the patient in construction of a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory wright-management behaviors.

MHP conducts imaginal exposure and ritual prevention to the patient's high-risk situations (e.g., purging, excessive exercise,); select initial exposure that have a high likelihood of being successful experience for patient; prepare and rehearse a plan for the session; do cognitive restructuring within and after the exposure review/process the session with the patient, (e.g., exposure to eating high-carbohydrate foods while resisting the urge to self-induce vomiting.)

MHP teaches patient conflict resolution skills, e.g., I-messages, respectful communication, assertiveness without aggression, compromise, to help alleviate depression, use modeling, role-playing, and behavior rehearsal to work through several current conflicts.

MHP provides psychoeducation about and develops with patient a continued wellness plan which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges.

MHP assists the client in identifying a basis for self-worth apart from body image by reviewing his/her talents, successes, positive traits, importance to others, and intrinsic spiritual value.

MHP assists patient in developing a productive pattern of addressing HIS/HER moods and emotions. CBT, emotion regulation, relaxation techniques, stress management, psycho-education associated with nutrition for eating disorder issues and motivational techniques will be employed.

DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT understands and shares with counselor how feelings are connected to misbehavior and discusses with counselor the three most recent situations where misbehavior caused negative consequences and how HE/SHE was feeling before they occurred.

FAMILY helps PATIENT succeed by consistently using effective parenting skills, such as a reward/punishment system, contingency contract or token economy. FAMILY will share progress chart in session with counselor to evaluate PATIENT progress.

PATIENT uses problem solving skills, such as identifying the problem, brainstorming solutions, selecting an option, implementing a plan, and evaluating the plan, each day to be more effective at school and home, as measured by Teacher and Parent reports and improved DLA-20 Problem Solving score.

PATIENT uses helpful communication skills, INSERT SKILLS MHP TEACHES HERE, to have more positive interactions with FAMILY MEMBERS. The number of tantrums or angry outbursts decreases to zero for 30 consecutive days and DLA-20 Communication score will improve.

PATIENT demonstrates more maturity by taking responsibility for annoying or impulsive actions every time they occur, apologizing and making amends to people SHE/HE hurt or wronged. Improvement will be measured by scores on DLA-20 Problem Solving, Communication domains.

PATIENT learns and implements calming skills, such as belly-breathing, thought-stopping, acceptance and others learned in sessions, to reduce misbehavior, as evidenced by improved scores on the DLA-20 Health Practices, Behavior Norms, Coping and Problem Solving domains.

PATIENT is able to recognize HIS/HER personal signs of anger, including feelings, body sensations, thoughts, and urges and uses calming strategies, such as muscle relaxation, imagery, time-out, walking away, belly breathing, thought stopping, acceptance, whenever anger levels rise. Progress will be measured by improved scores on DLA-20 Problem Solving and Coping Skills domains.

PATIENT identifies, challenges and replaces anger-causing self-talk with self-talk that results in a less angry reaction by using skills learned in session that reduce "should, must or have-to" statements, and unrealistic expectations; describes experience with thought challenging in session with counselor.

PATIENT uses the Thought Stopping technique to manage unwanted urges and reduces misbehavior and aggression episodes to zero in the next THIRTY days as measured by daily journal and DLA-20 scores of, Behavior Norms, Coping and Problem Solving.

PATIENT asks for help once each day, using assertiveness skills taught in sessions, from an adult before acting out with misbehavior or aggression. Parents and Teachers report consistent use of these skills and PATIENT talks about how these skills in session. Communication and Behavior Norms DLA-20 scores will improve by 15% in the next 30 days.

PATIENT practices using new calming, communication, conflict resolution and thinking skills at least once in each GROUP and IND therapy session for the next 6 weeks.

PATIENT decreases the number, intensity, and duration of angry outbursts to less than once per week, and increases the use of new skills for managing anger to once per day for the next 30 days.

FAMILY helps PATIENT succeed by consistently using effective parenting skills, such as a reward/punishment system, contingency contract or token economy. FAMILY will share progress chart in session with counselor to evaluate PATIENT progress.

PATIENT follows the rules at home and at school every day for the next THIRTY days by using new calming, communication and problem-solving skills. Parents report patient's progress to counselor each session by bringing to session and discussing the behavior chart; also Behavior Norms, Communication and Problem Solving scores on DLA-20 will improve over the next 30 days.

PATIENT starts at least one conversation with a peer or adult each day for the next week using respectful language, (like, asking permission, offering a compliment, saying please and thank you, offering to be helpful,) and processes the other person's response to him/her in session with counselor.

PATIENT expresses HIMSELF/HERSELF to adults using more Assertive style of communication instead of pouting, sulking or arguing when HE/SHE feels frustrated.

PATIENT improves decision making and problem solving with school conflicts; will not get any office referrals for the next 9 weeks.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP teaches the patient about the Thoughts-Feelings-Behavior triangle; assists the patient to identify thoughts and feelings she/he experiences prior to misbehavior.

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PATIENT and FAMILY MEMBERS about OPPOSITIONAL DEFIANT DISORDER, CONDUCT DISORDER; INTERMITTENT EXPLOSIVE DISORDER; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP assists the family in developing and implementing an behavior system to increase the patient's on-task behaviors and completion of school assignments, chores, or household responsibilities, e.g., using calendars, charts, notebooks, class syllabi.

MHP encourages parents and teachers to maintain regular communication about the patient's academic, behavioral, emotional and social progress.

