

Assessment-Treatment Flowchart

Adolescent/Young Adult Version (ATF-A)

Client Name: _____ Clinician Name: _____

Priority ranking (mark one for each symptom)

- ① Not currently a problem: no treatment currently necessary
- ② Problematic, but not an immediate treatment priority: treat at lower intensity
- ③ Problematic, a current treatment priority: treat at higher intensity
- ④ Most problematic, requires immediate attention
- ⑤ Suspected, requires further investigation

	Intake	Assessment 2	Assessment 3	Assessment 4
Date assessed → _____				
Problem Area	Tx Priority 1 2 3 4 5	Tx Priority 1 2 3 4 5	Tx Priority 1 2 3 4 5	Tx Priority 1 2 3 4 5
1. Safety—environmental				
2. Caretaker support issues				
3. Anxiety				
4. Depression				
5. Anger/aggression				
6. Low self-esteem				
7. Posttraumatic				
8. Attachment insecurity				
9. Identity issues				
10. Relationship problems				
11. Suicidality				
12. Safety—risky behaviors				
13. Dissociation				
14. Substance abuse				
15. Grief				
16. Sexual concerns and/or dysfunctional behaviors				
17. Self-mutilation				
18. Other _____				
19. Other _____				