

Psychotherapy Treatment Plan

Clinician: Tina C. Christian, LPC, NCC, TF-CBT Trained, Licensed Professional Counselor

Patient: John Doe (DOB 06/16/1971)

Patient ID: 314452934

Diagnosis:

Primary Diagnosis: V61.10 - Z63.0 - Relationship Distress with Spouse or Intimate Partner -

Secondary Diagnosis: - - -

Additional Justification or Measures:

From the interview, intake assessment measures and forms.

Presenting Concern or Problem

Attachment concerns and insecurities, and relationship conflict.

Treatment Goals & Objectives:

Description	Est. Completion Time	Objectives		
Initial Treatment Goals: To form an union where both client feel safe and accepted by the therapist.	1 month	Description	Interventions	Est. Completion Time
		Client's report of feeling safe, client's ability to disclose how he experiences the therapeutic process and his ability to collaborate on treatment goals as evidenced by his participation during the sessions, client giving three examples of the problem areas, client committed to therapy as evidenced by attending weekly for 3 weeks, express vulnerable moments in past 3 weeks, client making eye contact 4 times a session, clients report they are feeling safe and are able to trust.	Coaching, Cognitive Challenging, Cognitive Refocusing, Cognitive Reframing, Communication Skills, Exploration of Coping Patterns, Exploration of Emotions, Exploration of Relationship Patterns, Interactive Feedback, Interpersonal Resolutions, Preventative Services, Psycho-Educational, Review of Treatment Plan/Progress, Supportive Reflection	1 month

Description	Est. Completion Time	Objectives		
<p>To assess each client's goals and objectives for therapy and to determine whether these goals are realistic and congruent with client's plan and therapists skill level, and the nature of the therapy . To assess the nature of the problem and the relationship, including its suitability for therapy in general and EFT in particular.</p>	<p>1 month</p>			<p>Est. Completion Time</p>
		<p>Clients completing the forms: Initial assessment questionnaire; Couple Satisfaction Checklist; Individual Problem Checklist; The Couple Screening Form and the DAS.</p>	<p>Coaching, Cognitive Challenging, Cognitive Refocusing, Cognitive Reframing, Communication Skills, Exploration of Coping Patterns, Exploration of Emotions, Exploration of Relationship Patterns, Interactive Feedback, Interpersonal Resolutions, Preventative Services, Psycho-Educational, REBT, Review of Treatment Plan/Progress, Structured Problem Solving, Supportive Reflection</p>	<p>1 month</p>
<p>To create a therapeutic agreement between the couple and therapist, a consensus as to therapeutic goals and how therapy will be conducted.</p>	<p>1 month</p>			<p>Est. Completion Time</p>
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Description	Est. Completion Time	Objectives		
To complete assessment of safety and contraindications for therapy.	1 month			Est. Completion Time
		Clients attending individual sessions, by completing handouts such as the Couples Satisfaction Checklist, the Individual problem checklist, client signing informed consent, agreeing to no-secrets policy.	Coaching, Cognitive Challenging, Cognitive Refocusing, Cognitive Reframing, Communication Skills, Exploration of Coping Patterns, Exploration of Emotions, Exploration of Relationship Patterns, Interactive Feedback, Interpersonal Resolutions, Preventative Services, Psycho-Educational, REBT, Review of Treatment Plan/Progress, Structured Problem Solving	1 month

Frequency of Treatment:

Weekly

Tina C. Christian, LPC, NCC, TF-CBT Trained, Therapist, License #2014007648, signed this note and declared this information to be accurate and complete on 11/26/2018 at 10:45 PM