



Weekly Treatment Parent Notes

Youth: _____ Date: _____

Treatment Parent Signature: _____

Treatment Plan Goals: 1. _____
 2. _____
 3. _____

Problem Behavior Checklist (Check those observed during the week)

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| <p><u>Oppositional</u></p> <input type="checkbox"/> Loses Temper <input type="checkbox"/> Often Argues <input type="checkbox"/> Defiant/noncompliance <input type="checkbox"/> Teases/annoys <input type="checkbox"/> Blames/ excuses <input type="checkbox"/> Irritable/touchy <input type="checkbox"/> Angry/resentful <input type="checkbox"/> spiteful/vindictive <input type="checkbox"/> Whines/pouts/sulks <input type="checkbox"/> Swears/curses <input type="checkbox"/> Curfew violation <input type="checkbox"/> <input type="checkbox"/> | <p><u>Attention Deficit</u></p> <p><u>Inattention</u></p> <input type="checkbox"/> Easily Distracted <input type="checkbox"/> Doesn't Listen <input type="checkbox"/> Little follow through <input type="checkbox"/> Disorganized <input type="checkbox"/> Forgetful/loses things <p><u>Hyperactivity</u></p> <input type="checkbox"/> Fidgets and squirms <input type="checkbox"/> Overactive/restless <input type="checkbox"/> Intrudes/Interrupts <input type="checkbox"/> Talks excessively <input type="checkbox"/> Blurts out <input type="checkbox"/> Impatient with others | <p><u>Depression/Mood</u></p> <input type="checkbox"/> Sad/tearful <input type="checkbox"/> Low energy/ fatigue <input type="checkbox"/> Withdraws/ isolates <input type="checkbox"/> irritable <input type="checkbox"/> indifferent/disinterested <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Indecisive <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Eating (over/under) <input type="checkbox"/> Sleep disturbance <input type="checkbox"/> Low self-image <input type="checkbox"/> Hopelessness <input type="checkbox"/> Guilt <input type="checkbox"/> Mood swings <input type="checkbox"/> Poor judgements <input type="checkbox"/> Grandiose <input type="checkbox"/> | <p><u>Impaired Thinking</u></p> <input type="checkbox"/> Odd/unusual thought (hallucinations, delusions) <input type="checkbox"/> Odd/ unusual behavior (head banging) <p><u>Eating Disorder</u></p> <input type="checkbox"/> Excessive weight. Loss/gain <input type="checkbox"/> Bingeing <input type="checkbox"/> Purging <input type="checkbox"/> Pica <input type="checkbox"/> <p><u>Attachment Issues</u></p> <input type="checkbox"/> Indiscriminate w/ adults <input type="checkbox"/> Difficulty separating <input type="checkbox"/> Needy/ Clingy to adults <input type="checkbox"/> Isolates & avoids adults <input type="checkbox"/> Wary/ hyper vigilant <input type="checkbox"/> |
| <p><u>Antisocial or Aggressive</u></p> <input type="checkbox"/> Lies/manipulates <input type="checkbox"/> Intimidates/ bullies <input type="checkbox"/> Makes threats <input type="checkbox"/> Verbally abusive <input type="checkbox"/> Pushing/showing <input type="checkbox"/> Throwing objects <input type="checkbox"/> Destroys property <input type="checkbox"/> Fights/hits/kicks/bites <input type="checkbox"/> Stealing/theft <input type="checkbox"/> Runaway <input type="checkbox"/> Vandalism <input type="checkbox"/> Truancy <input type="checkbox"/> Cruelty to people <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Gang talk/behavior <input type="checkbox"/> Fire Starting <input type="checkbox"/> Use of weapons <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p><u>Sexual Misconduct</u></p> <input type="checkbox"/> Gestures/ talk <input type="checkbox"/> Pornography <input type="checkbox"/> Touching/contact <input type="checkbox"/> Sexual assault <input type="checkbox"/> <p><u>Drugs/Alcohol</u></p> <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana/hashish <input type="checkbox"/> Amphetamines/speed <input type="checkbox"/> Cocaine/crack/crank <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Inhalants (glue/gas) <input type="checkbox"/> Barbiturates/downers <input type="checkbox"/> Caffeine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p><u>Anxiety</u></p> <input type="checkbox"/> Fears/worries <input type="checkbox"/> Restless/keyed-up <input type="checkbox"/> Panic attacks <input type="checkbox"/> Somatic complaints <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsive behavior <input type="checkbox"/> Easily startled/hyper vigilant <input type="checkbox"/> Disturbing dreams/memory <input type="checkbox"/> Flashbacks <input type="checkbox"/> <p><u>Self Harm</u></p> <input type="checkbox"/> Scratches/carvings <input type="checkbox"/> Suicide talk/gesture <input type="checkbox"/> Suicide attempt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p><u>Development Issues</u></p> <input type="checkbox"/> Lack of peer relationships <input type="checkbox"/> Lack of social reciprocity <input type="checkbox"/> Pattern/ object preoccupy <input type="checkbox"/> Inflexible/rigid <input type="checkbox"/> Repetitive behaviors <input type="checkbox"/> Language delays <input type="checkbox"/> Inability in conversation <input type="checkbox"/> Limited varied play <input type="checkbox"/> Repetitive /odd speech <input type="checkbox"/> <p><u>Other Issues</u></p> <input type="checkbox"/> Enuresis <input type="checkbox"/> Encopresis <input type="checkbox"/> Tics <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Treatment Intervention Child/Family

