

Client Name: _____ Client #: _____ Adm. Date: _____

Community Counseling of Central Connecticut Inc.

53 Muir Ave Bristol, CT. 06010

860-582-7904

www.docwarren.org

We treat people not privilege

Master Treatment Plan

Therapist Name **Warren Corson III PhD**

Date: _____ Review Period: _____ to _____

*Reviews should occur at least every 90 days

INSTRUCTIONS

Goals should always be: **S** – Specific **M** – Measurable **A** – Achievable **R** – Realistic **T** – Time Bound

1. **Goal/Objective.** Briefly describe each goal/objective.
2. **Interventions.** What interventions will be utilized to help assist with goal/objective.

1ST GOAL/ INTERVENTION

Goal: Decrease Depression Decrease Anxiety Increase Self-esteem Stabilize Mood
 Improve Regulation of Affect Foster Insight Improve Marital Relationship Improve
Level of Functioning Improve Coping Skills Other _____

Interventions: Cognitive Reconstruction Reframing Activity Planning Problem-
Solving Connecting Current Behavior Patterns to Those Learned in Childhood
 Identifying Triggers Psychoeducation Alternative Coping Strategies Collateral
Couple's Sessions Journaling Relaxation Training Systematic Desensitization
 Exposure/Response Prevention Safety Planning Refer for Med.Eval. Expand Social
Support Ensure Med.Compliance Bibliotherapy Other _____

Frequency: Daily Weekly Bi-weekly D/C criteria Y/N Due date _____
 Achieved _____ Not Achieved-review next on _____
 Achieved _____ Not Achieved-review next on _____

Client Name: _____ Client #: _____ Adm. Date: _____

2ND GOAL/ INTERVENTION

Goal: Decrease Depression Decrease Anxiety Increase Self-esteem Stabilize Mood
 Improve Regulation of Affect Foster Insight Improve Marital Relationship Improve
Level of Functioning Improve Coping Skills Other _____

Interventions: Cognitive Reconstruction Reframing Activity Planning Problem-
Solving Connecting Current Behavior Patterns to Those Learned in Childhood
 Identifying Triggers Psychoeducation Alternative Coping Strategies Collateral
Couple's Sessions Journaling Relaxation Training Systematic Desensitization
 Exposure/Response Prevention Safety Planning Refer for Med.Eval. Expand Social
Support Ensure Med Compliance Bibliotherapy Other _____

Frequency: Daily Weekly Bi-weekly D/C criteria Y/N Due date _____
 Achieved _____ Not Achieved-review next on _____
 Achieved _____ Not Achieved-review next on _____

3RD GOAL/INTERVENTION

Goal: Decrease Depression Decrease Anxiety Increase Self-esteem Stabilize Mood
 Improve Regulation of Affect Foster Insight Improve Marital Relationship Improve
Level of Functioning Improve Coping Skills Other _____

Interventions: Cognitive Reconstruction Reframing Activity Planning Problem-
Solving Connecting Current Behavior Patterns to Those Learned in Childhood
 Identifying Triggers Psychoeducation Alternative Coping Strategies Collateral
Couple's Sessions Journaling Relaxation Training Systematic Desensitization
 Exposure/Response Prevention Safety Planning Refer for Med.Eval. Expand Social
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