

MENTAL HEALTH SERVICES TREATMENT PLAN 4-1-01

Class Code

Primary Unit

Secondary Unit

Ancillary

Name:

Date:

Unit:

MRSA: Psych Eval. Case Mgmt. Med Mgmt. Legal/In. Sub Abuse 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> <ul style="list-style-type: none"> • Parent-child relational problems • Symptomatic problems at home & school as evidenced by: <ul style="list-style-type: none"> • Impulsivity • Problems controlling anger • Numerous 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 20/day to 10/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 C/W For Problem Areas 1.1</p> <p>Family Training: Parenting Skills to Family Table and/or as needed for 6 months by C/W 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 C/W and/or with School For Problem Areas 1.1 For reports: 2 times to 1 hr</p>