MHP consults with patient's teachers to implement strategies to improve school performance, such as sitting in the front row during class, using a prearranged signal to redirect the patient back to task, scheduling breaks from tasks, providing frequent feedback, calling on the client often, arranging for a listening buddy, implementing a daily behavioral report card.

MHP encourages the parents and teachers to use a behavioral classroom intervention, e.g., a school contract and reward system, to reinforce appropriate behavior and decrease verbal outbursts.

MHP teaches the patient self-control strategies, e.g., stop-listen-think-act, to delay need for instant gratification and inhibit impulses to achieve more meaningful, longer-term goals.

MHP teaches parents a Parent Management Training approach, (e.g., a reward/punishment system, contingency contract, token economy,) explaining how parent and child behavioral interaction can reduce the frequency of impulsive, disruptive and negative attention-seeking behaviors and increased desired behavior.

MHP teaches parents how to implement key parenting practices consistently, including establishing realistic age-appropriate rules for acceptable and unacceptable behavior, prompting of positive behavior in the environment, use of positive reinforcement to encourage behavior, use of clear direct instruction, time out and other loss-of-privilege practices for problem behavior.

MHP uses instruction, modeling, and role-playing to build the patient's general and developmentally appropriate social and /or communication skills.

MHP teaches patient effective problem-solving skills (e.g., identifying the problem, brainstorming alternatives, selecting an option, implementing a plan and evaluating.)

MHP instructs the parents to observe and record three to five positive behaviors by the patient in between sessions; reinforce positive behaviors and encourage patient to continue to exhibit these behaviors.

MHP encourages parents to spend 10-15 minutes daily of one-on-one time with the patient to create a closer parent-child bond. Allow the client to take the lead in selecting an activity or task.

MHP provides psychoeducation about a daily behavior journal in which persons, situations and other triggers to anger, irritation and disappointment are recorded; routinely process the journal toward helping the client understand HIS/HER contributions to generation HIS/HER misbehavior.

MHP assists the patient to generate a list of anger triggers' process the list toward helping the patient understand the causes and extent of HIS/HER anger.

MHP assists the patient in identifying ways that key life figures, e.g., parents, teachers, have expressed angry feelings and solved problems and how these experiences have positively or negatively influenced the way HE/SHE handles anger and chooses behavior.

MHP assists the client in coming to the realization that HE/SHE is angry by reviewing triggers, body sensations, urges, and frequency of angry outbursts.

MHP assists the patient in re-conceptualizing anger as involving different components (cognitive, biological, emotional and behavioral) that go through predictable phases, (e.g., demanding expectations not being met leading to increase arousal and anger leading to acting out) that can be managed.

MHP teaches the patient calming techniques (e.g., muscle relaxation, paced breathing, calming imagery) as part of a tailored strategy for responding appropriately to urges to act out aggressively, rebelliously, or defiantly.

MHP uses instruction, modeling, and/or role-playing to teach the patient assertive communication.

MHP conducts conjoint sessions to help the patient implement assertion, problem-solving and/or conflict resolution skills in the presence of HIS/HER significant others.

MHP identifies and rehearses with the patient the management of future situations or circumstances in which lapses back to defiant or rebellious behavior could occur.

MHP teaches the use of Thought-stopping skills (internally voice the word "Stop" and imagine a stop sign or stop light, immediately upon noticing unwanted urges to act out or negative thoughts.)

MHP teaches conflict resolution skills, such as "I messages," assertiveness without aggression, compromise, to help alleviate patient manage urges, frustration, anger and resolve interpersonal problems

MHP teaches the patient the principle of reciprocity, asking him/her to agree to treat everyone in a respectful manner for a 1-week period to see if others will reciprocate by treating him/her with more respect.

MHP plays a game with client, first with the client determining the rules, (and counselor holding the patient to those rules) and then with the rules determined by the therapist; process the experience and give positive verbal praise to the client for following established rules.

MHP directs the patient to engage in three altruistic or benevolent acts, e.g., read to a developmentally disabled student, mow-lawn for neighbor) before the next session to increase HIS/HER empathy and sensitivity to the needs of others.

MHP works with patient on communication and social skills to include I statements, roleplay, play therapy, and linking thoughts-feelings-behaviors

MHP works with patient on emotion regulation techniques to include deep breathing, awareness of emotions, triggers etc.

MHP works with family on parent coaching to include limit setting, rewarding appropriate behavior (including parent-child interaction activities). MHP provides psychoeducation to family on communication skills and medication education/compliance as needed.

SUBSTANCE-RELATED DISORDERS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT agrees to and participates in a medical examination to evaluate the effects substance use has had on their body.

PATIENT describes to counselor in session the history and nature of HIS/HER substance use and symptoms to determine a baseline of the impacts substances have had on HIS/HER life.

PATIENT describes to counselor or treatment team any symptoms of depression, including any thoughts of self-harm or suicide, as they occur.

PATIENT is able to describe in session to MHP an understanding of the causes for, symptoms of, and treatments of substance use disorders.

PATIENT takes prescribed medications consistently with or without supervision and reports any improvement or worsening of symptoms and any side effects to treatment team.

PATIENT creates a written “timeline” of HIS/HER substance use, including effects on relationships, physical health, legal events, employment, etc., throughout HIS/HER lifetime and reviews/discusses it in session with counselor.

PATIENT creates a written “timeline” of significant stressors, including losses, trauma, abandonment, fights, arrests, childhood hurts, etc., that HE/SHE experienced throughout HIS/HER lifetime and reviews/discusses it in session with counselor.

