Client Name:		Date:	
	TREATMENT PLAN	Туре	
Problem 1:			

Short term goals: Measurable Objectives

Problem 2:

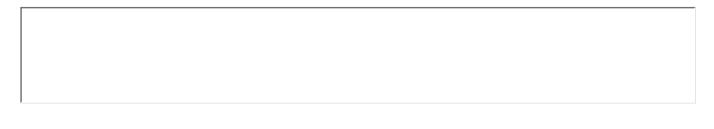
Short term goals: Measurable Objectives

Problem 3:

Short term goals: *Measurable Objectives*

Dynamic Risk Factors			
Cognitions Alcohol/Drug	Social NetworksEducation/Employment		
Elevated Thinking Styles			
Mollification	Cutoff		
Entitlement	Power-Orientation		
Sentimentality	Superoptimism		
Cognitive-indolence	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:

Client Printed Name	Client	Signature	Date
his treatment plan has been prese		viewed with me. I have participated	in this plan of care.
This treatment plan has been proce		T TEAM SIGNATURES	in this plan of says
Anticipated Time-Frame for Co	mpletion:		
Other			
Complete relapse prevention p	blan	Demonstrate maste	
Cooperate with program requi	rements	Comply with court o	rders