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| **THE GOLDEN THREAD-A Natural, Meaningful Conversation for Creating a Treatment Recovery Plan**  |
| Client Name: | Clt ID#: | Assigned Primary Counselor-Name: | **Intake Date:** |
| Tx Plan Update:Yes No  | Next Tx Plan Update: | Primary Diag/DSM Code: | Secondary Diag/DSM Code: | Monthly Freq of Tx Services:Individuals: Groups:  |
| **Date Identified** | **Index Number** | **Big Picture Goals?****What personal strengths-mental, physical, resources & methods can I use to achieve this goal?** | **Challenges****What keeps me from reaching my Goal?****What changes in symptoms, behaviors, skills, and attitudes do I need to make?** | **My Plan of Change and Recovery:****What specific, observable & measurable changes will I make)? What are the small measurable steps towards my Goal?** | **\*Stage of Change** | **Target Date** | **Date Complete** |
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| **Client Signature:** |  | **Date:** | **Physician Signature** | **Date:** |
| **Print Name** |  | **Print Name** |
| **Counselor Signature:** |  | **Date:** | **Index of Challenges / Barriers:** **1)** Substance Use Disorder **2)** Mental Health **3)** Physical Health **4 )**Employment/Education **5)** Financial/Housing **6)** Legal **7)** Psycho-Social /Family **8)** Spirituality  |
| **Print Name** |  |

**\*Stage of Change:** **A.)** Pre-Contemplation **B.)** Contemplation **C.)** Preparation **D.)** Action **E.)** Maintenance  **R.)** Relapse TxPlan Sample Form 15.04.03