PATIENT asks two or three people who know him/her well to write a letter to the counselor that describes how the patient’s substance use has affected the patient’s life and their relationship. PATIENT and counselor will review these in session.

PATIENT participates in at least one Community Support group, such as AA, NA, SOS, etc., and shares the experience of observing this meeting with counselor in session.

PATIENT attends a Substance Users' Community Support group, such as AA, NA, SOS, etc., at least ONCE a week for the next SIXTY days; has the group leader sign the attendance sheet each meeting; and discusses the experience of attending meetings with counselor in session.

PATIENT identifies a sponsor/mentor who is in recovery from substance use for at least two years and meets with him/her at least weekly for the next SIXTY days to find out specifically how abstinence from substance use has helped him/her.

PATIENT agrees to allow the sponsor/mentor to participate in treatment as an ally in HIS/HER support system. Sponsor/Mentor participates in sessions, as needed.

PATIENT learns about substance use disorders, including short and long term effects of substance use, by reviewing handouts/brochures provided by the counselor and discusses things learned or questions in session.

PATIENT develops an abstinence contract and processes HIS/HER feelings related to the commitment with counselor in session.

PATIENT completes a trigger analysis worksheet and shares and reviews it with counselor in session.

PATIENT completes a pros-and-cons worksheet that identifies the benefits and consequences substance use has created in HIS/HER life and processes in session.

PATIENT identifies with counselor in session the ways being sober from substances could positively impact HIS/HER life and processes in session.

PATIENT makes a list of substance using "associates" and develops a "Safer Support" plan with counselor to reduce the frequency and duration of contact with all people who make it harder to remain abstinent.

PATIENT increases the number of non-substance-using relationships by participating in at least ONE sober activity each week and identifying at least ONE person with whom to participate in a sober activity within THIRTY days as part of the "Safer Support" plan.

PATIENT learns and uses coping strategies, such as relaxation, belly-breathing, thought stopping, positive self-talk, distraction from urges, and staying focused on goals, to manage urges to use substances, as evidenced by self-report and by improved Substance Use DLA-20 score.

PATIENT identifies, challenges and replaces destructive self-talk with positive, strength building self-talk and maintains a daily journal of thoughts and feelings which is shared/processed with counselor in session.

PATIENT uses assertiveness, relaxation techniques, problem solving skills learned previously in treatment to manage day-to-day challenges (e.g., paying bills, finding and maintaining employment, developing and sustaining meaningful relationships, successfully dealing with legal obligations, etc.) and builds confidence in managing them without the use of substances. Success will be measured by improved scores in DLA-20 domains.

PATIENT develops a written Continued Recovery plan, including common triggers, coping strategies, support system, and crisis planning, to maintain gains and prevent lapses/relapses prior to discharge. Recovery plan will be reviewed with counselor and FAMILY MEMBER in session.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP refers patient to physician for a thorough physical examination to determine any physical/medical consequences of substance use.

MHP refers PATIENT to a psychiatrist for evaluation regarding current symptoms and need for medication(s).

MHP monitors PATIENT's reaction to medications and reports observed side effects to treatment team.

MHP encourages continuous adherence to medication regimen; provides PATIENT with educational material on benefits/side-effects of medications and need for continuous adherence.

MHP provides psychoeducation to PAITENT and FAMILY MEMBERS about substance use disorders; its symptoms, course and treatments; and normalizes/destigmatizes the condition.

MHP provides psychoeducation about the stress-diathesis model of substance use disorders that emphasizes the strong role of a biological predisposition to compulsive substance use episodes that is vulnerable to stresses that are manageable.

MHP provides PATIENT with a rationale for treatment involving medication and psychosocial treatment to recognize, manage and reduce the likelihood of relapse.

MHP teaches the patient about the importance of good sleep hygiene.

MHP educates the patient's family about signs and symptoms of a pending relapse.

MHP assists the patient and family to develop a "relapse drill" detailing roles and responsibilities; problem solving obstacles; and work towards adherence with the plan.

MHP provides psychoeducation, models, roleplays, provides corrective feedback and positive reinforcement to patient and family on effective communication strategies: including offering positive feedback, active listening, making positive requests of others for behavior change, and giving negative feedback in an honest and respectful manner.

MHP assigns homework to patient and family to use and record use of newly learned communication skills; processes results in session.

MHP uses behavior techniques (education, modeling, role-playing, corrective feedback and positive reinforcement) to teach the patient and family problem solving skills, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, and implementing a plan, evaluating results, and reevaluating the plan.

MHP assigns homework to patient to research and learn about substance use disorders.

MHP introduces value and components of safety plan; Assists client to identify risk factors for suicide/self-injury, healthy supports, and emergency contacts; Includes family members where appropriate in the safety planning process.

MHP shares current research on benefits of exercise on substance use symptoms.

MHP explores with patient barriers to exercise and leisure activities; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP shares psychoeducation on impact of nutrition and psychoactive substances on symptoms. Encourages and validates progress towards healthy nutrition and abstaining from or safe substance use.

MHP explores barriers to healthy nutrition and abstinence; introduces problem solving strategies such as pros-and-cons lists, willingness vs. willfulness

MHP encourages development of sleep hygiene practices. Reviews/roleplays PLEASE MASTER skill with patient to reduce vulnerabilities to substance use urges, thinking, and behaviors.

MHP asks the patient to make a list of the ways substances has negatively impacted HIS/HER life' process the medical, relationship, legal, vocational, and social consequences.

MHP assigns homework to patient to identify 2 or 3 close people to write a letter to counselor in which they identify how they saw the patient's substance use negatively impacting the patient's life.

