***DRAFT (This is not a form it is a guide!)***

# Early Childhood Mental Health Treatment Plan Guide

**Treatment Plan Effective: 2/1/14-5/1/14**

**Child's Demographics:**

**Name: Little Billy**

**Date of Birth: 11/1/2011**

**DC:0-3R Diagnosis:**

- Axis I: PTSD
- Axis II: Difficult Interactions and Hard to Change 56
- Axis III: Developmental Delay- determined by school district
- AXIS IV: Low income, family housing concerns
- Axis V- See diagnostic assessment

**Long Term Goal:**

Child and Caretaker, together, will manage impact of trauma experience enabling child to return to appropriate developmental trajectory. *In order to support child, Caregiver will provide safety and emotional protection required for ongoing social emotional development (Total sessions estimated= 50 sessions)*

**Treatment Modality:**

*Trauma Informed- Child Parent Psychotherapy will be provided-It is a combination of family treatment with the child and care giver (90847), family treatment without the child present (90846), clinical care consultation (need a code here) and psycho-education (need code here)*

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| **Short Term Objective - Symptom/Criterion** | **Baseline /Current Functioning** | **Goal** | **Interventions:**<br>• **(HOW- this is required in treatment plans and includes who is responsible for carrying out various parts of the plan)**<br>• **(WHY- this is not required in treatment plans but helps us illustrate why our interventions are relationship based and developmentally focused)** |
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| **Criterion #1 Re-experiencing Traumatic Events (1 symptom)**<br>*Child will differentiate between then and now and successfully remember but not re-experience the traumatic event as evidenced by*<br>✓ *More adaptive/ flexible play around trauma experience*<br>✓ *Recollections which are not intrusive/recurrent*<br>✓ *Decreased episodes of physiological distress*<br>✓ *Decreased flashbacks or dissociation.* | Child demonstrates freezing and emotional dysregulation (uncontrollable crying) whenever he sees a dog. This currently occurs 8 out of 10 times | Child will demonstrate freezing and emotional dysregulation 2 out of 10 times. | Psychotherapy<br>• Clinician will take the time needed, on an ongoing basis, to understand the child's and family's experience and perspective through ongoing assessment. (The How)<br>• In order to build child's sense of security, caregiver will be provided with psycho-education and support regarding child's needs for a stable and secure environment (The Why and How). Clinician and caregiver(s) will assess past and current risks to child's experience of safety. (Estimated sessions: 10 sessions).<br>• Because the caregiver-child relationship will be the most important tool through which the child will process and heal their traumatic experiences, the clinician will provide psychoeducation about the importance of supporting the child's regulation and provide parent-child play opportunities designed to strengthen family relationships and promote positive emotional give and take between caregiver and child. (Estimated sessions: 10 sessions)<br><br>Skills services<br>- None recommended right now. |

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| **Criterion #2 Numbing of responsiveness or interference of developmental momentum**<br>*Child will utilize relationship strengths to build capacity for ongoing interest and participation in developmental tasks as evidenced by*<br>✓ *Interest and participation in socialization approaching developmental expectations*<br>✓ *Demonstration of a range of affect consistent with developmental expectations*<br>✓ *Interest and Participation in routines, consistent with developmental expectations*<br>✓ *Decreased avoidance and improved regulation around triggers . . .* | Child currently isolates hides in closet or small space when reminded of dog attack (8 out of 10 times).<br><br>Child does not consistently seek out trusted adult when reminded of dog attack (2 out of 10 times). | Child will not isolate when reminded of dog attack (0 out of 10 times). Instead, child will seek out trusted adult when reminded of dog attack (10 out of 10 times). | Psychotherapy<br>• Because a young child's ability to regulate is developed within the child-caregiver relationship, the clinician will provide psycho-education and strategies to strengthen the child's and caregiver's recognition of and regulation of emotions. Through family sessions, this will include labeling emotional experiences, supporting child's use of caregiver as a secure base and soothing partner and strategies for regulating emotional reactions. (Estimated sessions: 20 sessions)<br><br>• One way that traumatic experiences impact young children is through what we call their 'body-based' experience. In order for the child to be regulated, they need to process their 'body-based' experience within their relationship with their caregiver(s). To do this, the clinician will foster an understanding and identification of body-based trauma reminder and teach regulation techniques for caregiver and child to do together. (Estimated sessions=20 sessions)<br><br>• Clinician will provide developmental guidance regarding age appropriate behavior, differentiating developmentally typical behavior and behavior that is impacted by trauma. The clinician will assess the meaning of the child's behavior with the caregiver(s) in family based sessions and develop strategies to appropriately address the trauma related behaviors. (Estimated sessions= 10 sessions)<br><br>• The clinician will provide parent-child activities in family based interventions to support the child's return to normal developmental, including non-trauma play, activities to promote a positive sense of self, and successful |

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|---|---|---|---|
| | | | participation in community (such as participation in pre-school). (Estimated sessions: 5 sessions)<br>Skills services<br>None recommended right now. |

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|---|---|---|---|
| **Criterion #3 Increased Arousal**<br>*Child will utilize relationship strengths to build capacity for regulation as evidenced by*<br>✓ *Improved sleep patterns*<br>✓ *Improved attention/concentration*<br>✓ *Ability to regulate across alert states*<br>✓ *Ability to communicate wants and needs in a developmentally appropriate way.* | Child currently has daily nightmares about the dog attack (7 out of 7 nights). | Child will have no nightmares about the dog attack (0 out of 7 nights) | Psychotherapy<br>• The clinician will provide psycho-education on the impact of trauma, including common symptoms and PTSD with the parent. (Estimated sessions: 2 sessions)<br>• Through family based sessions, the clinician will provide play opportunities for the child to tell their story of their trauma experience and will help the child and the caregiver(s) interpret the play and support understanding of each other's experience of the traumatic event(s). (Estimated sessions: 50 sessions)<br>• The clinician will help both the child and the caregiver(s) differentiate between then and now, while participating in play opportunities. (Estimated sessions: 30 sessions)<br>• The clinician will lead the child and caregiver in the process of making meaning of the trauma experience, for example: through story, ritual or by connecting with the family's spiritual beliefs (Estimated sessions: 50 sessions)<br>• The clinician will coordinate with other services that the child is receiving in order to support success across settings (Estimated sessions: 50 sessions)<br>Skills services<br>None recommended right now. |

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**Signatures:**

Parent(s) Signature, Date: _____

Clinician Signature, Date: _____

Practitioner Signature, Date:_____

Supervisor's Signature, Date: _____

**How to measure progress on goals:**

| **Frequency Measure** (don't use these) | **Percentage** (don't use these) | **Number of days out of 7** (use these) | **Number of times out of 10** (use these) |
|---|---|---|---|
| Never | 0 | 0 out of 7 days | 0 out of 10 times |
| Rarely | 10% | 1 out of 7 days | 1 out of 10 times |
| Sometimes | 30% | 2 out of 7 days | 3 out of 10 times |
| Half the Time | 50% | 4 out of 7 days | 5 out of 10 times |
| Most of the Time | 80% | 5 out of 7 days | 8 out of 10 times |
| Always | 100% | 7 out of 7 days | 10 out of 10 times |

**Please note, this is a guide- we are trying to integrate Medicaid policy with infant and early childhood principles. The content is important, not the layout or the format.**

**Questions? Contact Catherine Wright, PsyD, MS, LPCC- Early Childhood Mental Health System Coordinator**
Catherine.wright@state.mn.us