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|--|--|---|--|
| <p><u>General</u></p> <input type="checkbox"/> Relationship building <input type="checkbox"/> Active Listening <input type="checkbox"/> Identifying strengths <input type="checkbox"/> Exploring values/culture <input type="checkbox"/> Discuss process of change <input type="checkbox"/> Clarifying problems <input type="checkbox"/> Setting goals/objectives <input type="checkbox"/> building hope <input type="checkbox"/> Defusing crisis <input type="checkbox"/> Personal responsibility <input type="checkbox"/> On call crisis <input type="checkbox"/> Family roles/sibling relations <input type="checkbox"/> Establish structure/routine <input type="checkbox"/> Clarifying rules <input type="checkbox"/> Behavior tracking <input type="checkbox"/> Engage/positive reinforce <input type="checkbox"/> Problem solve/negotiate <input type="checkbox"/> Accept "NO"/compliance <input type="checkbox"/> Setting limits/boundaries | <p><input type="checkbox"/> Discipline/consequences <input type="checkbox"/> Giving Time outs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Emotions/Interpersonal</u></p> <input type="checkbox"/> Identifying emotions <input type="checkbox"/> Anger/frustration mgmt. <input type="checkbox"/> Depression mgmt. <input type="checkbox"/> Anxiety/fear mgmt. <input type="checkbox"/> Building self worth <input type="checkbox"/> Self-criticism reduction <input type="checkbox"/> Impulse mgmt. <input type="checkbox"/> Relax/calm/self care <input type="checkbox"/> Crisis mgmt. skills <input type="checkbox"/> Assertiveness training <input type="checkbox"/> Appropriate. Sexual behavior | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><u>Positive Behavior</u></p> <input type="checkbox"/> Cooperative <input type="checkbox"/> Got along well <input type="checkbox"/> Worked on goals <input type="checkbox"/> Positive attitude <input type="checkbox"/> Showed self-control <input type="checkbox"/> Owned responsibility <input type="checkbox"/> Concern for others <input type="checkbox"/> Helped out <input type="checkbox"/> <input type="checkbox"/> <p><u>Other</u></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p><u>Advocacy Support</u></p> <input type="checkbox"/> Referral <input type="checkbox"/> Dealing with school <input type="checkbox"/> Dealing with agency <input type="checkbox"/> Money mgmt. <input type="checkbox"/> Home/time mgmt. <input type="checkbox"/> Leisure/rec. activities <input type="checkbox"/> Job hunting/interview <input type="checkbox"/> Building social support <input type="checkbox"/> Child self protective skills <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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