

# **Treatment Planning**

**SOWK 581 - Week 08**

**Jacob Campbell, Ph.D. LICSW**

# Creating the Service Plan

## Things To Consider

- Involving the client and the family
- Using the assessment
- Strengths
- Barriers
- Client voice

## TREATMENT PLAN

Client Name:		DOB:		CID:		Assigned Clinician:	
Funding Source:	Choose an item.	Provider One #:		DSHS CLID:		Type of Plan:	Choose an item.
<b>Date of Plan:</b>		<a href="#">Click here to enter a date.</a>		<b>Review Due:</b>		<a href="#">Click here to enter a date.</a>	
LOC	LRA	Admitting DX Date	Change in DX Date	Change in DX Date	Change in DX Date	Change in DX Date	Change in DX Date
??	Y/N?	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>	<a href="#">Click here to enter a date.</a>
Axis I:							
Axis II:							
Axis III:							
Axis IV:							
Axis V:							
<b>CURRENT SUPPORTS</b>							
Name		Relationship		Role in Treatment		ROI	
						<a href="#">Click here to enter a date.</a>	
						<a href="#">Click here to enter a date.</a>	
						<a href="#">Click here to enter a date.</a>	
						<a href="#">Click here to enter a date.</a>	
<b>GOAL</b>							
Goal: <i>(Client Voice)</i>							
Problem Need/ Barriers: <i>(Client Voice)</i>							
Strengths: <i>(Client Voice)</i>							
<b>Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)</b>							
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.							
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management <a href="#">with BLANK symptoms related to STATED GOAL in the next 6 months.</a>						
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>							

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LRA Start Date: <a href="#">Click here to enter a date.</a>	<b>LRA CLIENTS</b>	Length of LRA: <a href="#">Choose an item.</a>
<p>LRA clients receive services at least weekly for the first 14 days, monthly for the next 90-180 days unless otherwise specified by physician</p> <p>Reviews occur monthly for first 90 days and 180 days to determine release from continuation of the involuntary treatment order</p> <p>Service provider is to maintain contact with CRU when client misses appointments or if there are other concerns</p>	Identify Condition of LRA:	
	Plan for Transition to Voluntary Treatment:	



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GOAL REVIEW			
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<a href="#">DISCUSSION WITH CLIENT:</a>			
<a href="#">REVIEW OF EFFECTIVENESS OF PLAN:</a>			
<a href="#">ASSESSMENT OF LEVEL OF CARE:</a>			
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