

## Treatment Planning Checklist

<b>Problem Statement</b>	<b>Yes</b>	<b>No</b>
1. Do problem statements reflect the 6 problem domains? a. Medical Status b. Employment c. Alcohol and Drug use d. Legal Status e. Family/Social f. Mental Health		
2. Are problem statements written in behavioral terms?		
3. Are problem statements written in a non-judgmental and jargon-free manner?		
4. Are problems treatment-planned within the scope of treatment and based on priority needs?		

<b>Goals (What does the client want to achieve during treatment?)</b>	<b>Yes</b>	<b>No</b>
5. Do goals address the problem statements?		
6. Are the goals attainable during the active treatment phase?		
7. Would the client be able to understand the goals as written?		
8. Would both the client and treatment program find these goals acceptable?		
9. Has the client's stage of readiness to change been considered in the goal statements?		

<b>Objectives (What will the client say or do? Under what circumstances? When? How often?)</b>	<b>Yes</b>	<b>No</b>
10. Do objectives address the goals?		
11. <b>Measurable-</b> Can change or progress be documented/evaluated?		
12. <b>Attainable-</b> Can the client take steps toward meeting the objectives?		
13. <b>Time-Limited-</b> Is the time frame specific for the objective?		
14. <b>Realistic-</b> Can the client meet the objectives given their current situation?		
15. <b>Specific-</b> Are specific activities included? Could the client understand what is expected?		
16. Has the client's stage or readiness to change been considered in the objectives?		

<b>Interventions (What will staff do to assist the client?)</b>	<b>Yes</b>	<b>No</b>
17. Do interventions address the objectives?		
18. <b>Measurable-</b> Can the activity be documented; will staff be held accountable to deliver service?		
19. <b>Attainable-</b> Do interventions reflect the level of care and scope of treatment? Are referrals used?		
20. <b>Time-Limited-</b> Is the time frame specific for the interventions?		
21. <b>Realistic-</b> Do the interventions reflect the level of functioning of the client?		
22. <b>Specific-</b> Are specific staff responsible for assisting client/providing services?		
23. Has the client's stage or readiness to change been considered in the interventions?		

<b>General Checklist</b>	<b>Yes</b>	<b>No</b>
24. Is the treatment plan individualized to fit the client based on the assessment data and their unique strengths, abilities, needs, and preferences?		
25. Are client strengths incorporated in the treatment plan?		
26. Has the client participated in developing this treatment plan?		
27. Is the plan dated and signed by: __counselor; __client; __physician; __supervisor?		

## THESAURUS OF TREATMENT PLANNING

Examples of Strengths				
<b>SOCIAL</b>	Accepts feedback Friendly Respectful	Accepts responsibility Aware of impact on others Builds long-term relationships	Assertive Genuine Fun-Loving	Listens to others Supportive
<b>OCCUPATION/EDUCATION</b>	Organized Hard working Team player	Creative Honest Bright	Learns quickly Writes well Dependable	Follows Instructions Attentive to detail Goal Oriented
<b>FEELINGS/AFFECTIVE</b>	Emotions appropriate to situation Expresses feelings clearly Integrates feelings and thinking Range of feelings			
<b>THINKING/COGNITIVE</b>	Tolerates emotional discomfort Accepts his/her own feelings Empathic with others			
<b>PHYSICAL</b>	Able to think abstractly Attention/concentration Eats well Healthy			
	Thinks through behavior Good reality testing Maintains healthy weight Cares about appearance			
	Good hygiene Exercises regularly Good grooming Good sleep habits			

The GOAL is to . . .

<b>INCREASE</b>	*Awareness of	*Statements about	*Ability to	*Understanding of
<b>RECEIVE</b>	*Redirection from	*Feedback from		
<b>IDENTIFY</b>	*Target of	*Trigger of	*Consequences of	*___related to
<b>ACCEPT</b>	*Responsibility for	*Consequences of	*Need to	
<b>DEVELOP</b>	*Strategies to	*Non Self-Defeating ways to	*Awareness of	*Better control of
<b>COMPLETE</b>	*Homework by	*Chores when		
<b>DECREASE/REDUCE</b>	*Intensity of	*Frequency of	*Number of	*Duration of
<b>COMPLY WITH/FOLLOW</b>	*Need to	*Rules about	*Limits of	*Prescription of/for
<b>EXPRESS or VERBALIZE</b>	*Acceptance of	*Awareness of	*Desire to	*Feelings about
<b>DEMONSTRATE</b>	*Feelings of	*Motivation to	*Awareness of	
<b>--OTHER--</b>	*Report *Participate *Engage in	*Practice *Acknowledge *Become	*Implement *Communicate *Achieve	*Cooperate with

### THESAURUS OF ACTION WORDS

Describe	Demonstrate	Respond	Complete	Attend	Dress	Talk	Go	Express	Watch
Join	Participate	Make known	Arise	Interpret	Plan	Explain	Accept	Repeat	Send
Write	Take care of	Ask	Defend	Cease	Exhibit	Delay	Drive	List	Use
Perform	Approach	Refrain	Request	Make	Tell	Identify	Speak	Come	Walk
Decide	Contribute	Answer	Choose	State	able to	Decide	Make	Share	Send
Increase	Decrease								