

Treatment plan

Adult



Initial Treatment Plan:	06/09/2026
Last updated:	09/10/2026
Treatment Goal #1	
The client reports their goal is to:	<i>"I want the panic attacks to stop and don't want to feel so out of control of my emotions, because it's hurting my ability to focus at work and be present with my friends."</i>
The client's clinical goal is: (Select or write in)	☒ Symptom Reduction ☒ Skill Acquisition ☐ Learn/improve coping ☐ Improve health ☐ Reduce ineffective behaviors ☐ Maintain previous gains ☐ Other:
Short-term Objective(s) What are the measurable steps, behavior shifts, and/or skills that the client needs to make progress toward their goal?	Client will learn and practice 2 EMDR resourcing techniques to support coping with moments of high distress. Client will reduce PHQ-9 score by 50% of baseline (24 - severe) to 12 (moderate) .
Progress will be measured by: (select all that apply and/or write in)	☒ Client self-report ☐ Behavioral observation by the therapist ☒ Completion of homework/assignments ☐ Parent/guardian report Spouse/partner report ☐ Reduction in GAD-7 score ☒ Reduction in PHQ-9 score ☐ Reduction in suicidal risk on the C-SSRS ☐ Other:
Estimated time to achieve goal:	☐ Within the next 2 weeks or 2 visits ☐ Within the next month or 4 visits ☐ Within the next 2 months or 8 visits ☒ Within the next 3 months or 12 visits

Note: At the bottom of the client profile, upload treatment plans in the **Documents** section.

Frequency of treatment	☐ <i>Twice a week</i> ☒ <i>Weekly</i> ☐ <i>Every other</i> ☐ <i>week Monthly</i> ☐ <i>Other</i>
Anticipated length of time in treatment	☐ <i>Less than 3 months</i> ☐ <i>3-6 months</i> ☒ <i>6 months - 1 year</i> ☐ <i>1 year or more</i>
Comments (Optional)	
I, the therapist, have reviewed this treatment plan with the client and the client actively participated in the development of this treatment plan	☒ <i>(select checkbox)</i>
Next Visit Info	☒ <i>Within 7 days of this appt</i> ☐ <i>Within 10 days of this appt</i> ☐ <i>More than 10 days- therapist full/unavailable</i> ☐ <i>More than 10 days- other</i> ☐ <i>More than 10 days- no medical necessity</i> ☐ <i>More than 10 days- client request</i> ☐ <i>Other/Unknown</i>

Signature

Provider Name	<i>Example Name</i>
Date	<i>9/10/2026</i>
Time	<i>9:00am</i>
License Type	<i>LCSW</i>