MHP provides psychoeducation about the use and benefits of Community Support groups and encourages attendance to meetings and identification of a mentor/sponsor.

MHP develops an abstinence contract with client regarding the termination of substance use; processes patient's feelings related to the commitment.

MHP facilitates the patient's understanding of HIS/HER genetic, personality, social and family factors, including childhood experiences, that led to the development of substance use disorder and serve as a risk factor for relapse.

MHP asks the patient to make a list of how being sober could positively impact HIS/HER life; processes the list.

MHP reviews the negative influence of the patient continuing HIS/HER substance-use related friendships, and assists him/her in making a plan to develop new sober relationships; revisit routinely and facilitate toward development of a healthy support system.

MHP assists the patient in planning social and recreational activities that are free from association with substance use; revisit routinely and facilitate toward development of a new support system.

MHP assists the patient in planning household, work-related, and/or other free-time projects that can be accomplished to build the patient's self-esteem and self-concept as a sober individual in recovery.

MHP facilitates the development of a plan for the patient to change HIS/HER living situation to foster recovery; revisit routinely and facilitate toward accomplishing a positive change in living situation.

MHP assists the patient in identifying the positive changes that will be made in family relationships during recovery.

MHP discusses the negative effect the patient's substance use has had on family, friends, and work relationships, and encourages a plan to make amends for such hurt.

MHP teaches the patient a “coping package” involving calming strategies, (e.g., relaxation, breathing,) thought stopping, positive self-talk, and attentional focusing skills, (e.g., distraction from urges, staying focused on behavior goals of abstinence,) to manage urges to use substances.

MHP explores the patient’s thought processes and self-talk that weaken HIS/HER resolve to remain abstinent; challenge the biases; assist him/her in generating realistic self-talk that correct for the biases and build resilience.

MHP assesses the patient’s current skill in managing common everyday stressors (e.g., work, social, family, role demands); use behavioral and cognitive restructuring techniques to build social and/or communication skills to manage these challenges.

MHP identifies and rehearses with the patient the management of future situations or circumstances in which lapses could occur.

MHP assists patient in learning a productive pattern of coping with cravings and triggers. CBT, relapse prevention, behavior modification and motivational techniques will be employed.

SUPPORT FOR EVIDENCE BASED TREATMENTS

DBT

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT participates fully in the DBT program and improves her/his DLA-20 Health Practices, Coping Skills, Problem Solving, Communication, Managing Time, Social Network, Sexuality, Family Relationships and Social Network scores by 15% in the next SIX months.

PATIENT reviews Dialectical Behavior Therapy (DBT) Orientation Handbook and completes Target Behavior Analysis chart with Counselor in session, makes a commitment to fully participate in the DBT program, and signs participation contract.

PATIENT completes DBT diary card every day and brings to session each week to review and process with counselor.

PATIENT attends DBT Skills Training Group every week, completes homework assignments, and commits to practicing newly learned skills in and out of group.

PATIENT identifies and makes a list of therapy interfering behaviors that will slow her/his progress and completes a Behavior Chain Analysis with counselor anytime an interfering behavior occurs.

PATIENT learns, practices and masters Interpersonal Effectiveness skills, including DEAR MAN GIVE FAST. CHOOSE ONE OF THE FOLLOWING:

- She/he practices these skills at least once in each session for the next THIRTY days.

- She/he practices these skills in a safe environment outside of therapy sessions at least once per week for the next THIRTY days.
- She/he practices these skills with a person who causes her/him anxiety or worry at least once before the next session.

PATIENT learns, practices and masters Distress Tolerance Skills, including ACCEPTS, IMPROVE the Moment, Pros and Cons, Willingness over Willfulness, and Radical Acceptance. CHOOSE ONE OF THE FOLLOWING:

- She/he practices these skills at least once in each session for the next THIRTY days.
- She/he practices these skills in a safe environment outside of therapy sessions for 15 minutes at least once per week for the next THIRTY days.
- She/he practices these skills whenever triggered by an ANXIETY_PROVOKING SITUATION at least once before the next session.

PATIENT learns, practices and masters Emotion Regulation skills, including PLEASE MASTER, Opposite Action, Check the Facts, and Sleep Hygiene. CHOOSE ONE OF THE FOLLOWING:

- She/he practices these skills at least once in each session for the next THIRTY days.
- She/he practices these skills in a safe environment outside of therapy sessions for 15 minutes every day for the next THIRTY days.
- She/he stays in her/his Wise Mind and effectively handles the situation without negative consequences whenever triggered by an ANXIETY_PROVOKING SITUATION.

PATIENT learns, practices and masters Mindfulness skills, including Wise Mind, Observe, Describe, Participate, Nonjudgmental Stance, One-Minded, and Effectively. CHOOSE ONE OF THE FOLLOWING:

- She/he practices these skills for five minutes in each session for the next THIRTY days.
- She/he practices these skills in a safe environment outside of therapy sessions for TEN minutes every day for the next THIRTY days.
- She/he stays in her/his Wise Mind and effectively handles stressful situations without negative consequences whenever triggered by STRESSFUL SITUATION.

PATIENT plans and participates in at least three pleasurable activities each week to address feelings of depression and participates Dialectical Behavioral Therapy skills to decrease intensity of depressive episodes. She will self-report success of using her skills during Individual Therapy sessions.

PATIENT practices using Dialectical Behavioral Therapy skills (Emotion Regulation, Interpersonal Effectiveness, Distress Tolerance, and Mindfulness) each day to assist her in effectively managing her emotions when building and maintaining interpersonal relationships w/ self and others. Improvement is measured by changes in DLA-20 Health Practices scores.

