

# Treatment Plan Guide

To start a treatment plan: **File- Copy Prior Authorization-Edit-Clear Services**

## **TREATMENT History**

Review the information that is already there to see if it is still accurate.

### **Questions to ask**

1. Have they had any hospitalizations in the last 6 months? Where, what reason, and for how long?
2. Have they been taking their medications regularly for the last 6 months?
3. Any substance abuse inpatient stays in the last 6 months? Where, what reason, and for how long?
4. What services have they been receiving?

### **Historical Information**

Review this section with your client to ensure it is accurate. It won't change unless the client has had a recent hospitalization.

### **Community Integration**

Have you been doing anything out in the community in the last 6 months?

#### **Examples**

Do they go to church, see movies, visit friends and family, go to games (kids/grandkids).

### **Strengths**

Do you have any strengths?

#### **Example**

Do they have the ability to talk to people, staying sober.

### **Abilities**

What are you good at?

#### **Example**

Can you sing, play music, do art, good parent/grandparent, good friend.

## Liabilities

What do you feel you need to work on?

### Example

Work on my temper, coping skills, taking my medication as prescribed.

## Questions for the CAR Scores

After each question you want to document the severity of the issue (sev/mod/mild). How frequent they are experiencing the issue (2/7 or 2/30). What are they doing (AEB)

### FEELING/MOOD/AFFECT

1. **MOOD LABILITY:** Do you ever find yourself feeling up and down throughout the day? Do you go from very happy to very sad, or do you feel pretty stable throughout the day? Any idea what might trigger this?
2. **COPING SKILLS:** When you feel (depressed/anxious/angry), what helps you calm down and feel better? Do you take any medications? If so, do you take them regularly?
3. **SUICIDAL/HOMICIDAL IDEATION:** Do you have any suicidal thoughts throughout the day or week? Does anything trigger this? (If client is having SI, ask them if he/she has a plan and have they practiced or rehearsed it. If so call supervisor/therapist to do a safety plan) Do you have any homicidal thoughts? Does anything trigger this? (If client is hesitant to talk about HI, you can reassure them the client that these thoughts are normal and confidential unless they have a plan/intent.)
4. **DEPRESSION:** Do you/ How is your depression. Do you ever feel sad, lethargic, lack of motivation, or have low self-worth? What does that feel like to you? How would you know if you are depressed?
5. **ANGER:** Do you feel you have problems with anger? What does your anger look like? Are there any specific situations that cause your anger? What triggers your anger?
6. **ANXIETY:** Do you feel you have any anxiety throughout the day, week, or month? How often? What does your anxiety feel/look like? What triggers your anxiety?
7. **EUPHORIA:** Do you ever feel intensely happy or excited for an extended period of time? If yes, how long does it last? What does it feel/look like?
8. **CHANGE IN APPETITE/SLEEP PATTERNS:** Do you feel you are getting enough sleep? Do you feel you are getting too much or too little? Do you have a hard time relaxing? Any nightmares? How long do you sleep at night? Are these patterns normal for you? Do you feel like you are getting enough to eat? How many times do you eat a day? Any changes in your eating patterns?

## THINKING/MENTAL PROCESS

1. **MEMORY:** Do you have any difficulties with STM? For example, can you remember what you had for breakfast yesterday? Do you have any difficulties with LTM? For example, are you able to remember events that happened in your childhood?
2. **COGNITIVE PROCESSES:** Do you feel your thoughts are disorganized or do you have difficulties understanding things? (Look for signs of processing issues such as taking a long time to respond, having onset of dementia/Alzheimer's or any possible developmental delays.)
3. **CONCENTRATION:** Do you feel you are able to focus on a task? For example, if a teacher was giving a lesson, how long are you able to pay attention before zoning out?
4. **JUDGMENT:** Do you feel you know right from wrong? Are you able to make good decisions/choices? Do you think things through and/or weigh the consequences of your actions? Do you engage in risky behaviors?
5. **DELUSIONS/HALLUCINATIONS:** Do you see or hear things that other may not? For example, do you hear voices or see shadows? Is it only one voice/shadow or multiple one? Is there a time when you hear or see them more often than other times?
6. **OBSESSIONS:** Is there anything you obsess over? For example, fear of germs, constant hand washing, clean when there is nothing to clean, can't stop thinking about something.
7. **BELIEF SYSTEM:** Do you feel you have a solid belief system or do you question things in your life, such as religion, higher power, doing the right thing, or having a purpose?
8. **LEARNING DISABILITIES:** Have you ever had to take special education classes? What is your reading level/highest grade completed? If the client is a youth: Are they on a IEP or 504 plan? Explain the details.
9. **IMPULSE CONTROL:** Do you have difficulties stopping yourself from doing certain things even if they are wrong? Do you feel like you have little control over your actions?

