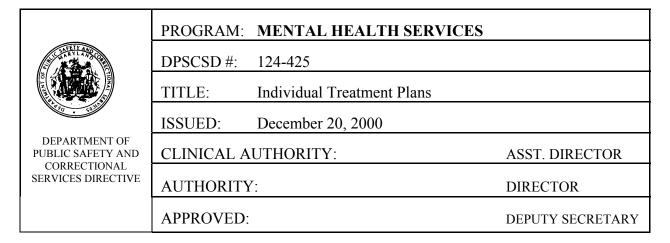
STATE OF MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES



I. REFERENCES: A. DPSCSDs 124-003; 124-150, 124-300, 124-350

B. ACA Standard 3-4355

C. COMAR 10.21.03

II. PURPOSE: To establish the parameters for the development of individual treatment plans.

III. PROCEDURE:

- A. All documentation of mental health contacts shall contain an intervention plan.
- B. If individual or group intervention/therapy continues beyond the fourth session within a two-month period of time, the mental health provider shall develop an Individual Treatment Plan (ITP) (DPSCS Form 124-425aR). This treatment plan shall be maintained in the mental health record in accordance with DPSCSD 124-300.
- C. The individual treatment plan shall contain the following information:
 - 1. Demographic and commitment information;
 - 2. Diagnosis;
 - 3. Psychiatric history;
 - 4. Risk Assessment;
 - 5. Problem list and treatment goals.
- D. The inmate's signature shall be obtained by the primary clinician. If the inmate refuses to sign, the clinician shall note his refusal and initial the note. Refusal by the inmate to sign the treatment plan does not constitute refusal of treatment.

- 1. If the inmate has signed an Informed Consent form pursuant to DPSCSD 124-150 consenting to treatment, then the treatment contained in the ITP can proceed despite the inmate's refusal to sign the ITP.
- 2. If the mental health file does not contain a signed Informed Consent form, one should be obtained prior to treatment.
- E. If the inmate is to be seen only on an as-requested (PRN) basis, this shall be noted on the ITP.
 - 1. If an inmate is seen PRN, treatment goals may be specified as "ongoing."
 - 2. The review date for a PRN plan may be extended to one year.
- F. The individual treatment plan shall be reviewed and updated after every 12 sessions or annually, whichever occurs first.
- G. When an inmate in treatment approaches transfer or release, the individual treatment plan shall be converted to an aftercare plan and submitted with a referral to the appropriate agency or receiving psychologist.
- H. Aftercare plans shall be developed in accordance with DPSCSD 126-500.
- IV. ATTACHMENT: Individual Treatment Plan (DPSCS Form 124-425aR) (Rev.10/00)
- V. SUPERSEDES: DCD 124-425, dated December 15, 1994

Distribution:

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Department of Public Safety and Correctional Services Individual Treatment Plan

Institution

						Page	of		
Date://			☐ Continuing Treatment Plan ☐ Termination						
Name:		ID#:	D	OB:	MSR I	Date://_ as of//	(<u> </u>		
Offense(s):			Term of	Confinem	nent: y/m	Sentence Start Date:/			
Diagnosis: Axis I:					Axis II:				
Axis III:			Axis IV:						
		rent GAF:	Highest GAF:		Medication: ☐ Yes ☐ No (See Fl		ow Sheet)		
History of Previous Psychiatric Admissions: No. of Admissions: Dates:									
Risk Assessment:	Suicidality:	□ Not Present			☐ Attempts	Date(s)			
	-	□ Not Present	☐ Ideations	Gestures Gestures		Date(s)			
	Management Pro	blem (Describe):							
Problem #_:					Level of Impai	rment [□ mild, □ moderate,	□ severe]		
□ Individual							Initials:		
□ Group	Frequency	_ X per Go	oal:				Initials:		
☐ Psychopharmaco	logy Frequency	X per Go	oal:				Initials:		
Problem #_ :						rment [□ mild, □ moderate,	□ severe]		
□ Individual	Frequency	_ X per Go	oal:				Initials:		
□ Group	Frequency						Initials:		
☐ Psychopharmaco	logy Frequency	_ X per Go	oal:				Initials:		
Assets:									
Weaknesses:									
Termination Recommend									

Appendix 1 to DPSCSD 124-425

Signature	:					
	Clinician	Date	Licensed Psychologist	Date	Inmate	Date