

United States Probation Office

CLIENT TREATMENT PLAN

The Client Treatment Plan should be developed by both the client and the treatment provider and should focus on issues relating to ongoing mental health, abstinence from mood-altering chemicals, future relapse prevention, and eliminating the tendency towards the criminal lifestyle.

Client: _____ Treatment Provider: _____

U.S Probation Officer: _____

Treatment Issue #1:

Goal: _____

- Objectives to Achieve Goal # 1) _____

2) _____

3) _____

Treatment Issue #2:

Goal: _____

- Objectives to Achieve Goal # 1) _____

2) _____

3) _____

Treatment Issue #3:

Goal: _____

Objectives to Achieve Goal # 1) _____

2) _____

3) _____

What is the specific criteria for successful treatment completion? _____

What is the anticipated timeframe to achieve the specific criteria for successful treatment completion?

Treatment Regimen

Is there a continued need for further treatment (Check One) Yes No

If yes, to accomplish the above goals, the following treatment regimen is recommended:

Number of session per month: _____

Duration of sessions: _____ minutes _____ hour(s)

Type of session (Check One) Individual Group

CLIENT'S ACTIONS AND ATTITUDE REPRESENT THAT THE CLIENT IS IN WHICH STAGE OF CHANGE - FOR SUBSTANCE USE DISORDERS (CHECK ONE BELOW):

Precontemplation: Not yet acknowledging that there is a problem behavior that needs to be changed.

Contemplation: Acknowledging that there is a problem, but not yet ready or sure of want to change. _

Preparation/Determination: Getting ready to change.

Action/Willpower: Changing behavior.

Maintenance: Maintaining the behavior change.

Relapse: Returning to negative behaviors and abandoning the new positive changes.

CLIENT AND/OR THERAPIST COMMENTS:

I participated in and understand the treatment plan goals.

Client Signature: _____

Date: _____

Therapist/Counselor Signature: _____

Date: _____

****After every update, or at least every 90 days, the treatment plan should be submitted to the supervising U.S. Probation Officer by attachment to the monthly treatment report. The most recent treatment plan will be discussed with the officer during the quarterly substance abuse/mental health treatment reviews.****