PATIENT will talk about past traumatic events and practice using distress tolerance, mindfulness, and grounding techniques to manage thoughts, feelings (depression and anxiety), and urges brought on by encounters with trauma-related stimuli. SHE/HE will self-report progress of using these skills during each therapy session.

PATIENT plans and participates in at least three pleasurable activities each week to address feelings of depression and practice Dialectical Behavioral Therapy skills to decrease intensity of depressive episodes. HE/SHE will self-report success of using his/her skills during Individual Therapy sessions.

PATIENT practices using Dialectical Behavioral Therapy skills (Emotion Regulation, Interpersonal Effectiveness, Distress Tolerance, and Mindfulness) each day to assist HIM/HER in effectively managing HIS/HER emotions when building and maintaining interpersonal relationships w/ self and others.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP provides psychoeducation about the DBT program, its orientation, commitments and tools, including the Behavior Chain Analysis, Diary Card, and Skills training handouts.

MHP will utilize Dialectical Behavioral Therapy to assist PATIENT in developing a list of activities SHE/HE enjoys and discuss/process the correlation of enjoying/activating oneself and decreasing depression.

MHP and PATIENT will develop a list of triggers increasing depressive episodes.

MHP and patient complete a behavior chain analysis to explore causes, vulnerabilities, consequences and after-effects of ineffective behavior; process analysis; explore strategies and skillful behavior that could replace ineffective behavior in the future; develop plan to make amends and over-correct ineffective behavior.

MHP will use Dialectical Behavioral Therapy to teach, process, role play, and practice skills, during individual and group therapies, to assist PATIENT applying these skills to manage emotions when entering into, building, and maintaining interpersonal relationships w/ HERSELF/HIMSELF and others.

MHP will use Dialectical Behavioral Therapy to teach, process, role play, and practice skills, during individual and group therapies, to assist patient w/ applying these skills to manage emotions when entering into, building, and maintaining interpersonal relationships w/ him/herself and others.

MHP and patient will develop a list of triggers increasing depressive episodes and review during Individual Therapy sessions.

MHP will utilize Dialectical Behavioral Therapy to assist patient in developing a list of activities he/she enjoys and discuss/process the correlation of enjoying/activating oneself and decreasing depression.

EMDR

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT participates in Eye-movement Desensitization and Reprocessing treatment, completes an EMDR treatment target analysis with therapist in session and reduces/replaces any negative cognitions with positive cognitions. Validity of Positive cognitions will be 7 of 7 before ending EMDR treatment

PATIENT is able to sleep through the night without nightmares 6 out of 7 days each week.

PATIENT practices HIS/HER relaxation skills, safe space, grounding or thought stopping any time HE/SHE experiences intrusive memories or flashbacks.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP provides psychoeducation about the EMDR treatment.

MHP completes treatment target analysis with client and identifies client's negative cognitions

MHP conducts 90-minute sessions with client for Bi-lateral Stimulation and target elimination.

MHP utilizes EMDR bilateral stimulation to install a safe space; closes all EMDR sessions with container exercise.

MHP provides psychoeducation about relaxation and distraction strategies.

MHP models/roleplays with client grounding and thought stopping; encourages practice outside of session; follows up on effectiveness in session.

MHP introduces nightmare reduction strategies, including dream rehearsal and dream journaling.

MD evaluates client for medications to assist sleep and reduce nightmares.

TF-CBT & CBT FOR PTSD

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT shares in session about past traumatic events and practice using distress tolerance, mindfulness, and grounding techniques to manage thoughts, feelings (depression and anxiety), and urges brought on by encounters with trauma-related stimuli. She will self-report progress of using these skills during each therapy session.

PATIENT can name two of HIS/HER trauma symptoms, can explain the purpose of TFCBT, and can name three parts of TFCBT

PATIENT can use two relaxation skills and practices at least one daily.

PATIENT can identify, scale, and describe the four main feelings and communicate HER/HIS feelings appropriately. SHE/HE can name and correctly define at least 10 feeling words.

PATIENT can explain how thoughts, feelings, and behaviors work together. SHE/HE has processed at least three of HER/HIS life experiences (at least one related to trauma) in the context of how HER/HIS thoughts, feelings, and

behaviors worked together in those situations. SHE/HE can explain how SHE/HE could have changed HER/HIS thoughts in at least one situation in order to change the situation for the better.

PATIENT has created a trauma narrative which includes the details of HER/HIS trauma (including the 5 senses) as well as HER/HIS thoughts and feelings related to the traumatic event(s). SHE/HE has shared HER/HIS narrative with HER/HIS FAMILY MEMBER.

PATIENT does not avoid HER//HIS safe trauma reminders. SHE/HE rates CPSS item #7 (Trying to avoid activities or people, or places that remind you of the event) at a 0 (never).

PATIENT can name the four private parts rules.

PATIENT and FAMILY MEMBER have developed and agreed on rules for dating to keep PATIENT safe.

PATIENT can name the 5 things HE/SHE needs to do if there's an emergency at home.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP provides psychoeducation about Trauma-focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy.

MHP utilizes Trauma-focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy techniques to provide support while directing and assisting PATIENT in constructing a fear and avoidance hierarchy of feared and avoided trauma-related stimuli. MHP will assign homework exercises in which SHE/HE does an exposure exercise and records responses.

