

# INDIVIDUALIZED COMPREHENSIVE QUARTERLY TREATMENT PLAN

Treatment Provider: \_\_\_\_\_  
Name and Location of Services \_\_\_\_\_ Date Plan Prepared \_\_\_\_\_

Client Name & PACTS #: \_\_\_\_\_ Supervising USPO: \_\_\_\_\_

Client PACTS # and Date Client Entered Into Treatment Services: \_\_\_\_\_

Presenting Clinical Issues/Diagnosis: \_\_\_\_\_

PCRA Output: Risk, Needs (also known as Dynamic Risk Factors) and Responsivity Issues: \_\_\_\_\_

Type & Frequency of Services Anticipated in Next 90 Days: \_\_\_\_\_

<b>Clinical/Treatment Issues and Identified Risk, Needs, and Responsivity Factors (RNR):</b>
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<b>Planned Intervention Strategies (Including Such Things as Homework Assignments, Thinking Reports, Problem Solving Exercises, etc.) to Address Clinical/Treatment Issues and RNR:</b>
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<b>Treatment Goals:</b>
• Short-Term Behavior Change Goals:
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**Measureable Objectives:**

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**Define Client's Input into the Treatment Plan and Client's Expectations of Treatment Services:**

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**Identify the Involvement of Family, Supportive Collateral Contacts, and Community Support Entities (including USPO):**

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**Specific Criteria for Treatment Completion or Advancement to Next Treatment Phase and Specify Need for Continued Treatment at this Time:**

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**Anticipated Time Frame for Treatment Completion or Advancement to Next Treatment Phase:**

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\_\_\_\_\_  
Treatment Provider Signature & Date

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Client Signature & Date