Clinical Treatment Plans

Clinical treatment plans provide a straightforward, comprehensive overview of treatment. They include the following parts:

- **Introduction:** Defines who is being treated, if medications are being used, and what contextual factors were considered in creating a plan that is sensitive to client needs.

- **Therapeutic Tasks:** Describes treatment tasks that the therapist should perform at the initial, working, and closing phases of therapy. These tasks are informed by theory as well as ethical and legal requirements.

- **Client Goals:** Determines what goals are unique to each client and what behaviors, thoughts, feelings, or interactions will be either increased or decreased as a result of treatment. Client goals are derived from the assessment of the presenting problem and are stated in theory-specific language.

- **Interventions:** Describes, for each goal, two to three interventions for achieving this goal using the therapist’s chosen theory.

- **Client Perspective:** Describes areas of client agreement and concern with the outlined plan.

Here is the general treatment plan format. In this form, TT refers to “therapeutic task,” and I refers to “intervention.”

---

**TREATMENT PLAN**

<table>
<thead>
<tr>
<th>Therapist: ______________________</th>
<th>Client ID #: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory: _________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Configuration:</strong></td>
<td>□ Individual □ Couple □ Family □ Group</td>
</tr>
<tr>
<td><strong>Additional:</strong></td>
<td>□ Individual □ Couple □ Family □ Group</td>
</tr>
<tr>
<td><strong>Medication(s):</strong></td>
<td>□ NA □</td>
</tr>
<tr>
<td><strong>Contextual Factors</strong> considered in making plan:**</td>
<td>□ Age □ Gender □ Family dynamics</td>
</tr>
<tr>
<td>□ Culture □ Language □ Religion □ Economic □ Immigration □ Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>□ Trauma □ Dual dx/comorbid □ Addiction □ Cognitive ability</td>
<td></td>
</tr>
<tr>
<td>□ Other: ________________________</td>
<td></td>
</tr>
<tr>
<td>Describe how plan is adapted to contextual factors: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

---

**I. Initial Phase of Treatment (First 1–3 Sessions)**

**I.A. Initial Therapeutic Tasks**

**Therapeutic Relationship**

TT1: Develop therapeutic relationship with all members. Note: ________________________

II: Intervention: ________________________

(continued)
I. Initial Phase of Treatment (First 1–3 Sessions)

I.A. Initial Therapeutic Tasks

Assessment

TT2: Assess individual, system, and broader cultural dynamics. Note: ________________
   I1: Intervention: _______________________________
   I2: Intervention: _______________________________

Goals

TT3: Define and obtain client agreement on treatment goals. Note: ________________
   I1: Intervention: _______________________________

Referrals and Crisis

TT4: Identify needed referrals, crisis issues, and other client needs. Note: ________________
   I1: Intervention: _______________________________

I.B. Initial Client Goals (1–2 Goals): Manage crisis issues and/or reduce most distressing symptoms.

Goal #1: □ Increase □ Decrease _______ (personal/relational dynamic) to reduce _______ (symptom).

   Measure: Able to sustain _______ for period of _______ □ wks □ mos with no more than _______ mild episodes of _______.
   I1: Intervention: _______________________________
   I2: Intervention: _______________________________

II. Working Phase of Treatment (Sessions 2+)

II.A. Working Therapeutic Tasks

Monitor Progress

TT1: Monitor progress toward goals. Note: _______________________________
   I1: Intervention: _______________________________

Monitor Relationship

   TT2: Monitor quality of therapeutic alliance as therapy proceeds. Note: _______________________________
   I1: Intervention: _______________________________

II.B. Working Client Goals (2–3 Goals): Target individual and relational dynamics in case conceptualization using theoretical language (e.g., reduce enmeshment, increase differentiation, increase agency in relational narrative, etc.).
Goal #1: □ Increase □ Decrease ______ (personal/relational dynamic) to reduce ______ (symptom).

Measure: Able to sustain ______ for period of ______ □ wks □ mos with no more than ______ mild episodes of ______.
   I1: Intervention: ________________________________
   I2: Intervention: ________________________________

Goal #2: □ Increase □ Decrease ______ (personal/relational dynamic) to reduce ______ (symptom).

Measure: Able to sustain ______ for period of ______ □ wks □ mos with no more than ______ mild episodes of ______.
   I1: Intervention: ________________________________
   I2: Intervention: ________________________________

Goal #3: □ Increase □ Decrease ______ (personal/relational dynamic) to reduce ______ (symptom).

Measure: Able to sustain ______ for period of ______ □ wks □ mos with no more than ______ mild episodes of ______.
   I1: Intervention: ________________________________
   I2: Intervention: ________________________________

III. Closing Phase of Treatment (Last 2+ Weeks)

III.A. Closing Therapeutic Tasks

Termination Plan

TT1: Develop aftercare plan and maintain gains. Note: ________________________________
   I1: Intervention: ________________________________

III.B. Closing Client Goals: Determined by theory’s definition of health.

Goal #1: □ Increase □ Decrease ______ (personal/relational dynamic) to reduce ______ (symptom).

Measure: Able to sustain ______ for period of ______ □ wks □ mos with no more than ______ mild episodes of ______.
   I1: Intervention: ________________________________
   I2: Intervention: ________________________________

(continued)
Writing Useful Therapeutic Tasks

Therapeutic tasks are generally the easiest part of the treatment plan to develop because they are the most formulaic. Each theory has its own language and interventions for describing how to create a therapeutic relationship, and a good plan should reflect these differences. For example, a Bowen intergenerational therapist focuses on remaining nonreactive to clients, whereas a therapist using experiential family therapy has a more emotionally engaged approach to creating a therapeutic relationship.

Initial Phase

Perhaps not surprisingly, therapists have the most tasks in the initial phase of treatment because this is when they establish the foundation for therapy. Virtually all theories include four therapeutic tasks (TTs) early in therapy, as shown in the form already presented:

- **TT1:** Establish a therapeutic relationship
- **TT2:** Assess individual, family, and social dynamics
- **TT3:** Develop treatment goals
- **TT4:** Case management: refer for medical/psychiatric evaluation; connect with needed community resources; rule out substance abuse, violence, and medical issues

Although each theoretical approach has different ways to do these four things, the cross-theory similarities make it easy for therapists to conceptualize this early phase of treatment. If problems arise in treatment, therapists can be sure that one of these four initial tasks needs to be readdressed.

Working Phase

In the working phase, the primary task is to keep the ball rolling. As therapy progresses, therapists need to assess whether treatment is effective. Is the client making progress on the identified goals? If not, what might be the reason, and how can therapy be adjusted to accomplish those goals? Family therapists rarely cite “resistance” as a valid reason for lack of progress. Steve de Shazer (1984) declared the “death of resistance,” implying that lack of progress cannot be blamed on the client. If initial interventions don’t work, the therapist does not need to blame clients or himself/herself and instead should simply focus on figuring out what does work. Similarly, systemic therapists have consistently admonished that, if clients are not progressing, the therapist has not yet developed a useful working hypothesis or found a way to usefully deliver it to clients (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, Weakland, & Fisch, 1974). In the systemic approach, each “failed” intervention tells the therapist what doesn’t work and therefore provides clues as to what might work.