MENTAL HEALTH TREATMENT PLAN - 2 Sep, 2015 @ 01:03 PM

TREATMENT PLAN PROBLEMS/NEEDS LISTED BY PRIORITY:
Problem/Need: [PTSD]: I have been experiencing the following post-traumatic stress symptoms: [here the clinician can type in any of the Veteran’s symptoms related to PTSD].

Veteran has not been able to come to terms emotionally with traumatic events, as evidenced by: [clinician can enter Veteran specific information here related to PTSD experience and symptoms].

Veteran has not been able to recover from the traumatic event(s) they experienced, as evidenced by  [clinician can enter Veteran specific information here]

TREATMENT PLAN:

**Problem:** Problem/Need: [PTSD]: I have been experiencing the following post-traumatic stress symptoms: [here the clinician can type in any of the Veteran’s symptoms related to PTSD].

**Goal:** I want to reduce  [here the clinician an enter behavioral changes the Veteran would like to focus on].

**Goal:** Veteran stated, " [enter a direct quote from the Veteran identifying their goal]."

**Objective:** I will learn how to increase my comfort with social situations. Progress will be measured through Veteran self report [or enter another form of measurement]

**Intervention:** [SPECIALIZED TECHNIQUE] My provider will train me to use the following tool: [clinician can enter a specific tool or skill] **Provider:** Psychologist One time(s) per Week for 5 weeks

**Intervention:** [PSYCHOTHERAPY] My provider will work with me to achieve this goal and objective through [clinician enters psychotherapy type here] **Provider:** Psychologist One time(s) per Week for 10 weeks

**Intervention:** [MEDICATION MANAGEMENT] My provider will prescribe medication to manage my symptoms and monitor my response. **Provider:** Psychiatrist One time(s) per Month for 6 months

**Objective:** I will learn methods to reduce the number of times I experience nightmares/disrupted sleep. Progress will be measured through self report [or enter another form of measurement]

**Intervention:** [SPECIALIZED TECHNIQUE] My provider will train me to use the following tool: [clinician can enter a specific tool or skill] **Provider:** Social Worker One time(s) per Week for 5 weeks

**Intervention:** [PSYCHOTHERAPY] My provider will work with me to achieve this goal and objective through [clinician enters psychotherapy type here] **Provider:** Psychologist One time(s) per Week for 10 weeks

**Intervention:** [MEDICATION MANAGEMENT] My provider will prescribe medication to manage my symptoms and monitor my response. **Provider:** Psychiatrist One time(s) per Month for 6 months

**Objective:** I will learn how to improve how I handle the distress I feel when I am exposed to triggers associated with trauma. Progress will be measured through self report [or enter another form of measurement]

**Intervention:** [PSYCHOTHERAPY] My provider will work with me to achieve this goal and objective through [specify psychotherapy type] **Provider:** Psychologist One time(s) per Week for 10 weeks

**Intervention:** [SPECIALIZED TECHNIQUE] My provider will train me to use the following tool: [enter tool or skill] **Provider:** Psychologist One time(s) per Week for 5 weeks

**Intervention:** [MEDICATION MANAGEMENT] My provider will prescribe medication to manage my symptoms and monitor my response. **Provider:** Psychiatrist One time(s) per Month for 6 months

**Objective:** I will learn how to better identify feelings and label them. Progress will be measured through [indicate measurement method]
Intervention: [PSYCHOTHERAPY] My provider will work with me to achieve this goal and objective through [specify psychotherapy type]  

Provider: Psychologist  

One time(s) per Week for 10 weeks

Intervention: [MEDICATION MANAGEMENT] My provider will prescribe medication to manage my symptoms and monitor my response.  

Provider: Psychiatrist  

One time(s) per Month for 6 months

Objective: I will learn skills to reduce the episodes of emotional numbing. Progress will be measured through [specify measurement method]

Intervention: [PSYCHOTHERAPY] My provider will work with me to achieve this goal and objective through [specify psychotherapy type]  

Provider: Psychologist  

One time(s) per Week for 10 weeks

Intervention: [MEDICATION MANAGEMENT] My provider will prescribe medication to manage my symptoms and monitor my response.  

