Treatment Plan for Self-Harm

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Male ◯ Female ◯ Other

Date: _____ dd / mm / yyyy

PRESENTING CONCERNS

Self-harm Behaviors (frequency, methods, urges):

Triggers or Associated Emotions:

History of Self-harm and Past Treatment Attempts (if any):

ASSESSMENT

Client's Mental Health Diagnosis (if any):

Results from Relevant Assessments:

GOALS

Short-term Goals:

Long-term Goals:

INTERVENTIONS

Individual Therapy:

Safety Planning:

Coping Skills Training:

Collaboration:

PROGRESS MONITORING

How progress towards goals will be measured:

RESOURCES

Include a list of resources for the client, such as crisis hotlines, self-help websites, and support groups.

ADDITIONAL NOTES

Additional Notes: