Treatment Planning

What will be the focus of therapy?
___Assertiveness/Boundaries ___Problem Solving Skills Training ___Anger Management
___Solution Focused Techniques ___Emotional Expression ___Stress Management
___Restructuring Thought Patterns ___Relationships ___Communication ___Boundaries ___Loss/Grief
___Decision Making ___Stress Management ___Pattern Id/Restructuring ___Parent/Co-Parenting
___Work Related Stress ___Work/Life Balance ___Mediation
Other: _____

What interventions or techniques would you like to learn?
___ Speaking Up for Self/Setting Boundaries with family, Friends and Others/Work
___Decision Making Models
___Managing Anger and/or Stress with appropriate emotional expression
___Communication skills to increase the quality of relationships
___Understand the Loss and Grief Process and ways to express/heal from loss
___Relationship skills such as communication, conflict resolution, listening skills
___Parenting skills to unite parents and reduce conflict/increase in positive behaviors

How long have you been experiencing the issues you would like to work on?
___ days ___ weeks ___ months ___ years

Name two people in your life who you would or could assist you in supporting you in obtaining your goals?
1._____ relationship to ct _____
2._____ relationship to ct_____

In your own words: What would like to see happen?
1._____
When? ___ As needed ___1-3xs per day___ 1-3xs per week ___1-3xs per month ___ Daily/Ongoing
2. _____
When? ___ As needed ___1-3xs per day___ 1-3xs per week ___1-3xs per month ___ Daily/Ongoing
3._____
When? ___ As needed ___1-3xs per day___ 1-3xs per week ___1-3xs per month ___ Daily/Ongoing
4._____
When? ___ As needed ___1-3xs per day___ 1-3xs per week ___1-3xs per month ___ Daily/Ongoing

Signature of Client
_____Date_____

Signature of Therapist
_____Date_____

(Clinician Only) Diagnosis Code; Primary_____ Secondary_____