MHP will utilize Trauma-focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy techniques to guide PATIENT through imaginal exposure to the trauma by having HER/HIM describe the traumatic experiences (one at a time during different individual therapy sessions) at an increasing, but appropriate level of detail and encourage HER/HIM to repeat until associated anxiety reduces and stabilizes. MHP will assign homework exercises in which SHE/HE does an exposure exercise and records responses.

MHP utilizes Trauma-focused Cognitive Behavioral Therapy and Prolonged Exposure Therapy techniques.

MHP will teach, model, and role-play using positive self-talk to assist PATIENT w/ recognizing maladaptive self-talk and challenge its biases to help HER/HIM cope w/ painful feelings and thoughts to overcome avoidance and better manage symptoms of depression and anxiety.

MHP utilizes Cognitive Behavioral Therapy to assist PATIENT w/ identifying and rehearsing management of future situations or circumstances in which lapses could occur.

MHP models and role-plays using cognitive restructuring, reframing negative thoughts, thought-stopping when noticing unwanted trauma or otherwise negative unwanted thoughts, etc., and reinforces progress by using

HER/HIS coping strategies to better manage the feelings, thoughts, and urges that arise when symptoms of depression and anxiety return/are triggered.

MHP reinforces PATIENT'S positive reality-based cognitive messages that enhance self-confidence and increase adaptive action.

MHP provides psychoeducation regarding PTSD and the TFCBT process.

MHP helps PATIENT develop relaxation skills and encourages HER/HIM to practice daily.

MHP helps patient develop a feeling vocabulary and learn effective communication skills.

MHP helps patient develop an understanding of and apply the cognitive triangle. Counselor helps patient develop cognitive coping skills.

MHP assists patient in creating and processing a trauma narrative. MHP facilitates sharing of the trauma narrative with patient's FAMILY MEMBER.

MHP coaches patient through the in vivo exposure therapy process.

MHP facilitates and coaches patient and family through the process of developing safety skills and plans.

ANGER MANAGEMENT

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT keeps a daily journal of persons, situations, and other triggers of anger and records thoughts, feelings and actions taken, and shares this journal with counselor in session.

PATIENT is able to recognize HIS/HER personal signs of anger, including feelings, body sensations, thoughts, and urges and uses calming strategies, such as muscle relaxation, imagery, time-out, walking away, belly breathing, thought stopping, acceptance, whenever anger levels rise. Progress will be measured by improved scores on DLA-20 Problem Solving and Coping Skills domains.

PATIENT identifies, challenges and replaces anger-causing self-talk with self-talk that results in a less angry reaction by using skills learned in session that reduce "should, must or have-to" statements, and unrealistic expectations; describes experience with thought challenging in session with counselor.

PATIENT uses the Thought Stopping technique to manage unwanted angry thoughts and reduces angry outbursts and aggression episodes to zero in the next THIRTY days as measured by daily journal and DLA-20 scores of Coping and Problem Solving.

PATIENT identifies a list of at least 2 people in HIS/HER support system that will help him/her consistently use newly learned anger management skills and shares with them HIS/HER Recovery plan.

PATIENT develops a continued wellness plan with counselor which includes: identifying early warning signs of relapse, reviewing skills learned in therapy, and developing a plan to manage challenges. PATIENT rehearses and practices these skills in session and then out of session.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP provides psychoeducation about a daily anger journal in which persons, situations and other triggers to anger, irritation and disappointment are recorded; routinely process the journal toward helping the client understand HIS/HER contributions to generation HIS/HER anger.

MHP assists the patient to generate a list of anger triggers' process the list toward helping the patient understand the causes and extent of HIS/HER anger.

MHP assists the patient in identifying ways that key life figures, e.g., parents, teachers, have expressed angry feelings and how these experiences have positively or negatively influenced the way HE/SHE handles anger.

MHP assists the client in coming to the realization that HE/SHE is angry by reviewing triggers, body sensations, urges, and frequency of angry outbursts.

MHP assists the patient in re-conceptualizing anger as involving different components (cognitive, biological, emotional and behavioral) that go through predictable phases, (e.g., demanding expectations not being met leading to increase arousal and anger leading to acting out) that can be managed.

MHP teaches the patient calming techniques (e.g., muscle relaxation, paced breathing, calming imagery) as part of a tailored strategy for responding appropriately to angry feelings when they occur.

MHP uses instruction, modeling, and/or role-playing to teach the patient assertive communication.

MHP conducts conjoint sessions to help the patient implement assertion, problem-solving and/or conflict resolution skills in the presence of HIS/HER significant others.

MHP identifies and rehearses with the patient the management of future situations or circumstances in which lapses back to anger could occur.

MHP develops a "coping card" on which anger management skills and other important information (e.g., calming yourself, being flexible in your expectations of others, voice your opinion calmly, respect others' points of view) are recorded for the patient's later use.

MHP assists patient in learning and applying skills as HE/SHE develops positive patterns in addressing HIS/HER anger. CBT, emotion regulation, anger management and motivational techniques may be employed.

SELF-ESTEEM

OBJECTIVES

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT practices saying to him/herself statements of self-acceptance and affirmation each day and records these in an affirmation journal. SHE/HE shares and discusses this journal in session with counselor.

PATIENT develops a list of positive traits and talents about her/himself and reads it to her/himself three times daily. Discusses feelings in session with counselor.

PATIENT practices assertiveness and confidence skills, such as looking others in the eyes when talking to them, using I-messages, respectful communication, every day at least once with another person, to increase positive feelings about self and confidence.

