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| **Treatment Plan: Short Form 4.0** |

Date:  Client #:

Clinician Name:       Theory:

**Good Faith Estimate**

*Modalities planned***:**  Individual Adult  Individual Child  Couple  Family  Group:

*Recommended session frequency*:  Weekly  Every two weeks  Other:

*Expected length of treatment*:       months

*Approximate Number of Expected Sessions***:**

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| Treatment Plan with Goals and Interventions |

**Early** **Phase** **Client Goal**:Manage crisis; reduce distressing symptoms.

1.  personal/relational dynamic from theory to reducesymptom.

*Interventions:*

a.

b.

**Working Phase Client Goals**:Target individual and relational dynamics using theoretical concepts.

1. personal/relational dynamic from theory to reducesymptom.

*Interventions:*

a.

b.

2. personal/relational dynamic from theory to reducesymptom.

*Interventions:*

a.

b.

**Closing Phase Client Goals**: Long term goals or goals set by theory’s definition of health.

1. personal/relational dynamic from theory to reducesymptom.

*Interventions:*

a.

b.

2. personal/relational dynamic from theory to reducesymptom.

*Interventions:*

a.

b.

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| **Diversity and Equity Considerations** |

Describe how treatment plan, goals, and interventions were adapted to relevant areas of diversit*y, including: age, developmental and family life stage, cognitive and physical ability, chronic health conditions, generation, gender identity and role, sexuality, ethnicity, race, religion, economic class, profession, immigration status, geographic region, professional socialization, school culture, local and support communities, etc.:*

Describe how considerations informed treatment planning decisions; be specific:

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Therapist’s Signature, Intern Status Date Supervisor’s Signature, License Date