



Treatment Plan

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Identification

What type of Treatment Plan is this?

Master Treatment Plan

Master Treatment Plan (H0032-GT)

Ct ID

Service Location:

Telehealth (02)

Who Participated Other than Practitioner

Client

Date of Service

3/1/2021

Start Time

11:05 AM

End Time

12:13 PM

Primary Diagnosis

Post Traumatic Stress Disorder

Diagnosis Code

F43.10

Secondary Diagnosis (if any)

Strengths

Client's strengths are self reported as having excellent maternal instincts, humor, joy and love for her son, her faith in God, and strong family support.

Needs

Client reports that she wants to learn how to manage her anxiety. She states that she wishes to not let xxxxxxx's past and current manipulative behavior and abuse continue to upset her. She wants to be sure that she is emotionally prepared for court involvements surrounding her separation from her ex-fiance, XxXXXX. She also states that she wishes to find more friends and grow more social support so that she does not feel so isolated. Client needs to begin to develop a sense of security and safety in her world.

Challenges to Treatment

Client states that she constantly feels worried about XxXXXX continuing to harass her or potentially harming their son, Alexander. XxXXXX continues to be a challenge to treatment as her relationship with him is inevitable due to the fact that they share a son, and his unpredictable and volatile behavior serves as a source of continuous threat to Client.

Problems

Problem 1

Name of Problem

Post Traumatic Stress Disorder

Measurable Baseline

Client displays anxiety 10-12 times per week

Goals

Goal 1

Description

I will learn and implement coping skills that result in a reduction of anxiety and worry, and improved daily functioning.

Objectives

Objective 1

Measurable Description

Client will identify, challenge, and replace at least 2 instances of biased, fearful self-talk with positive, realistic, and empowering self-talk once per week while in session over the next 6 months as observed by clinician.

Target Date

8/9/2021

Objective 2

Measurable Description

Client will learn and implement 5 calming skills to reduce overall anxiety and manage anxiety symptoms over the next 6 months as reported by the client and observed by the clinician.

Target Date

8/9/2021

Goal 2

Description

I will increase feelings of safety and security.

Objectives

Objective 1

Measurable Description

Client will practice the visualization technique she has learned, in which she is in her self-identified sacred, safe place, 10 minutes per day, over the next 6 months as reported by the client.

Target Date

8/9/2021

Objective 2

Measurable Description

Client will learn 3 emotional techniques to increase her locus of control over the next 6 months as observed by the clinician and reported by the client.

Target Date

8/9/2021

Goal 3

Description

I will release self-blame and guilt surrounding the trauma I have experienced and become self-compassionate.

Objectives

Objective 1

Measurable Description

Client will rebuild at least 10 aspects of her self-worth and overcome the feelings of fear, shame, or sadness that resulted from physical and emotional abuse, over the next 6 months, as reported by the client.

Target Date

8/9/2021

Goal 4

Description

I will increase my social circle and develop new friendships with women who are also new mothers.

Objectives

Objective 1

Measurable Description

After finding local play groups, Client will engage in at least 1 pro-social activity per week over the next 6 months, as observed by clinician.

Target Date

8/9/2021

Discharge Criteria (what needs to happen for the client to be discharged)?

Client can be discharged when she reports a continued sense safety and security and consistently manageable anxiety and has increased her social support. Additionally, her PCL-5 score will be below 30 upon discharge.

Service Grid

Individual & Family Therapy	Units 4	per week for <u>6</u> months, provided by: CLINICIAN
TBOS Therapy	Units 0	per week for <u>6</u> months, provided by: CLINICIAN
Group Therapy	Units 0	per week for <u>6</u> months, provided by: CLINICIAN
Psychosocial Rehab Services	Units 0	per week for <u>6</u> months, provided by: CLINICIAN
CFARS/FARS	1 unit	every <u>6</u> months, provided by: CLINICIAN
In-Depth Assessment	1 unit	every <u>6</u> months, provided by: CLINICIAN
Brief Behavioral Health Assessment	4 units	every <u>6</u> months, provided by: LPHA / LICENSED CLINICIAN

TBOS CERTIFICATION

In order to receive therapeutic behavioral on-site services, a recipient must meet one of the following eligibility criteria:

Under the age of 2 years and meets ONE of the following criteria:

Ages 2 years through 5 years and meets BOTH of the following criteria:

Ages 6 years through 17 years and meets ONE of the following criteria:

Ages 18 years through 20 years, but otherwise...

Clinician's Signature

PSR CERTIFICATION

PSR services are appropriate for clients showing psychiatric, behavioral, or cognitive symptoms, additive behaviors, or clinical conditions of sufficient severity to bring about impairment in day-to-day personal, social, vocational, and educational functioning.

PSR services are designed to assist the client in strengthening or regaining interpersonal skills; psychosocial therapy targeted towards rehabilitation; and development of environmental supports necessary to thrive in the community. PSR services combines daily medication use, independent living skills, social skills training, pre-vocational and transitional employment rehabilitation training, social support, and structured activities to lower tendencies towards isolation and withdrawal.

Must Check all 4 in order for PSR to be medically necessary:

Which TWO or more areas does client need help with?

Clinician's Signature

Discussed needs, goals, and objectives with client (and client's family if applicable)
Yes

Signatures: