

<u>Client's Recovery Goals:</u>	<u>Client's Preferences for Treatment:</u>	<u>Client's Understanding of their Mental Health Status:</u>
<u>Precipitating Factors:</u>	<u>Perpetuating Factors:</u>	<u>Protective Factors:</u>
<u>Sociocultural Factors:</u>	<u>Physical Factors:</u>	<u>Psychiatric Rehabilitation Goals:</u>
<u>Client's Needs Based on Team's Analysis:</u>		

Evidence-Based Interventions to Address Client Goals and Needs *(Click or check appropriate box):*

- | | | |
|--|--|--|
| <input type="checkbox"/> CBT: For Anxiety, Depression, Psychosis, Trauma, or other EB Psychotherapy
<input type="checkbox"/> Family Psychoeducation
<input type="checkbox"/> Illness Management and Recovery (IMR)
<input type="checkbox"/> Medications/Psychopharmacology
<input type="checkbox"/> Medications/Behavioral Tailoring | <input type="checkbox"/> Motivational Interviewing
<input type="checkbox"/> Outreach
<input type="checkbox"/> Health Intervention (specify) _____
<input type="checkbox"/> Psychiatric Rehabilitation
<input type="checkbox"/> Relapse Prevention/Crisis Mgmt
<input type="checkbox"/> Social Skills Training | <input type="checkbox"/> Substance Use Treatment (IDDT)
<input type="checkbox"/> Supported Employment/Education
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Other (specify) _____ |
|--|--|--|

Stages of Treatment: *Please see the definition of each stage on the Stages of Treatment document (Click or check appropriate box):*

- | | | | | | |
|-------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|---|
| Mental Health: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | |
| Physical Health: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |
| Substance Use: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |

[Turn over to complete Summary of Shared Understanding for Treatment Planning]

Summary of Shared Understanding for Treatment Planning:

Changes to Shared Understanding for Treatment:

DATE: _____

Changes to Shared Understanding for Treatment:

DATE: _____