

MENTAL HEALTH SERVICES TREATMENT PLAN 4-1-01

Client Name _____



Provider Name _____



Organization _____



Location _____

Start Date _____

End Date _____

Start Time _____

End Time _____

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| Area | Presenting Problem | Assessment Data (Subjective and Objective) | Treatment Objectives (Short and Long-Term) and Interventions (1-6) |
|------|---|--|---|
| 1.1 | <p>Client has the following for ADIC for today:</p> <ul style="list-style-type: none"> • Parent-child relational problems • Inappropriate problems at home & school as evidenced by: <ul style="list-style-type: none"> • Inattention • Disruptive/acting out • Non-compliance with instructions | <p>Client's ADHD symptoms in classroom & growth parenting skills will decrease 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 disruptive behavior (ADIC) • Reduce arguing with family members both father to client • Maintain more positive statements per week <p>Parent will:</p> <ul style="list-style-type: none"> • Attend all scheduled appointments | <p>Individual and Family Skills Training: Problem Solving, Anger Management, Communication for Client, Family Tools and will be needed with 0000 to 0000 for Problem Area 1.1</p> <p>Family Training: Parenting Skills: Family Tools and will be needed for 0000 to 0000 for Problem Area 1.1</p> <p>Service Coordination: Monitoring, Service Planning & Coordination to Individual's primary care system as needed for 0000 to 0000 about center with School for Problem Area 1.1 for every 0000 to 0000</p> |