

Client Name:

Date:

TREATMENT PLAN

Type

Problem 1:

Short term goals: *Measurable Objectives*

Problem 2:

Short term goals: *Measurable Objectives*

Problem 3:

Short term goals: *Measurable Objectives*

Dynamic Risk Factors

- Cognitions
- Alcohol/Drug
- Social Networks
- Education/Employment

Elevated Thinking Styles

- Mollification
- Entitlement
- Sentimentality
- Cognitive-indolence
- Cutoff
- Power-Orientation
- Superoptimism
- Discontinuity

Pro-social Support:

Responsivity Factors:

Type and Frequency of Services:

Long-Term Goals:

1)

2)

3)

Continued Need for Treatment?

Reasons:

Criteria for Treatment Completion:

- Attend treatment sessions
- Cooperate with group rules
- Cooperate with program requirements
- Comply with court orders
- Complete relapse prevention plan
- Demonstrate mastery of skills taught

Other

Anticipated Time-Frame for Completion:

TREATMENT TEAM SIGNATURES

This treatment plan has been presented to and reviewed with me. I have participated in this plan of care.

Client Printed Name

Client Signature

Date

Counselor

Date