



## **Guide for completion of specific bullet points in treatment plan**

Annual Treatment Plan       1<sup>st</sup> Quarter Update       2<sup>nd</sup> Quarter Update       3<sup>rd</sup> Quarter Update  
Date \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_

The template can serve as the annual treatment plan and the quarterly updates. Use the check boxes at the top to indicate which plan/ update you are submitting, and include the date of the plan/ update.

**Goals / Objectives:** Include goals or a long term goal and short term objectives. Goals/ objectives should be clear, in that an observable behavior target is identified, and quantifiable, in that there is a measure associated with the behavior that can be collected as data to assess progress.

**Goal Interventions:** Interventions section should indicated strategies, techniques and therapeutic approaches anticipated to be used in sessions.

**Goal Progress:**

**Baseline (date: \_\_\_\_\_):** In the annual treatment plan, include the baseline data and a brief description of symptoms observed that suggest the need for the goal.

**1<sup>st</sup> Quarter Update (date: \_\_\_\_\_):** At the first quarter update, date and report progress, both qualitative and quantitative, related to goal 1/ objectives.

**2<sup>nd</sup> Quarter Update (date: \_\_\_\_\_):** Continue to update, as above, dated for second quarter.

**3<sup>rd</sup> Quarter Update (date: \_\_\_\_\_):** Continue to update, as above, dated for third quarter.

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**Identified barriers to discharge:** In this section, indicate any environmental, physiological or cognitive factors that could delay or be a barrier to discharge. Examples include: limited social or natural supports; limited executive functioning or cognitive ability; difficulty with generalization; cyclical symptomology.

**Anticipated outcomes of services:** Include goals or measureable outcomes that, once achieved, would indicate success with treatment and readiness for discharge.

**Resolution to barriers:** Relative the barriers to discharge indicated above, indicate solutions discussed with the participant or additional supports that can be utilized to resolve the potential barrier. If no barriers to discharge are indicated, note N/A.

**Discharge Criteria:** Indicate conditions under which discharge would be expected to occur. For example, in addition to achievement of, and maintenance of goals, participants may be discharged for non-compliance with treatment or if the therapist identifies that the participant has reached the maximum therapeutic benefit of the service.