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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