

## A Parent's Guide to Grafton's Treatment Plan

Treatment plans serve a variety of purposes in residential and community-based care. Foremost, it is a record of your child's treatment and progress while at Grafton. Treatment plans are also used by insurance, educational and local agencies as a way to help plan for your child's current and future needs. **Our goal is to provide a single document for the entire team to work from—and your input is essential!**



GRAFTON INTEGRATED HEALTH  
NETWORK  
220 Bellvue Avenue  
Winchester, VA 22603  
Phone: (540) 542-0200

Print Show Only Active Items

Client Name: Client ID: 3756726/Medicaid ID/Medicaid Pending Client DOB: 05-Jun-2003  
Gender: Ethnicity: NOT HISPANIC / LATINO  
Address: Phone: (540) 967-5309  
Program: PRT Program Program Admit Date: 03-Jul-2018  
Lead Clinician: Benjamin Lauder/Supervisor: Medical Staff: --  
Service Site: Location Code: 056-49  
Prepared by: Jeremy Uldrich Date Prepared: 30-Jan-2019  
Reviewed by: Benjamin Lauder Date Reviewed: 25-Sep-2019  
Implementation Date: 01-Jan-2019 Effective Until: 29-Jan-2020  
Prefer a Language Other than English: No Plan was Interpreted: No  
Language: English Language Note (Specify):

**Diagnosis:**

DX Code	Description	Context	Start Date	End Date	Provisional/Rule Out
F20.0	Paranoid schizophrenia	Principal Diagnosis	01-Feb-2019	10-Apr-2019	No
Signs/Symptoms/Comments:					
F84.0	Autistic Disorder	Principal Diagnosis	01-Jun-2019		No
Signs/Symptoms/Comments:					
Signs/Symptoms/Comments:					
Signs/Symptoms/Comments:					

**Linked Medications:**

- ABILIFY 20 mg/1 TABLET Three Times A Day
- Claritin 10 mg/1 TABLET Three Times A Day
- Clonidine HCl 0.1 MG TABLET Three Times A Day
- Eucerin LOTION Twice A Day
- Elavil 100 MG CAPSULE P Twice Weekly

**Allergies:**

- Allergy: Dust Date Reported: 06-FEB-19 Status: Chronic
- Allergy: Lisinopril Date Reported: 25-JUN-18 Status: Chronic

**Other:**

**AUTHORIZATION PERIOD (VA Only)**

BEGIN DATE: 01-Jan-2019  
END DATE: 01-Jul-2019

**CANS (VA Only)**

CANS DUE DATE:

**REASON FOR REFERRAL**

REASON FOR REFERRAL:

**DESCRIPTION OF THIS INDIVIDUAL**

STRENGTHS, ABILITIES AND PREFERENCES or WHAT DOES THIS PERSON REALLY LIKE?  
NEEDS:  
PERSONAL EXPRESSION OF NEEDS:  
CASE CONCEPTUALIZATION:

**INTERVENTIONS AND STRATEGIES**

ADDITIONAL THERAPEUTIC INTERVENTIONS AND STRATEGIES:

**DE-ESCALATION STRATEGIES**

What helps this individual calm down when they are angry or agitated?  
What things should be avoided to prevent escalation from this individual?

**CHANGES TO THERAPEUTIC INTERVENTION AND STRATEGIES**

CHANGES TO THERAPEUTIC INTERVENTION STRATEGIES:

**FAMILY / GUARDIAN INVOLVEMENT**

NARRATIVE:  
THERAPEUTIC PASSES:  
TOTAL NUMBER OF DAYS ABSENT FROM THE PROGRAM:

**CURRENT MEDICATION REGIMEN**

MEDICATION CHANGES SINCE LAST REVIEW:  
ALLERGIES:  
SPECIAL ORDERS:  
SUMMARY OF COMPLETED MEDICAL TREATMENT, LABS, OR ASSESSMENTS:  
EMERGENCY MEDICAL TREATMENT: Emergency medical and psychiatric services will be provided by one of the following: Winchester Medical Center, Winchester, VA, Jefferson Memorial Hospital, Charles Town, WV, INOVA Loudoun Hospital, Leesburg, VA or INOVA Fairfax Hospital, Fairfax, VA. The local 911 dispatch is used to secure ambulance service, which is typically Ender's Fire and Rescue.

**JUSTIFICATION FOR CONTINUED STAY**

JUSTIFICATION FOR CONTINUED STAY:

**DISCHARGE PLAN**

PROJECTED DISCHARGE PLAN:  
PROJECTED DISCHARGE DATE:

**DISCHARGE ACTIVITY PLAN**

SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:  
SERVICE PROVIDER, SERVICES PROVIDED, COMPLETION DATE, COMMENTS / FOLLOW UP:

This is the demographics section. Please be sure that the information is correct. The "location code" is for internal use only.

This is the diagnosis code box. This will include both psychiatric and medical diagnoses. If you have questions on any of the diagnoses please do not hesitate to ask your primary therapist.

This is a list of your child's current medications and allergies. Please make sure that this is correct and you understand the medications being given. Please direct any questions to the doctor, or nurse.

