

| 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: | | <u>Index of Challenges / Barriers:</u> 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