

TREATMENT PLANS

Treatment Plan Utility

Detailed written treatment plans can benefit not only the client, therapist, treatment team, treatment agency, and referred agency. The client is serviced by a written plan because it stipulates the issues that are the focus of the treatment process. The treatment plan is a guide that structures the focus of the therapeutic contract. Since issues can change as therapy progresses, the treatment plan must be viewed as a dynamic document that can and must be updated to reflect any major change of problem, definition, goal, objective, or intervention.

Clients and therapists benefit from the treatment plan, which forces both to think about therapy outcomes. Behaviorally stated, measurable objectives clearly focus the treatment endeavor. Clear objectives also allow the client to channel effort into specific changes that will lead to the long-term goal of problem resolution. Both client and therapist are concentrating on specifically stated objectives using specific interventions.

Providers are aided by treatment plans because they are forced to think analytically and critically about therapeutic interventions that are best suited for objective attainment for the client. Therapists must give attention to the technique, approach, assignment, or target that will form the basis for interventions. Providers benefit from clear documentation of treatment because it provides an added protection for court procedures. A written, individualized, formal treatment plan that is the guideline for the therapeutic process, that has been reviewed and signed by the client, and that is coupled with problem-oriented progress notes is a powerful defense against exaggerated or false claims.

How to Develop a Treatment Plan

The process of developing a treatment plan involves a logical series of steps that build on each other. An effective treatment plan starts with the data gathered in a thorough biopsychosocial assessment. Assessment data may be gathered from a social history, physical exam, clinical interview, psychological testing, or contact with a client's significant others. The integration of the data by the clinician or the multidisciplinary treatment team members is critical for understanding the client.

Step One: Problem Selection

Although the client or the referred agency may discuss or identify a variety of issues, the therapist must determine the most significant problem on which to focus the treatment process. As the primary problems to be selected become clear to the therapist or the treatment team, it is important to include opinions from the client and the referred agency as to prioritization of issues for which help is being sought.

Step Two: Problem Definition

Each problem that is selected for treatment focus requires a specific definition about how it is evidenced in the particular client.

Step Three: Goal Development

Set broad goals for the resolution of the target problem. These statements need to be written in measurable terms but can be global, long-term goals that indicate a desired positive outcome to the treatment procedures.

Step Four: Objective Construction

Objectives must be stated in behaviorally measurable language. Each objective should be developed as a step toward attaining the broad treatment goal. In essence, objectives can be thought of a series of steps that, when completed, will result in the achievement of the long-term goal. Target attainment dates should be listed for each objective. New objectives should be added to the plan as the individual's treatment progresses.

Step Five: Intervention Creation

Interventions are the actions designed to help the client complete the objectives. There should be at least one intervention for every objective. If the client does not accomplish the objective after initial intervention, new interventions should be added to the plan.