Behavioral Health Treatment Plan

Client Information
Presenting problem:
Client Strengths
If applicable, please describe client strengths:
Community support (ex. work, family, racial, sexual identity, gender identity):
Family qualities:
Past strategies:
Accomplishments, interests, and activities (ex. sports, art):
Motivation to change:
Engagement with volunteer work (ex. animal shelter, tutoring):
Skills (ex. vocational, relational, activities of daily living):

Qualities (ex. musical, artistic, athletic, curious):
Values medication as a treatment method (ex. which types of medication):
Spiritual support (ex. temple/church/mosque, meditation group):
Good physical health:
Willingness to seek help:
Capable of independent living:
Client Risks
If applicable, please describe client risks:
Unemployment:
Job insecurity:
Decreased academic performance:

Truancy:
Financial instability
Financial instability:
Food insecurity:
Lack of medical compliance:
Inability to complete activities of daily living:
Lack of hobbies:
Lack of community support:
Lack of close family ties:
Poor sleeping habits:
Chronic health concerns:

History of substance use disorders:
History of self-harm or suicidality:
History of incarceration:
History of eating disorders:
Lack of self-care practices:
Risk Assessment
[] No risk identified (If checked, please skip this section.)
[] No risk identified (If checked, please skip this section.) If applicable, please provide more details:
If applicable, please provide more details:
If applicable, please provide more details:
If applicable, please provide more details:
If applicable, please provide more details: Suicide:
If applicable, please provide more details: Suicide:
If applicable, please provide more details: Suicide:
If applicable, please provide more details: Suicide: Homicide:
If applicable, please provide more details: Suicide: Homicide:
If applicable, please provide more details: Suicide: Homicide:
If applicable, please provide more details: Suicide: Homicide: Assault:
If applicable, please provide more details: Suicide: Homicide: Assault:
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Goals
Goal 1:
Estimated date of completion:
Status:
Objective 1A:
Estimated date of completion:
Status:
Objective 1B:
Estimated date of completion:
Status:
Goal 2:
Estimated date of completion:
Status:
Objective 2A:
Estimated date of completion:
Status:
Objective 2B:
Estimated date of completion:
Status:

Interventions		
If applicable, please provide more details:		
Acceptance and Commitment Therapy (ACT):	Adaptive Internal Relational Network (AIR):	
Adlerian:	Affective education:	
Assessing for safety:	Beck:	
Behavioral activation:	Body awareness:	
Boundary setting:	Building feeling vocabulary:	
Cognitive Behavior Therapy (CBT):	Cognitive challenging:	
Cognitive reframing:	Communication skills:	
Compliance issues:	Conflict resolution:	
Coping/stress reduction:	Crisis stabilization:	

Dialectical Behavior Therapy (DBT):	Differential reinforcement:
Emotional Focused Therapy (EFT):	Empathy training:
Experiential therapy:	Exploration of coping patterns:
Exploration of emotions:	Exploration of relationship patterns:
Exposure with response prevention:	Eye Movement Desensitization and Reprocessing (EMDR):
Gottman Method couples therapy:	Grounding exercises:
Guided imagery:	Habit reversal training:
Interactive feedback:	Interpersonal resolutions:
Mindfulness training:	Motivational Interviewing (MI):
Narrative therapy:	Parent management training:

Polyvagal therapy:	Preventative services:
Problem solving training:	Psychoeducation:
Reattribution training:	Relaxation training techniques:
Role-play/behavioral rehearsal:	Self-instruction/self-talk:
Self-monitoring/self-management training:	Sensorimotor Psychotherapy (SPI):
Social modeling:	Social skills training:
Solution-Focused Brief Therapy (SFBT):	Strategic therapy:
Structural therapy:	Structured problem solving:
Supportive reflection:	Symptom management:
Systematic desensitization:	Time projection:

Completed Goals and Objectives	
Completed goals:	Completed objectives:
Treatment Approach	
Treatment type:	Estimated length of treatment:
Medical necessity for continued treatment:	
 □ Symptom treatment □ Symptom reduction □ Symptom stabilization □ Maintain progress 	 Prevent regression Manage chronic symptoms Improve daily functioning Prevent higher level of treatment