

Treatment Plan and Initial Plan for Coping

Often it helps to go back to your Personal History Questionnaire or intake and review before developing your idea on treatment. They should flow into each other and connect the dots from problems to goals to more concrete objectives that would tell us if you were on the way to meeting your goals).

Try to balance how you want to be (live your life) versus only focusing on eliminating problems.

1. I have the following goals I plan to work on in treatment:

Goal(s): (for example, “develop more effective coping skills for depression”
Measurable Objective(s): (how you and your therapist will know you have met your goal, for example, “state three specific skills for relieving her depression”, “report 3 triggers and ways of coping”
Expected Length of Care: _____ (weeks) meeting one time per week / month / two-weeks (circle one)
I believe my chances of meeting above goals and objectives is: fair good poor

1. Therapy in general is a way of learning to reduce distress. As such what are some of your thoughts, feelings and actions you are currently aware of that relate to your distress or are your “early warning signs” of difficulties:

Thoughts:	(a)
	(b)
	(c)
Feelings:	(a)
	(b)
	(c)
Actions:	(a)
	(b)
	(c)

2. What are your coping skills / activities you can engage in more frequently or when you are feeling down or upset [activities, people, social settings that can distract as well as “coping skills”]:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. Who do you talk to when upset or distressed?

a. _____ at _____ or _____

If this person is not available, I talk with:

b. _____ at _____ or _____

If this person is not available, I talk with:

c. _____ at _____ or _____

If this person is not available, I talk with:

d. _____ at _____ or _____