PATIENT is able to speak up, with confidence in social situations, in order to get needs met by using the DEAR MAN GIVE FAST skill. SHE/HE practices this skill with another person ONCE per day for the next SEVEN days, and discusses outcomes with counselor in session.

PATIENT uses Thought Stopping, (imagine a stop sign, and then a pleasant scene) whenever HE/SHE notices negative thoughts about self, and replaces them with positive self-talk, such as, affirmations, strengths and abilities list. Progress will be measured by improvement in Coping Skills DLA-20 score.

INTERVENTIONS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP teaches the patient about the Thoughts-Feelings-Behavior triangle; assists the patient to identify thoughts and feelings she/he experiences that impact her/his view of self.

MHP introduces and educates patient about affirmations journal and its daily use; routinely review progress with client; reinforces success.

MHP uses modeling and/or roleplaying to train the patient in assertiveness; if needed, MHP will refer to an Assertive communication skills group.

MHP teaches the patient a thought stopping technique, e.g., think of a stop sign and then a pleasant scene, for worries that have been addressed but persist.

MHP assists patient in developing effective methods to improve HER/HIS self-esteem. CBT, reframing, positive self-talk, self-esteem exercises and motivation techniques could be employed.

SUPPORT FOR CENTER PROGRAMS & GROUPS

IPS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT will follow suggestions of MHP in Individual Placement Services (IPS) to seek employment weekly using a resume HE/SHE developed and phone calling skills to secure employment. SHE/HE will write HER/HIS calls made, each week, on a log sheet and review during sessions. DLA-20 Productivity score will improve by 15% within NINETY days.

PATIENT learns and applies skills that it takes to find employment. SHE/HE applies to at least 3 jobs per week, builds HER/HIS resume and interviews for positions as they are available.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

IPS MHP educates, coaches, models, and role-plays with patient strategies and vocational skills to aid patient in job-search strategies, resume development, application completion, interview skills, time management, communication skills, and self-confidence to secure employment; routinely evaluates progress; processes successes and obstacles, redirects toward effective vocational behaviors.

PSS

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

See also, Recovery for Life Group

PATIENT meets with Peer Support Specialist (PSS) to improve healthy decision making and learn RECOVERY SKILLS (SEE LIST BELOW). PATIENT practices those skills daily between sessions and improves DLA-20 scores on Problem Solving and Health Practices.

**CPSS ASSISTS PATIENTS DEVELOP RECOVERY SKILLS IN THE AREAS LISTED BELOW.*

- PERSONAL SAFETY

- SELF-WORTH
- INTROSPECTION
- CHOICE
- CONFIDENCE
- GROWTH
- CONNECTION
- BOUNDARY SETTING
- PLANNING
- SELF-ADVOCACY
- PERSONAL FULFILLMENT
- CRISIS MANAGEMENT
- EDUCATION
- MEANINGFUL ACTIVITY AND WORK
- EFFECTIVE COMMUNICATION SKILLS

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

CPSS supports patient self-help activities that cultivate the patient's ability to make informed and independent choices.

CPSS assists the patient with self-improvement activities to improve self-worth and self-concept.

CPSS provides assistance with substance use reduction or elimination; provides support for self-help, self-improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding substance use disorders or mental illness and recovery.

CPSS advocates for the patient by assisting HIM/HER in making telephone calls and composing letters about issues related to substance use disorders, or mental illness or recovery.

CPSS supports patient advocacy by discussing patient concerns about medications or diagnoses with a physician or nurse at the patient's requests.

CPSS helps the patient arrange the necessary treatment when requested; guides patient toward a proactive role in their treatment.

CPSS provides crisis support to assist patient with the development of a crisis plan.

CPSS teaches the patient: How to recognize the early signs of a relapse; How to request help to prevent a crisis; How to use a crisis plan; How to use less restrictive, hospital alternatives; How to divert from using the emergency room; How to make choices about alternative crisis support.

CPSS assists the patient in learning how to maintain stable housing or learning how to change an inadequate housing situation.

CPSS provides social support training and education to help the patient end unhealthy personal relationships, develop and nurture new relationships, and improve communication with family members.

CPSS provides education and/or employment support to help patient go back to school AND/OR get job training.

CPSS to give guidance, provide insight, share information on services and empower the patient to make healthy decisions.

CPSS to assist patient in directing their own recovery and advocacy process, promoting skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

CPSS will assist patient in understanding how to manage their illness in their daily lives by helping them to identify key resources, listening and encouraging the patient to cope with barriers and work towards their goals.

CPSS will provide ongoing support to keep the patient engaged in proactive and continual follow up treatment.

CPSS will actively engage the patient to lead and direct the design of their plan of care and empower the patient to achieve their specific individualized goals.

CPSS will guide the patient through self-help and self-improvement activities to cultivate the patient's ability to make informed independent choices and facilitate specific, realistic activities to increase self-worth and improved self-concepts.

SUICIDE RISK MANAGEMENT & STABILIZATION

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT commits to contacting a member of the treatment team, 9-1-1 or 2-1-1 Hotline if thoughts and urges to self-injure or attempt suicide arise.

PATIENT and FAMILY increase the safety of the home by removing firearms or other weapons from easy access today and inform counselor when done.

PATIENT develops a safety plan with counselor and FAMILY that identifies common triggers to hopelessness and suicidal urges, crisis skills to help reduce those urges, trusted people who can be relied upon as emergency supports, crisis hotline numbers, desires/wishes for care in the event that hospitalization is required; keeps a copy of this plan in an easy to access place (like purse, wallet); and shares a copy of this plan with trusted emergency support system.

