

Client Name: Steve Austin
MR # DH-001-10

Destination Hope, Inc.
Treatment Plan

Problem # 1 Problem: Substance Dependence

this is specific to this client, and
presents criteria for diagnosis

Related to and evidenced by: using Oxycodone for past two years, increased tolerance of opiates, has lost job at K-Mart due to excessive absences

Goal: To achieve abstinence form all mood and mind altering substances

if I read the goal could I figure
out the problem

Date Opened	Short Term Goal/Objective <i>Client is going to:</i>	Intervention/Modality/Plan <i>Staff is going to:</i>	Frequency/ Duration	By Whom	Target Date	Evaluation Date
8/23/10	Read the first 123 pages of the NA text in order to increase knowledge of addiction and the process of recovery.	Ask the client to read assigned material and gather 5 key points to process with the therapist.	daily for 2 weeks	ts	9/3/10	<input type="checkbox"/> Met
						<input type="checkbox"/> Unmet
	Make a list of ten times when you were powerless over your addiction and actions.	Explore with client his choices and their relevance to his powerlessness over his substance dependence.	1 x	ts	8/27/10	<input type="checkbox"/> Met
						<input type="checkbox"/> Unmet
						<input type="checkbox"/> Met
						<input type="checkbox"/> Unmet
						<input type="checkbox"/> Met
						<input type="checkbox"/> Unmet

these are measurable, I can tell
exactly when and if they are
completed

I have received a copy of this treatment plan and I agree to participate in this part of my treatment to the best of my ability.

Client Signature

Date

Staff Signature

Date