

Treatment Planning – handout 1

<b>POOR</b>	<b>Well.... ok</b>	<b>BETTER</b>
1.Jojo is fat and unhealthy.	1.b. Jojo's weight makes her unhappy, which leads her to drink.	1.c. Jojo feels out of control with her food and alcohol intake, which she uses to medicate her feelings of loneliness.
2. Legal problems	Paul's legal problems cause him sleeplessness.	Paul lacks the ability to manage the stress of the "wreckage of the past," which is a relapse trigger.
Amy drinks despite negative consequences.  -or-  This is Amy's third tx in two years.	Amy drinks to relieve back pain.	Amy's chronic pain issues are a relapse trigger.
Lacks sober social support.	Lloyd is afraid of people and rarely goes out, which leads to solitary use.	Lloyd lacks an array of social skills and the confidence to use the skills he does have.
Mike needs education on the disease concept.	Mike's denial blinds him to the consequences of his use.	Mike does not have the info he needs to resolve the conflict between his dx and his perceptions. (Relates to ambivalence or pre-cont)
Pauline spends all her time at the bar.	Pauline doesn't do any sober activities.	Pauline's lack of meaningful, satisfying sober activities places her at risk to drink.
Mild chemical dependency	N/A (Do not use diagnosis as tx problems) Rule-outs are ok if being referred, e.g. possible depression.	N/A (Do not use diagnosis as tx problems) Rule-outs are ok if being referred, e.g. possible depression.

## Treatment Plan

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<b>Domain</b>	<b>Problem Statement Goal/Objective</b>	<b>Target Date</b>	<b>Intervention/Methods</b>	<b>Completion Date</b>
<b>Gambling</b>				
<b>Financial Status</b>				
<b>Mental/Emotional health</b>				
<b>Chemical Use/Abuse/Dependency</b>				
<b>Medical/Dental</b>				
<b>Vocational/Educational</b>				
<b>Legal Involvement</b>				
<b>Family</b>				
<b>Housing</b>				
<b>Social/Cultural/Spiritual</b>				
<b>Activities of Daily Living</b>				



## CONTINUING CARE PLAN

Client Identifier: \_\_\_\_\_

Projected Discharge Date: \_\_\_\_\_

Client Treatment Objectives Completed: (cite objectives from individual service plan and progress notes)	Date Completed

Client Treatment Objectives to be Addressed: (cite objectives from individual service plan and progress notes)	By Whom?	By What Method?	Referral to Whom?	ROI Signed, as needed

Signature of Client: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_

Copy given to Client? Yes or No (If no, state why: \_\_\_\_\_.)

For Counselor:

- Discharge summary completed? Yes or No

## DISCHARGE SUMMARY

Client identifier:

Admission Date:

Discharge Date:

Type of Discharge:

Include a short summary of the client's course of treatment and client objectives met through treatment:

Continuing care plan completed? Yes or No

Client was included in the discharge plan? Yes or No

If no, why not?

Client has received a signed copy of this discharge plan: Yes or No

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client received a signed copy of this discharge plan: \_\_\_\_\_ (client initials)

Counselor's Name and Credential: \_\_\_\_\_

Date: \_\_\_\_\_