



TREATMENT PLANNING

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Treatment Planning

- Person Centered approach
 - Focus on the individual and their goals
 - Strengths, preferences, support systems
- Necessary to identify current issues
- Provides guidance for treatment
- Allows for assessing progress over time
- Collaborative effort
 - Responsibility and motivation is shared
 - Signatures, regular adjustments, and timeframe



Treatment Planning

- Three steps to creating a treatment plan
 - 1. Assessment
 - 2. Formulation
 - 3. Implementation



Assessment

- Why is the individual seeking help?
- How have these problem's affected the individuals life?
- What are the precipitating, perpetuating, predisposing, and protective factors?
- What do they hope to gain?

Assessment and Formulation

- Presenting problem
- History with the problem
- Family, Social, Educational, Employment, Medical and Mental Health history
- Individual characteristics:
 - Symptoms of mood, anxiety, unusual thoughts and perceptions
 - Level of impairment
 - Distress
 - Risk of harm (self and others)
 - Motivation
 - Willingness or resistance
 - Support
 - Coping

Formulation

- Goals should be SMART:
 - Specific
 - Measurable
 - Achievable
 - Realistic
 - Timely
- Integrative effort with other team members
 - Medication management
 - Cognitive remediation
 - Clinical team
- Identify specific interventions
 - Practical
 - Assist in achieving goals
 - Meets the individual at his/her level of functioning



Implementation

- Engagement
 - Genuine
 - Unconditional positive regard
 - Accurate empathy
 - Respect
- Maintain the same structure
- Set plans for sessions
- Identify obstacles
- Create assignments
- On-going assessments and adjustments
- Celebrate successes



Example of a PERC Treatment Plan

Initial Tx Plan date: _____ Next TX Plan Update: _____

Initial _____ Update _____

Strengths: _____ Diagnosis: Axis I: _____

Barriers (Internal/External): _____ Axis II: _____

Progress towards goals since last Tx plan: _____ Axis III: _____

_____ Axis IV: _____

_____ Axis V: _____

Target Symptoms (Behaviorally Defined)	Goals (Desired Outcomes)	Objectives (Measurable)	Modalities/ Frequency of TX (Specific interventions)	Person(s) Responsible (for Implementation)	Expected Duration
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.

Target Symptoms (Behaviorally defined)	Goals (Desired outcomes)	Objectives (Measurable)	Modalities/Frequency (Specific Interventions)	Persons Responsible	Expected Duration
X experiences auditory/visual hallucinations, everyday, appx. 4-6 times a day.	X will reduce the frequency of auditory hallucinations.	X will learn to implement at least 2 to 3 effective coping skills to reduce the frequency of auditory/visual hallucinations.	<ol style="list-style-type: none"> 1. The counselor will provide psychoeducation on diagnosis and symptoms. 2. X and the counselor will identify possible coping skills (i.e. PMR, "Look-Point-Name", activity scheduling) to reduce the attention on hallucinations. 3. X and the counselor will practice implementing skills in session. 	X- Participant Counselor	90 days
X reported feelings of anxiety on a somewhat daily basis, which limits her ability to interact with others or leave the home.	X symptoms of anxiety will significantly reduce to no longer interfere with his/her daily functioning.	X will develop strategies to reduce feelings of anxiety as evidenced by a decreased score on the BAI.	<ol style="list-style-type: none"> 1. Counselor will provide psychoeducation on anxiety. 2. Counselor and X will identify and practice implementing effective coping skills to manage anxiety. 3. Counselor will aid X in identifying feelings, thought distortions, and/or events that could lead to anxious symptoms. 	X-Participant Counselor	90 days
X experiences depressed mood and suicidal ideations everyday.	X will develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation of depressive symptoms.	X will replace negative and self-defeating self-talk with verbalization of realistic and positive cognitions as evidenced by a decreased score on the BDI.	<ol style="list-style-type: none"> 1. X will verbalize understanding of how to use her/his supports when experiencing suicidal thinking. 2. X and the counselor will explore how depression is experienced in his/her day-to-day life through targeting cognitions that support depression. 3. The counselor and X will practice using thought records to track negative automatic thinking that leads to depressed mood and suicidal ideations. 	X-Participant Counselor	90 days

Target Symptoms (Behaviorally defined)	Goals (Desired outcomes)	Objectives (Measurable)	Modalities/Frequency (Specific Interventions)	Persons Responsible	Expected Duration
<p>X has struggled with maintaining a job and school functioning over the past 6 months.</p>	<p>X will connect with community resources for additional support in re-establishing the ability to work and/or participate in school.</p>	<p>X will create a list of possible vocational pursuits and community agencies that support vocational rehabilitation.</p>	<ol style="list-style-type: none"> 1. X and the counselor will identify her/his particular educational and vocational interests. 2. X will explore and collaboratively contact community agencies that aid in vocational rehabilitation. 3. The counselor will aid X in practicing to reframe cognitions and implement positive self-talk in order to increase his/her confidence in the ability to work. 	<p>X-Participant Counselor</p>	<p>90 days</p>

The End

- Questions or comments?

