

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

My diagnosis is negatively impacting my functioning. _____

Goal: (The purpose toward which efforts are directed; usually not measurable; broad in scope; often based on an idea)

To control symptoms with psychotropic medication and remain stable in the community. _____

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

1. I will learn and be able to list 4 potential positive effects from taking medications as prescribed. _____

_____ Target date: _____ Date achieved: _____

2. I will identify 2 possible side effects from taking medication and will identify 2 options should medication cause unpleasant side effects. _____

_____ Target date: _____ Date achieved: _____

3. _____

_____ Target date: _____ Date achieved: _____

Services Prescribed

Service	Frequency	Length of Service	Duration	Person Responsible
Psychiatric Evaluation	____ time(s) per _____	____ minutes		
Medication Management	____ time(s) per _____	____ minutes		
Clinic Visit	____ time(s) per _____	____ minutes		
Drug Screen	____ time(s) per _____	____ minutes		
Review of Records	____ time(s) per _____	____ minutes		
BBHSE	10 time(s) per year	15 minutes	6 months	LPHA / CAP
	____ time(s) per _____	____ minutes		

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.

Client Name:	CID#: