



### Three-Session Treatment Plan

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Strengths and Resources: \_\_\_\_\_

Presenting Complaints: \_\_\_\_\_

Short, Long-term Goals: \_\_\_\_\_

Therapeutic Objectives: \_\_\_\_\_

#### Session 1: Preparing the Way

#### Session 2: Exposing the Complaint

#### Session 3: Integration

#### Suggested Ongoing Maintenance:

Client Signature: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_

Note: Document is intended for use in conjunction with a thorough health history form