

Depression Treatment Plan Example

Client Information

Name:

Enter client's name

Date of Birth:**Date of Plan:****Clinician:**

Enter clinician's name

Diagnosis

E.g., Major Depressive Disorder, Recurrent, Moderate

Presenting Problems

- Example: Persistent sadness/distress
- Example: Loss of interest in activities
- Example: Difficulty sleeping

Goals

1. Example: Reduce depressive symptoms
 - Short-term objective: Identify triggers for depression
 - Short-term objective: Practice coping skills 3x/week
2. Example: Improve daily functioning
 - Short-term objective: Establish regular sleep schedule
 - Short-term objective: Participate in one pleasurable activity per week

Interventions

Intervention	Frequency	Responsible
Cognitive Behavioral Therapy	Weekly	Therapist

Medication Management

Monthly

Prescriber

Referral to Support Group

As needed

Therapist/Case Manager

Progress Monitoring

- Regular symptom check-ins (weekly PHQ-9)
- Review goals and objectives every session

Review Date

Signatures

Client:

Client signature line

Date:**Clinician:**

Clinician signature line

Date: