

RECOVERY FIRST ALCOHOL AND SUBSTANCE ABUSE PROGRAM

TREATMENT PLAN

Patient: KELLY BURCH

DOB: 01/15/63

MR # : 123-11-23-6

Date begun identification: 12/21/02

PROBLEM AREA REFERENCE LIST

1 = Substance Abuse/Dependence
2 = Mental Health
3 = Medical
4 = Psychosocial
5 = Employment/Vocational
6 = Educational
7 = Housing
8 = Nutrition
9 = Spiritual
10 = Other (Family Treatment, Etc.)

MASTER TREATMENT PLAN

Problem Title: # 1 Alcohol Dependence

Despite knowing the effects of these substances on my mind, body, and spirit, I have been unable to stop using.

Goal #1: I will begin to identify and verbalize an understanding of the severity, consequences and progression of my substance use.

Measures:

1. I will attend the Intensive Outpatient Groups four (4) times per week for two hours for a minimum of one month.
2. I will attend individual sessions 1X every 2-3 weeks as needed for one month.
3. I will complete a Payoff Matrix Worksheet designed to assist me in exploring the positive and negative impact of my substance use. I will review this in an individual session for feedback.
4. I will use the information I learned from My Payoff Matrix to help me complete "My Triggers and Relapse Traps" sheet.
5. I will utilize the group education and discussions to begin work on my 'Step One' homework. I will complete a Step One Workbook. I will review and discuss my completed workbook with my therapist during an individual session.
6. I will work with my therapist during an individual session to complete a Personal Progression Sheet. I will use the session to process my feelings and insights.
7. I will attend the following groups and will utilize the group process to share my insights and process what I have learned:
 - o *Safe Weekend Planning*
 - o *The Components of Spirituality*
 - o *Steps, Sponsors and Support*
 - o *The Continuum-- from Use to Abuse and Dependence*
 - o *Relapse Warning Sign Identification*
 - o *Recovery Versus Abstinence*
 - o *HOW—Honesty-Openness-Willingness*
 - o *Causes of Addiction*
 - o *The Substance Abuse Continuum*
 - o *The Disease Process of Addiction*
 - o *Cognitive Distortions*
 - o *High Risk Situations*
 - o *Support Systems and Positive Relationships*
 - o *Coping with Anger & Rage*
 - o *Coping with Sadness & Depression*
 - o *Coping with Fear & Anxiety*
 - o *Addictive Thinking and Behaviors*
 - o *Introduction to the 12 Steps*
 - o *Medical Aspects of Addiction*
 - o *Medications: Compliance and Awareness*
 - o *The Impact of Diet and Nutrition on Recovery*
 - o *Conflict and Confrontation*
 - o *Emergency Coping*
 - o *Hope and Faith*
 - o *Family Dynamics in the Recovery Process*
 - o *Post Acute Withdrawal Syndrome (PAW)*

Goal #1:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Goal #2: I will be able to demonstrate serious work toward my goal of abstinence while in treatment.

Measures:

1. I will complete random urine drug screens/breathalyzer while I am involved in treatment to provide helpful feedback.
2. I will build my 'toolbox' to help me actively cope by learning about:

'Green Memories", Euphoric Recall, 'The Spider', self-defeating self-talk and how to repair it, stress management exercises, "Just move', identifying sober support system, finding a home group and selecting a sponsor/mentor etc.

3. If I have urges, cravings or have a slip or relapse I will use my 'Active Coping Sheet' and will call someone on my list to 'surf my urge'. I will discuss this with my therapist during an individual session to learn as much as I can about what triggers me. I will share these experiences with my group and ask for feedback.

Goal #2:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Goal #3: I will begin to demonstrate the incorporation of sober supports and sober leisure activities prior to discharge.

Measures:

1. I will attend at least three (3) self- help meetings while I am involved in the Intensive Outpatient Program.
2. I will make a list of five (5) people with their phone numbers that I can call if I need support or distraction.
3. I will complete a Weekend Recovery Plan each Friday. I will share with the group on Monday any urges or cravings or 'close call

Goal #3:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Problem Title: # 2 – (Mental Health)

I sometimes experience anxiety and some symptoms of depression that is of growing concern.

Goal #1: I will begin to identify each symptom that I am experiencing and talk with my therapist about ways to cope.

Measures:

1. I will list my symptoms and talk about them with my therapist.
2. I will make a plan about what I want to do about my symptoms in my individual session with my therapist.
3. I will make a list of ways my substance use has increased my symptoms.
4. I will keep my medication management appointments with my psychiatrist for my MH issues and will take medications as prescribed.
5. I will explore symptoms of Anxiety/Depression.

Goal #1:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Problem Title: # 4 – (Psychosocial)

I am coping with multiple stressors:

1) job related stress 2) being a single parent.

Goal #1: I will begin to identify and verbalize the need and benefit of incorporating sober supports and sober leisure activities into my recovery program.

Measures:

1. I will check into a community self-help group like AA, SMART Recovery, etc. meetings to increase my support system, share concerns, vent feelings.
2. I will make a list of ways my alcohol use interfered in my relationships. I will review this with my therapist during an individual session.
3. I will create a list of ways my friends who use could block my recovery efforts. I will review this with my therapist during an individual session.
4. I will attend the *Values Clarification* lecture. I will use the insights I gained from this lecture to identify what my values are and discuss ways I compromised my values as a result of my substance use.

Goal #1:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Problem Title: # 5 & 6 – (Employment and Vocational)

I am interested in reducing the stress in my workplace.

Goal #1: I will begin to identify ways that I can seek to reduce the stress in my place of employment.

Measures:

1. I will call and seek the support of my supervisor and management team.
2. I will make a list of issues that I need to solve and bring them to my session.

Goal #1:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

Problem Title: #9 – (Spirituality)

I could explore the role of spirituality in my recovery process.

Goal #1: I will begin to identify and talk about the role and the benefits of spirituality to the recovery process. I will begin to identify and verbalize an awareness of my own spiritual beliefs as well as a plan of how to incorporate these into my recovery lifestyle.

Measures:

1. I will complete my Spirituality Workbook. I will review this with my therapist for feedback. I will discuss with my therapist the ways spirituality could benefit my recovery.
2. I will talk about issues of Gratitude, Honesty, Openness, Willingness, Forgiveness, Tolerance, Humility, and Trust in my individual sessions. I will utilize the group process to share my insights into my understanding of spirituality and receive feedback.

Goal #1:

Date Begun: 12/21/02

Target Date For Completion: 3/21/02

CRITERIA FOR DISCHARGE:

In order to meet criteria for discharge, I will meet all of the following conditions:

- A. I will be able to recognize the severity and consequences of my alcohol.
- B. I will demonstrate an understanding of my pattern and relationship with alcohol.
- C. I will demonstrate the essential skills necessary to maintain recovery in a mutual/self-help fellowship and/or with continuing treatment in a less intensive level of care.
- D. I would consistently fail to achieve essential treatment objectives despite revisions to the treatment plan to the degree that no further progress is likely to occur.
- E. I will be able to demonstrate the ability to remain abstinent for increased lengths of time or will have substantially decreased the amount of substances consumed in any one time frame.
- F. I will have accepted referrals to appropriate facilities or other healthcare providers as included as part of my discharge summary and aftercare plan.
- G. I will not meet any of the continued stay criteria that indicate the need for further treatment.