

Treatment Plan Worksheet

Client name: _____ Date: _____

What things may prevent you from succeeding in your goals?

What things can help you to succeed?

What good support systems/services do you have or utilize to help you succeed?

Do you feel that it is important to plan for your future? Explain.

What stage of change do you feel that you are in?

1. **Pre-contemplation** (No intention to change in the foreseeable future)
2. **Contemplation** (Know there is a problem and thinking about changing but not yet made the commitment)
3. **Preparation** (Intend on taking action in the next month and been unsuccessful in the last year at taking action)
4. **Action** (modify their behavior, experiences, or environment in order to overcome their problems)
5. **Maintenance** (work to prevent relapse and consolidate the gains attained during action)

List some healthy alternatives to your current behavioral concern:

- 1.
- 2.
- 3.
- 4.
- 5.

Client name: _____

What are some of your STRENGTHS?

- 1.
- 2.
- 3.
- 4.
- 5.

What are some things you need to work on?

- 1.
- 2.
- 3.
- 4.
- 5.

List some long term goals (5 years) that you want to achieve?

- 1.
- 2.
- 3.
- 4.
- 5.

List some goals (1 year) that you want to achieve?

- 1.
- 2.
- 3.
- 4.
- 5.

List goals you want to complete in treatment?

- 1.
- 2.
- 3.
- 4.
- 5.