The CANS is an assessment used in Virginia—it stands for Child and Adolescent Needs and Strengths. The 'authorization period' refers to the dates approved by your child's insurance.

These sections are self-explanatory. Please make sure you review this to help us understand your child to the best of our ability.

PLEASE NOTE: From the very beginning, Grafton has tried to use the child's preferences to help them change. What does your child REALLY LIKE TO DO? What do they do REALLY WELL?

We keep track of all passes here. Please make sure that we have this information correct. Also, we use this section to describe your involvement. Please be sure that this reflects your work with the team, and direct any questions to your assigned case manager.

This section discusses any changes made to the current medical and medication services for your child.

It is our belief that discharge planning should begin at the time of admission. This does not mean your child's discharge is imminent, only that we are always assessing what needs to be in place for their discharge to be successful. Please keep an eye on this space to ensure that it reflects the team's current planning regarding your child's eventual discharge.

Grafton uses a specific process to create treatment plans, called the **Foundation of Care Model™**. We do this for a number of reasons...

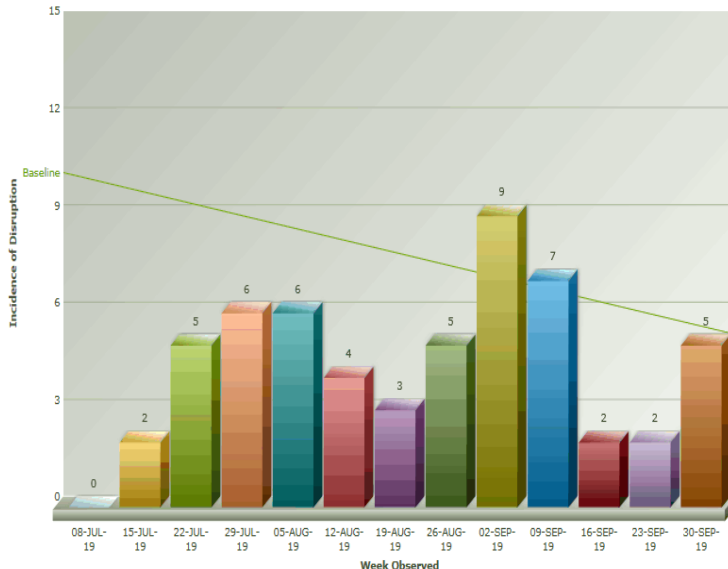
- ◆ We want to be very clear about each child's progress;
- ◆ We want to ensure that our treatment strategies are based in science;
- ◆ We want to be able to understand “what works”;
- ◆ We want to be sure all team members are “using the same language” and are “coming from the same place”.

Activities of Daily Living:					
Activity	Frequency	Type of Support	Start Date	End Date	Notes
Household Chores			30-Jan-2019		
Oral Care			30-Jan-2019		
Sleep Tracking (Overnight)			30-Jan-2019		

Behavior Tracking:					
Behavior	Frequency	Type of Support	Start Date	End Date	Notes
<b>Problem #1:</b>					
Disruption					
<b>Goal #1:</b>					
will disrupt the environment no more than once per week.					
Effective Date	Date Completed	Target Rating	Target Date	Status	Individualized
30-Jan-2019		2	29-Apr-2019	Accepted	Yes
Baseline Target Rating		Data Tracking Method	Mastery Duration	Tracking Frequency	
10		Discrete (i.e. count each incident)	4 weeks	Weekly	

Count of Behavior Events Over time - Full Scope



This chart shows the number of occurrences of the problem behavior per week. The **problem** are the behaviors that made this treatment here necessary. Incidents of the behavior are entered as close to when they occur as possible. We use the green line to determine if we are on track to accomplishing our goal.

The **Evidence Based Practice (EBP)** is the specific method the therapist and team is using to address the problem behavior. Grafton has a specific list of evidence based practices that we use. Your child's therapist can describe the evidence based practice we are choosing, and the reason why we are choosing it.

**Intervention Objectives** are the specific steps that we are taking, picked from a list under each Evidence Based Practice. All intervention objective steps are individualized for your child. Again, your child's therapist will describe the intervention objective, and how they are individually using it to help your child.



The graphic above depicts the core philosophy that all Grafton employees share about care and services. Please don't hesitate to ask your team to describe them. “Meeting them at their best” was a core belief of our founder—she felt that all children have special interests that can be used to help motivate change and growth.

Our **Foundation of Care™** approach uses specific rules to determine if we are accomplishing our goals as we hope to. If you want more information on this process please ask your case manager.

<b>Effective date:</b>	the date the goal started
<b>Date completed:</b>	the date the goal was closed ( if blank it is still open)
<b>Baseline Rating:</b>	The number of incidents per week that the child was displaying <i>prior</i> to coming to treatment, set by the therapist.
<b>Target Rating:</b>	the number of incidents of the problem behavior per week that we are striving for.
<b>Mastery Duration:</b>	the number of consecutive weeks that the target rating must be reached to master the goal
<b>Target Date:</b>	the date we expect the <b>target rating</b> to be met for the <b>mastery duration</b> .
<b>Data Tracking Method:</b>	either <b>discrete</b> —one incident equals one count, or <b>interval</b> —no matter how many incidents occurring within a timeframe set by the therapist equals one count.