

**Treatment Problem:** (A source of difficulty/trouble which results from issues related to diagnostic impression)

- Employment instability, and/or  family instability due to \_\_\_\_\_  
 Mental Health, and/or  Substance Abuse \_\_\_\_\_

**Goal:** (The purpose toward which efforts are directed; usually not measurable; broad in scope; often based on an idea)  
 Children can be cared for in their own homes or in the homes of relatives. Families can be self-sufficient,  
Family Reunification

**Objectives:** (Steps/actions taken in the hopes of reaching goal; measurable; narrow in scope; based on fact)

1. Client will identify and list 3 causes of unemployment or family instability. \_\_\_\_\_

\_\_\_\_\_ Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Target date: \_\_\_\_\_ Date achieved: \_\_\_\_\_

**Services Prescribed**

Service	Frequency	Length of Service	Duration	Person Responsible
Psychosocial Evaluation	<u>1</u> time(s) per year	<u>60</u> minutes	6 months	Counselor
Individual/Family Counseling	time(s) per _____	minutes		
Group Counseling	time(s) per _____	minutes		
Drug Screen	time(s) per _____	minutes		
Psychosocial Rehabilitation	time(s) per _____	minutes		
TBOS	time(s) per _____	minutes		
BBHSE	<u>10</u> time(s) per year	<u>15</u> minutes	6 months	LPHA/CAP

Measurable discharge criteria from this goal: \_\_\_\_\_

- Increase in GAF/CGAS to \_\_\_\_\_  ASAM criteria for discharge met  
 Significant decrease in symptoms  30 days substance free

**The above objectives will be observed by a therapist, counselor, team member, parent/guardian, or teacher.**

<b>Client Name:</b>	<b>CID#:</b>