Patient Name: _____
Patient ID: _____
Date: _____

DUPLICATE THIS PAGE FOR ANY ADDITIONAL PROBLEMS

'ROBLEM # ___: _____

_____

_____

'reatment Goals [after each item selected, indicate outcome measures (i.e. "as evidenced by"]

___ Reduce Risk Factors of: _____
___ Reduce Major Symptoms of: _____
___ Ameliorate Functional Impairments of: _____
___ Develop Coping Strategies to Deal with Stress of: _____
___ Stabilize (short term) Crisis of: _____
___ Maintain (long term) Stabilization of Symptoms of: _____
___ Medication referral to: _____
___ Other _____

lanned Interventions-Patient Participation (must be consistent with treatment goals):

__ Assertiveness Training
__ Anger Management
__ Affect Identification and Expression
__ Cognitive Restructuring
__ Communication Training
__ Grief Work
__ Imagery/Relaxation Training
__ Parent Training
___ Problem Solving Skills Training
___ Solution Focused Techniques
___ Stress Management
___ Supportive Therapy
___ Self/Other Boundaries Training
___ Decision Option Explication
___ Pattern Identification and Interruption

__ Engage Significant Others in Treatment: _____
__ Facilitate Decision Making Regarding: _____
__ Monitor: _____
__ Teach Skills of: _____
__ Educate Regarding: _____
__ Assign Readings: _____
__ Assign Tasks of: _____
__ Referrals Planned: _____
__ Preventive Strategies: _____
__ Obstacles to Change: _____

ARGET DATE FOR GOAL ACCOMPLISHMENT _____

y therapist and I have developed this plan together, and I am in agreement to working on these issues and als. I understand the treatment goals that were developed for my treatment.

ıtient Signature _____ Date _____

erapist Signature _____