

KAP EXAMPLE

(EACH PATIENT WILL HAVE A CUSTOMIZED SCHEDULE)

SUN	MON	TUE	WED	THU	FRI	SAT
		1 Psychiatric Intake/Evaluation /Prep Phase	2	3	4 Therapist Intake/Evaluation /Prep Phase	5
6	7 KAP session #1 with Therapist	8	9	10 KAP integration #1 with Therapist	11	12
13	14	15	16	17	18	19
20	21	22 KAP session #2 with Therapist	23	24	25 KAP integration #2 with Therapist	26
27	28	29	30	31	1	2
3	4	5 KAP session #3 with Therapist	6	7 KAP integration #3 with Therapist	8	9
10	11	12	13 Psychiatric Provider follow up visit	14	15	16