

MENTAL HEALTH SERVICES TREATMENT PLAN 4-1-01

Class Code

Primary Unit

Secondary Unit

Ancillary

Name:

Date:

Unit:

MRSA: Psych Eval. Case Mgmt. M&E Visit Hospitaliz. Post-Mort. Medical Followup

AREA	STARTING PROBLEMS/NEEDS	GOALS/OBJECTIVES MEASURABLE OUTCOMES	TREATMENT INTERVENTIONS FREQUENCY/REGULATION RESPONSIBLE STAFF
1.2	<p>Client has the following (in ABCD by history)</p> <p>Parent-child relational problems</p> <p>Symptomatic problems at home & school as evidenced by</p> <ul style="list-style-type: none"> • Irritability • Problems controlling anger • Negative verbal statements 	<p>Client's ADHD symptoms to decrease & parent parenting skills will increase as evidenced by reports from client and family, & School staff of the following</p> <p>Client will</p> <ul style="list-style-type: none"> • Reduce amount of stamping from 100 to 50 • Reduce arguing with family members from 2x/day to 1x/day • Maintain zero verbal statements per week <p>Parent will</p> <ul style="list-style-type: none"> • Keep all scheduled appointments 	<p>Individual and Family Skills Training, Problem Solving, Anger Management, Communication to Client & Family Table and/or as needed until 8/2002 by CWR For Problem Areas 1.1</p> <p>Family Training: Parenting Skills to Family Table and/or as needed for 6 months by CWR For Problem Areas 1.1</p> <p>Service Coordination: Monitoring, Service Planning & Coordination to Individual/Family Table and/or as needed for 6 months by CWR and/or with School For Problem Areas 1.1 For reports: 2 times to 1 hr</p>