## SUBSTANCE USE

Has the consumer used any substances? (Tobacco, illegal drugs, prescription drugs that are not prescribed to them, alcohol) If so, what, how much and last use? Also state if you talked to them about relapse prevention groups or 1-800-QUIT-NOW, and if they are interested in quitting/decreasing use.

## MEDICAL/PHYSICAL

List any medical concerns. Answer the following questions in the Impact/Limitations section:

1. Does the client have a PCP? When was their last check-up?
2. Any drug/food allergies?
3. Any problems with vision? Do they wear glasses/contact lenses? When was their last their last exam?

4. Any dental problems? When was their last exam?
5. When was their last blood work done? What was the results? Any health conditions not discussed? Are they taking any medications for these conditions?

## **FAMILY**

Give a brief summary of the family the client has, where the family lives, and what the relationship with the client is like.

1. **PARENTING:** Do you have any children? Are they in your care? What is your relationship like with them?
2. **CONFLICT:** Is there anyone in your family that you cannot get along with? Anyone you are having conflict with?
3. **ABUSE/VIOLENCE:** Are you experiencing any abuse or violence from anyone right now or in the past? Include ex-boyfriends/ex-girlfriends or intimate partners.
4. **COMMUNICATION:** Is there anyone you have not talked to in a long time or someone you feel doesn't communicate appropriately with you? For example, do you argue/fight instead of having rational conversations?
5. **MARITAL:** Are you married, have a boyfriend/girlfriend/intimate partner? If yes, how long? How is the marriage/relationship? If the client is divorced/widowed/never been married, state that there.
6. **SIBLINGS:** Do you have any brothers or sisters? Where do they live? How often do you talk to them? What is your relationship like with them?
7. **PARENT/CHILD:** How is your relationship with your parents? How often do you talk to them? Where do they live?

## **INTERPERSONAL**

1. **PEERS/FRIENDS:** Do you have a support system in your life? Any close friends? Do you have any people in your life you can trust and call a friend? How many?
2. **SOCIAL INTERACTION:** How often do you spend time with other people? Do you enjoy spending time with other people or would you prefer to be by yourself?
3. **WITHDRAWAL:** Do you isolate yourself? What does that look like? How do you isolate yourself?
4. **MAKE/KEEP FRIENDS:** Is it easy for you to make/keep friends? Do you have difficulty trusting people?
5. **CONFLICT:** Are there people in your life you cannot get along with? What happens?

## **ROLE PERFORMANCE**

1. What do you feel your main purpose in life is?
2. What do you feel like you were born to do?

- Some clients will say “nothing”, but you can explain to them how working towards recovery and staying stable is a good role they currently have.
- In the Evidence box, put the things the client is doing to show how they are working on their role. For example, coming to appointments, taking medications as prescribed, working on sobriety, using coping skills, looking for a job, going to school, etc. If the client is a child, include what school they are attending, the grade level, and any IEP/%)\$ plans that are in place if applicable.

## **SOCIO-LEGAL**

1. **ABILITY TO FOLLOW RULES/LAWS:** Do you feel you are able to follow rules? Are you able to stay out of trouble? Are you able to follow laws?
2. **AUTHORITY:** Do you have respect and/or listen to authority figures? Do you feel nervous about authority figures?
3. **LEGAL:** Have you been arrested in the last 6 months? If yes, what was the charge?
4. **AGGRESSION:** Do you have aggression toward others? Do you get into fights easily (verbal and/or physical)?
5. **PROBATION/PAROLE:** Are you currently on probation or parole? If yes, How long? Why? Any community service?
6. **PERSONAL ETHICAL/MORAL VALUE SYSTEM:** Do you feel you know right from wrong? Do you feel you do what’s right?
7. **ANTISOCIAL BEHAVIORS:** Have you engaged in any illegal activities? Have you destroyed any property?

## **SELF CARE/BASIC NEEDS**

1. **HYGIENE:** Are you able to shower/bathe/brush your teeth every day? Are you able to maintain clean clothes?
2. **FOOD:** Do you have enough food? Do you get food stamps? If yes, state how much they receive each month.
3. **CLOTHING:** Do you feel you have enough clothing? Do you have adequate clothing for summer? Winter?
4. **SHELTER:** Where are you living now? Are you able to stay there for as long as you need or is it temporary? If the client is homeless, make sure to state how long they have been homeless.
5. **MEDICAL/DENTAL NEEDS:** Do you have health insurance? Do you know where you can go for medical/dental needs in the community?
6. **TRANSPORTATION:** Do you have reliable transportation? Do you drive/walk/take the bus?