



Psychotherapy Treatment Plan

Urban Wellness

Date and Time:

Clinician:

Patient:

Diagnosis

F94.1 Reactive Attachment Disorder
F43.20 Adjustment Disorder, Unspecified

Presenting Problem

Client presents with poor impulse control and poor anger management skills as well as ongoing family discord. Client has prior diagnosis of Reactive Attachment Disorder and continues to demonstrate oppositional and defiant behaviors as well as depressive symptoms.

Treatment Goals

To improve ability to manage anger as well as improve communication with family. Client also hopes to improve use of healthy coping skills and to better understand emotional responses. Client also hopes to develop appropriate relationships with biological family.

Estimated Completion: 3 Months

Objective #1

To develop healthy communication skills with family members

Treatment Strategy / Interventions: Cognitive Refocusing, Cognitive Reframing, Communication Skills, Exploration of Coping Patterns, Exploration of Emotions, Exploration of Relationship Patterns, Interactive Feedback, Symptom Management, Supportive Reflection, Structured Problem Solving, Role-Play/Behavioral Rehearsal, Relaxation/Deep Breathing, Psycho-Educational, Preventative Services, Mindfulness Training

Estimated Completion: 3 Months

Objective #2

To develop healthy coping skills to cope with feelings of anger, frustration, sadness, etc.

Treatment Strategy / Interventions: Interactive Feedback, Exploration of Relationship Patterns, Exploration of Emotions, Exploration of Coping Patterns, Communication Skills, Mindfulness Training, Psycho-Educational, Relaxation/Deep Breathing, Role-Play/Behavioral Rehearsal, Structured Problem Solving, Supportive Reflection, Symptom Management

Estimated Completion: 3 Months

Objective #3

To better understand how past has affected current behaviors and functioning.

Treatment Strategy / Interventions: Interactive Feedback, Exploration of Emotions, Exploration of Relationship Patterns, Exploration of Coping Patterns, Communication Skills, Supportive Reflection, Relaxation/Deep Breathing, Psycho-Educational, Mindfulness Training

Estimated Completion: 3 Months

Prescribed Frequency of Treatment

As Needed

I declare that these services are medically necessary and appropriate to the recipient's diagnosis and needs.



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signed this note and declared this information to be accurate and complete on