Provider: Psychiatrist  

One time(s) per Month for 6 months

Problem: Veteran has not been able to come to terms emotionally with traumatic events, as evidenced by: [clinician can enter Veteran specific information here related to PTSD experience and symptoms].

Goal: Increase Veteran's ability to make sense of traumatic experiences, and come to terms emotionally with them.

Goal: Experience less intense emotional and/or physical reactions when I have memories or reminders of the trauma.

Goal: Increase participation in previously-avoided activities, such as [clinician can enter Veteran's identified activities here].

Goal: Veteran stated, "[Clinician can enter a direct quote from the Veteran about their goal]."

Objective: Veteran will experience fewer and less intense symptoms of PTSD as measured by a decrease of greater than or equal to 10 points on the PCL.

Intervention: 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  

Provider: Psychologist  

One time(s) per Week for 8 weeks

Objective: Veteran will experience less anxiety in previously-avoided situations as measured by a decrease in SUDS ratings of these situations.

Intervention: 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  

Provider: Psychologist  

One time(s) per Week for 8 weeks

Objective: Veteran will experience less anxiety while recalling their most traumatic memory as measured by a decrease in SUDS ratings.

Intervention: 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  

Provider: Psychologist  

One time(s) per Week for 8 weeks

Objective: Veteran will experience fewer and less intense symptoms of depression as measured by a decrease in BDI-2 score.

Intervention: 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  

Provider: Psychologist  

One time(s) per Week for 8 weeks

Objective: Veteran will increase participation in daily activities as measured by completion of in vivo homework practices.

Intervention: 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  

Provider: Psychologist  

One time(s) per Week for 8 weeks

Objective: Veteran will increase contact with most traumatic memory as measured by completion of imaginal exposure homework.
**Intervention:** 8-15 sessions of Prolonged Exposure Therapy, to include in vivo and imaginal exposure.  
**Provider:** Psychologist One time(s) per Week for 8 weeks

**Problem:** Veteran has not been able to recover from the traumatic event(s) they experienced, as evidenced by [clinician can enter Veteran specific information here]

**Goal:** Veteran stated, " [Clinician can enter a quote from the Veteran about their goal]."

**Goal:** Increase Veteran's ability to make sense of traumatic experiences, and feel the natural emotions associated with them.

**Goal:** Experience less extreme cognitive, emotional, and/or physical reactions when Veteran has memories or reminders of the trauma.

**Goal:** Increase participation in previously-avoided activities, such as [clinician enters Veteran's activities they want to change].

**Objective:** Veteran will experience fewer and less intense symptoms of PTSD as measured by a decrease of greater than or equal to 10 points on the PCL.

**Intervention:** 12 sessions of Cognitive Processing Therapy **Provider:** Social Worker One time(s) per Week for 12 weeks

**Objective:** Veteran will experience less emotional distress in previously-avoided situations as measured by a decrease of emotion on the Challenging Beliefs Worksheets.

**Intervention:** 12 sessions of Cognitive Processing Therapy **Provider:** Social Worker One time(s) per Week for 12 weeks

**Objective:** Veteran will experience an increase in natural emotions associated with the traumas as demonstrated by responses on the A-B-C worksheets.

**Intervention:** 12 sessions of Cognitive Processing Therapy **Provider:** Social Worker One time(s) per Week for 12 weeks

**Objective:** Veteran will experience less distress while recalling their most traumatic memory as measured by a decrease in strong emotions when re-reading their trauma account(s) and/or responses on the A-B-C worksheets.

**Intervention:** 12 sessions of Cognitive Processing Therapy **Provider:** Social Worker One time(s) per Week for 12 weeks

**Objective:** Veteran will experience a reduction in extreme or exaggerated beliefs about self, other, and the world as demonstrated by responses on CPT worksheets, including the A-B-C, Challenging Questions, and Challenging Beliefs Worksheets.

**Intervention:** 12 sessions of Cognitive Processing Therapy **Provider:** Social Worker One time(s) per Week for 12 weeks

**Objective:** Veteran will increase participation in enjoyable daily activities as measured by completion of CPT homework assignments.