TREATMENT PLAN

CLIENT NAME & PACTS #:	**OFFICER:**	**PROVIDER:** Transitional Care Management, LLP
COUNSELOR:	**PLAN TYPE:** ☐Initial ☐ Update	☐SU ☐ CO-OCCURRING ☐MH

DIAGNOSIS AND ACUITY:

PROGNOSIS:

☐Good	☐Fair	☐Guarded	☐Poor

POST CONVICTION RISK ASSESSMENT: (provided by Probation Office for post-conviction only)

RISK LEVEL:

☐Low	☐Low/ Moderate	☐Moderate	☐High

VIOLENCE CATEGORY

☐Category 1	☐Category 2	☐Category 3

DYNAMIC RISK FACTORS:

☐Cognitions	☐Social Networks	☐Education/Employment	☐Alcohol/Drugs
☐Housing			

THINKING ERRORS: (see PCRA interpretation report – elevated thinking styles)

☐Ignoring Responsible Action	☐Feeling Above the Law	☐Making Excuses	☐Lazy Thinking
☐Asserting Power Over Others	☐Getting Away with Anything	☐Getting Sidetracked	☐None

PROTECTIVE FACTORS: (things that minimize risk, e.g. strong social supports, positive attitude and outlook, etc.)

INDIVIDUALIZED AND CULTURAL CONSIDERATIONS:

The counselor is aware and/or responsive to the following areas in the selection of treatment interventions:

☐Low Intelligence	☐Physical Handicap	☐Reading/Writing Limitations	☐Mental Health
☐No Desire to Change	☐Homeless	☐Transportation	☐Childcare
☐Language	☐Ethnicity	☐History of Abuse/Neglect	☐Interpersonal Anxiety
☐Trauma			

TREATMENT RELATED GOALS: specific (not vague), measurable (quantifiable), achievable (realistic), relevant (treatment related), and time-bound (start, incremental and attainment)

MEDICATION MANAGEMENT PLAN: (when applicable, to include adherence to medication)

COLLABORATION/COORDINATION FOR TRANSITIONAL SERVICES:

Therapist will coordinate with probation officer to assist the client with accessing needed resources during and after transition.

INTERVENTIONS USED TO SUPPORT TREATMENT RELATED GOALS: (check all that apply)

☐Cognitive Challenging	☐Cognitive reframing	☐Communication skills	☐Behavioral rehearsals
☐Symptom management	☐Problem solving	☐Substance testing	☐Impulse control
☐Effective communication and conflict resolution	☐Expanding coping patterns and skills	☐Client's ability to identify accessible community support systems	☐Relapse prevention planning
☐Other:	☐Involvement in Mutual Support Programs	☐Prosocial Support	☐Trauma-informed interventions

ADAPTABLE SKILLS FOR SELF-MANAGEMENT:

COUNSELOR RECOMMENDATION TO INCLUDE CLINICAL ASSESSMENT TOOL(S) USED TO JUSTIFY DIAGNOSIS/ACUITY AND PROGNOSIS FOR CONTINUED TREATMENT SERVICES:

COUNSELOR SIGNATURE:_____ DATE: _____

CLIENT SIGNATURE:_____ DATE: _____

I have participated in developing my current treatment goals. I agree with the content of my plan and understand how often I am expected to attend services. My counselor has provided me a copy of the treatment plan. **An individualized, updated treatment plan outlining the ongoing evaluation of the disorder symptoms and individual's progress in treatment should be typed and sent to assigned officer at least every 90 days.**