

<b>SUD Treatment Recovery Plan</b>							
<b>Client Name:</b>			<b>Clt ID#:</b>		<b>Assigned Primary Counselor-Name:</b>		<b>Intake Date:</b>
Initial Plan <input type="checkbox"/> Update <input type="checkbox"/>			<b>Primary Diagnosis Description &amp; DSM Code:</b>		<b>Secondary Diagnosis Description &amp; DSM Code:</b>		<b>Monthly Frequency of Tx Services:</b> Individual: _____ Collateral: _____ # of Groups: _____
<b>Treatment Plan Update Due:</b>							
Date Identified	Index Number	Goals & Actions: (#A, # B)	Big Picture <u>G</u> oals (G) / <u>S</u> trengths (S) What personal strengths- mental, physical, resources & methods can I use to achieve this goal? G=Goals S=Strengths	Challenges (C)/Statement of Problem What keeps me from reaching my Goal? What changes in symptoms, behaviors, skills, and attitudes do I need to make? C=Challenges D=Deferred Challenge	My Plan of Change and Recovery/ <u>A</u> ction (A) Steps: What specific, observable & measurable changes will I make)? What are the small measurable steps towards my Goal? A=Action Indicate Action Steps By: a. client, b. counselor, c. family d. other support system R=Clinical reason for deferral	Target Date	Date Complete
					A.		
					A.		
					A.		
<b>Client Signature:</b>			<b>Date:</b>		<b>**Physician Signature</b>		<b>Date:</b>
<b>Print Name:</b>					<b>**Print Name:</b>		
<b>Counselor Signature:</b>			<b>Date:</b>		<b><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 9) Deferred Challenges</b>		
<b>Print Name</b>							

**\*Stage of Change:** Pre-Contemplation - Contemplation - Preparation - Action - Maintenance – Relapse