



Discover Me|Us Marriage and Family Therapy

Emergency Contact	<i>Jane Doe (Partner) 121-333-4444</i>
Other Pertinent info	<i>Re-evaluate goals and progress on 1/17/2024 or pending emergence of complex trauma.</i>

Treatment Goal #1

The client reports their goal is to:	<i>"I want the flashbacks to stop and don't want to feel so out of control all the time, because it's ruining my relationships with my partner and friends".</i>
The client's clinical goal is: (Select or write in)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Symptom Reduction<input checked="" type="checkbox"/> Skill Acquisition<input type="checkbox"/> Learn/improve coping<input checked="" type="checkbox"/> Improve functioning<input type="checkbox"/> Improve health<input type="checkbox"/> Reduce ineffective behaviors<input type="checkbox"/> Maintain previous gains<input type="checkbox"/> Other:
What will the client do to meet this goal? (i.e. behaviors, skills, etc) <i>"Attend therapy"</i> is not an appropriate treatment objective.	<ul style="list-style-type: none">● <i>Client will learn and practice 2 EMDR resourcing techniques to support coping with moments of high distress.</i>● <i>Client will reduce PHQ-9 score by 50% of current baseline (24 to 12).</i>
Progress will be measured by: (select all that apply and/or write in)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Reduction in PHQ-9 score<input type="checkbox"/> Reduction in GAD-7 score<input type="checkbox"/> Reduction in AUDIT-C score<input type="checkbox"/> Reduction in suicidal risk on the C-SSRS<input checked="" type="checkbox"/> Behavioral observation by the therapist<input checked="" type="checkbox"/> Completion of homework/assignments<input type="checkbox"/> Parent/guardian report<input checked="" type="checkbox"/> Client self-report<input type="checkbox"/> Other:

Estimated time to achieve goal:	<input type="checkbox"/> <i>Within the next 2 weeks or 2 visits</i> <input type="checkbox"/> <i>Within the next month or 4 visits</i> <input type="checkbox"/> <i>Within the next 2 months or 8 visits</i> <input checked="" type="checkbox"/> <i>Within the next 3 months or 12 visits</i>
Treatment Modalities	<i>EMDR, Compassion Focused</i>
Frequency of treatment	<input type="checkbox"/> <i>Twice a week</i> <input checked="" type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Every other week</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Other</i>
Anticipated length of time in treatment	<input type="checkbox"/> <i>Less than 3 months</i> <input type="checkbox"/> <i>3-6 months</i> <input checked="" type="checkbox"/> <i>6 months - 1 year</i> <input type="checkbox"/> <i>1 year or more</i>
The client actively participated in developing this treatment plan	<i>Yes</i>
Next Visit Info	<input checked="" type="checkbox"/> <i>Within 7 days of this appt</i> <input type="checkbox"/> <i>Within 10 days of this appt</i> <input type="checkbox"/> <i>More than 10 days- therapist full/unavailable</i> <input type="checkbox"/> <i>More than 10 days- other</i> <input type="checkbox"/> <i>More than 10 days- no medical necessity</i> <input type="checkbox"/> <i>More than 10 days- client request</i> <input type="checkbox"/> <i>Other/Unknown</i>