

INDIVIDUALIZED COMPREHENSIVE TREATMENT PLAN (#1, #2, #3, #4, #5, #6)

Client's Name: _____ SSN: _____ Start Date: _____

DIAGNOSIS: Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: Current GAF: _____ Highest GAF past year: _____

1. CLIENT'S PROBLEMS/NEEDS/WEAKNESSES/DISABILITIES: _____

2. CLIENT'S STRENGTHS/ASSETS/ABILITIES/RESOURCES: _____

3. TP ENVIRONMENTAL/SOCIOLOGICAL FACTORS: _____

TP PERSPECTIVE: Cognitive-Emotive-Behavioral Psychotherapy, developmental & learning theory. Practice The 3 R's: recognizing, removing, and replacing ineffective and self-defeating patterns.

TP BENEFITS: Improved coping, functioning, enjoyment, relationships, support system, risk taking, problem solving, assertiveness, social involvement, and thinking, feeling, and behaving skills.

GOALS: Client—will acquire a better understanding of (guilt, anxiety, depression, shame, anger) _____ ; will develop more effective ways of coping with (guilt, anxiety, depression, shame, anger) _____ ; will report coping more effectively with (guilt, anxiety, depression, shame, anger) _____ in their daily life.

METHODS: Client—will acquire a better understanding of (guilt, anxiety, depression, shame, anger) through didactic instruction, guided exploration, bibliotherapy, and assignments; will be able to develop more effective ways of coping and problem-solving with (guilt, anxiety, depression, shame, anger) by learning and persistently practicing their new coping and problem-solving strategies; will then be able to more effectively deal with (guilt, anxiety, depression, shame, anger) by using their new skills.

CRITERIA: 1) Client will report (1-2-3-4-5) more effective **problem-solving strategies** they are using to help deal with (guilt, anxiety, depression, shame, anger) _____ by _____ .
2) Client will report (1-2-3-4-5) more effective **coping strategies** they are using to help themselves cope with (guilt, anxiety, depression, shame, anger) _____ by _____ .
3) Client will report (1-2-3-4-5-more) times that they were able to deal with (guilt, anxiety, depression, shame, anger) in situations in which previously they would NOT have effectively _____ by _____ .

THERAPY PLAN: 1) Client will be seen by Kevin E. FitzMaurice, M.S., LPC for (individual, family, group) Therapy at the frequency rate of (weekly, biweekly, monthly) _____ at (home, office, both).

2) Client will see _____ for _____ .

3) Client will attend (AA, NA, SA, OA, GA, Al-Anon) _____ (1-2-3-4-5) times (weekly, monthly).

4) Client will be referred for (medical, psychological, psychiatric) evaluation by _____ .

5) Client will improve (diet, exercise, sleep, and social, leisure, recreational activities) by _____ .

6) Client will attend (trade school, community college, college, get GED, Toastmasters) _____ .

DISCHARGE PLAN: 1) Client will report being able to effectively cope with (guilt, anxiety, depression, shame, anger).

2) Client will be discharged after demonstrating _____ .

3) Client will have completed _____ .

4) Client will continue/start _____ .

5) Client will continue/start _____ .

6) Client will continue/start _____ .

Supervisor's Signature _____ Date Signed _____

Client's Signature _____ Date Signed _____

Supervisor: Cynthia S. Topf, Ph.D.

Counselor's Signature _____ Date Signed _____