When depression begins to worsen, PATIENT shares daily what SHE/HE is feeling to the trusted, important people in HIS/HER life to increase a feeling of being understood, empathy and being cared for by others.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

MHP routinely assesses for self-harm or suicidal ideas, urges and injurious behavior; de-escalates and encourages calming behaviors; secures commitment for safety from patient; enlists the support of helpful family supports to assist in keeping patient safe outside of center.

MHP instructs family and patient on strategies to improve safety in the home, including removal of firearms and other weapons from patient's access.

MHP assists patient and family to develop a safety plan, including: common triggers to hopelessness and suicidal urges, crisis skills to help reduce those urges, trusted people who can be relied upon as emergency supports, crisis hotline numbers, desires/wishes for care in the event that hospitalization is required.

MHP refers patient to STABILIZATION PROGRAM/INPATIENT HOSPITAL for crisis intervention.

HEALTH & WELLNESS GROUP

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT attends and participates in Health & Wellness group and develops a written recovery that includes the eight dimensions of wellness. Shares plan with group leader and other participants and incorporates feedback into the plan. DLA-20 score for Problem Solving and Health Practices will improve by 15% by the end of the group.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

GROUP MHP assists patient to develop a comprehensive recovery plan that includes the eight dimensions of wellness: emotional, environmental, physical, financial, spiritual, social, intellectual, and vocational.

PARENTING GROUP

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT improves relationship with CHILDREN and functioning within the home, by utilizing skills learned in Parenting Group (including coaching, specific praise, effective reinforcement to increase desired behaviors, clear limit setting, ignoring problem behaviors, time-outs, and the use of natural consequences to decrease undesirable behaviors,) as measured by improved DLA-20 scores on Family Relationships and Problem Solving.

PATIENT participates in Parenting Group to develop strategies that reduce stress and anxiety associated with being a parent, and utilizes those strategies to effectively manage situations at home, as measured by improved scores on Housing domain of the DLA-20

PATIENT engages in appropriate child-directed play at least 3x a week in order to improve their relationship and functioning with their child.

PATIENT uses specific praises when commenting on their child's behavior. DLA-20 score for Communication improves 10% in 30 days.

PATIENT uses appropriate rewards/consequences in response to their child's behavior consistently as measured by 15% improvement in DLA-20 communication score by end of group.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

GROUP MHP facilitates the development of effective parenting skills, (including coaching, specific praise, effective reinforcement to increase desired behaviors, clear limit setting, ignoring problem behaviors, time-outs, and the use of natural consequences to decrease undesirable behaviors.)

GROUP MHP facilitates the development of strategies that reduce stress and anxiety associated with being a parent, and encourages/reinforces the use of those strategies to effectively manage situations at home.

Group leaders helps the patient identify and appropriately use evidence-based parenting skills in order to improve their relationship with their child(ren) and improve overall functioning at home/in their family.

Group MHP provides patient with psycho education and rationale for the use of evidence-based parenting skills, and role-plays, leads group discussions, and modes skills in order to help build confidence in parenting skills and improve interpersonal functioning.

RECOVERY FOR LIFE GROUP

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT participates in Recovery for Life group every week, and develops a written recovery plan that includes healthy people that will be supportive of HIS/HER recovery goals.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

CPSS utilizes recovery workbook activities to assist patient to develop a recovery plan, including interpersonal skills to develop a healthy support system.

STRESS RELIEF GROUP

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT attends and participates in Stress Relief group; learns and practices daily for at least 20 minutes one of the relaxation skills taught in the group. Shares successes and challenges with group leader and other participants. DLA-20 score for Coping Skills will improve by 15% by the conclusion of the group.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

GROUP MHP utilizes experiential techniques to introduce and facilitate the patient's development of relaxation skills and stress inoculation, including: guided imagery, stretching, music, art, movement, meditation, and breathing techniques.

YOUTH-IN-TRANSITION GROUP

OBJECTIVES STEMS

Use these stems as part of your care planning for this spectrum of disorders. Individualize these objective stems based on the particular Strengths, Needs, Abilities, and Preferences of your patient.

PATIENT participates in INSERT POSITIVE ACTIVITIES HERE with others at least ONCE per week.

PATIENT uses INSERT COPING STRATEGIES GROUP TEACHES HERE to deal with distressing SYMPTOMS or relationship conflicts daily, as measured by improved DLA-20 Problem Solving and Coping scores.

PATIENT attends Youth-in-Transition group and contributes at least one thing to the conversation each week.

PATIENT completes any group homework assignments before the next group and reviews/discusses these assignments during groups.

PATIENT uses INSERT SKILLS HERE learned in group each week to increase independence as measured by improved DLA-20 scores in Productivity and Managing Time.

INTERVENTION STEMS

Customize and individualize these intervention stems based on the treatment expertise that you possess and your patient's current symptoms and functional deficits.

Group MHP assist patient to learn new independence, self-confidence, self-esteem and communication skills; models, roleplays; provides feedback on progress in session; routinely revisits and processes progress.

GROUP MHP processes with patient distressing emotions and/or thoughts in group; encourages patient to disclose; validates experiences; provides direction to and encourages other group member feedback; links discussed material with previous groups' discussion and to patient's attitudes, relationships, problem-solving and coping in HIS/HER external ecology.

GROUP MHP assists patient to identify and overcome barriers/obstacles to independence; provides feedback and validation in session; reinforces progress; redirects lapses to healthier/effective alternate choices and behaviors; routinely revisits progress.