




Approve Print Summary Sign Update Log Reprocess Clone Add To Do List

Client Service:				ID: 692846 +	
Client Name:	Pacific Northwest	Employee Name:	Sean Wright, MA , MS , LMHC , MHP	Recipient:	Client
Service Type:	MH Treatment Plan	Program:	SP SAFT OP	Location:	Spokane Office
Time In:	3:41 PM	Time Out:	4:18 PM	Date:	3/12/2024
Revised Time In:		Revised Time Out:		Duration:	37 
CPT Code:	NB	Insurance:	Molina : 000000000WA	Non Billable:	True
Rate :	0.00	Units :	1	Copay:	\$0.00
Claim Delay Reason:					
Approved:	False	Approved By / On:		Diagnosis:	(300.9/F99)
Episode ID:	23391	Billing Matrix:	MH Treatment Plan	Transferred:	3/12/2024 3:43 PM
Status:	COMPLETED	Authorization ID:	X	Signed:	3/12/2024 3:43 PM
Schedule Date:		Merged:		Billing Group:	Spokane
Form : Version:	460 : 7882	MobileForm Version:	Web Entry	Transfer XMLCDA/CCR:	/Create Clinical Summary
				Supervising Physician:	Shelly Hahn 
Info Blocking Exceptions:					
2nd Employees:					
Additional Fields					
Employee Title:	Clinical Director				
Attachments:				Attach New	

## Documentation Version History

Version	Date Created	Created By	
1	03/12/2024 03:43:23 PM	Sean Wright (5028)	Current Version



10 items per page

1 - 1 of 1 items

## LCSWA Treatment Plan

Search Answers



Edit Full Visit

## Information

Treatment Plan Target Date: 03/12/2024 

**Provide short information or explain here.** Use another service type if you need to document an intervention :  
Initial treatment plan.

**A copy of the plan was made available to the individual** (If 'No' please explain): Yes


**The plan was mutually agreed upon** (If 'No' please explain): Yes

**Safety Plan:** Safety plan was reviewed, will continue

**Completed Client Satisfaction Survey:** No

## Treatment Plan

**Problem(Barr/Strengths):** Seeking counseling services due to symptoms of: anxiety  
**Start Date:** 3/12/2024 **Target Date:**  **End Date:**

**Description:** Barriers: "I don't want  embarrassed." Strengths: "I'm funny and I'm creative."

**Goal:** Learn and apply skills to improve symptoms of: anxiety

**Start Date:** 3/12/2024 **Target Date:** 6/11/2024 **End Date:**

**Description:** Client: "I want to start hanging out with my friends again and not be afraid of having a panic attack."

**Objective:** Will complete and return individual treatment plan worksheet to develop person-centered plan.

**Start Date:** 3/12/2024 **Target Date:** 4/12/2024 **End Date:**

**Description:** Currently does not have completed person-centered plan and will create.

**Intervention/Modality:** COUNSELING: Review worksheet using Motivational Interviewing to identify areas needed for plan.

**Start Date:** 3/12/2024 **Target Date:** **End Date:**

**Description:** Model: Motivational Interviewing; Essential Model Elements: empathy and change talk; Modality: Individual Treatment Services: Psychotherapy; Frequency: Once Weekly; Duration: 60 minutes

**Intervention/Modality:** COORDINATION: Referrals and coordination with other providers including: dr

**Start Date:** 3/12/2024 **Target Date:** **End Date:**

**Description:** Individual Treatment Services: Comprehensive Community Support Frequency: Weekly; Duration: 60 minutes. Provider: Clinical Care Team members, including Care Coordinator.

**Intervention/Modality:** CLINICAL SUPPORT: Reinforce skill taught by therapist and take steps in support of service plan

**Start Date:** 3/12/2024 **Target Date:** **End Date:**

**Description:** Modality: Individual treatment services: Comprehensive Community Support. Duration: 60 min. Frequency: 1-2 times weekly. Provider: Clinical Care Team, including Mental Health Technicians.

**Objective:** Increase socializing with friends from 0 to 2 times per month

**Start Date:** 3/12/2024 **Target Date:** 6/11/2024 **End Date:**



**Description:** Currently, client is avoiding being in public with friends out of fear of having a panic attack. Socializing looks like spending time outside the house with at least one friend.

**Intervention/Modality:** Face fears of having panic attacks through brave practice

**Start Date:** 3/12/2024 **Target Date:** 6/11/2024 **End Date:**

**Description:** Model: Cognitive Behavioral Therapy. Essential elements: exposure, cognitive restructuring. Modality: Individual Treatment Services: Psychotherapy. Frequency: once per week. Duration: 60 minutes.



Employee Signature



*Sean P. Wright*

3/12/2024 3:43 PM  
Sean Wright - Clinical Director  
MA , MS , LMHC , MHP , CMHS

Approve

Print

Summary

Sign

Update

Log

Reprocess

Clone

Add To Do

List