

My Personal Goals for One Year of Treatment:

We want to work with you as we create a Treatment Plan for you. By learning more about what you hope your life will look like AFTER a successful treatment experience, we can better understand how to help you reach your goals. Please provide a brief response to the following questions so that we can better work together in creating the kind of life you want to live.

1. MY SOBRIETY GOAL: What is your goal for drug and alcohol use? Do you want to stop use entirely? Would you like to learn how to stay clean and sober? Please explain what you hope to see change in your life in this area by the time you graduate from treatment:

2. MY MEDICAL CARE GOAL: What is your goal for medical care? Would you like to start (or continue) working with a doctor and dentist to take better care of your physical health? Do you have a medical diagnosis that you want to manage in better ways? Please explain:

3. MY EXERCISE AND NUTRITION GOAL: What is your goal for exercise and nutrition? Would you be willing to start some basic and gentle exercise? Would you like to have better nutrition? Would you like to take care of your physical health needs? Please explain:

4. MY EMOTIONAL HEALTH GOAL: What is your goal for your own emotional health? Are there specific emotions that are problems for you (such as anger, depression, grief or anxiety)? Do you know how to identify your emotions? Do you know what to do with difficult emotions? Please share with us what you hope to get out of treatment when it comes to having better emotional health:

5. MY THINKING AND BEHAVIORS GOAL: What is your goal regarding the ways that you think and behave? Would you like to learn some healthier ways of thinking? Would you like to have help learning to make better behavioral choices? Please explain what you hope to see change by the time you are completely done with treatment here:

6. MY MENTAL HEALTH GOAL: Do you have a mental health diagnosis or are you concerned about some of your mental health symptoms? What is your diagnosis (if any)? Would you like to have help learning to manage mental health issues in healthy ways? Are you willing to consider medication help as well? If you have mental health needs, please explain what you hope to see change as a result of treatment help:

7. MY MOTIVATION GOAL: How is your current motivation for making changes in your life? What do you want your motivation level to look like one year from now? Are you willing to work hard in treatment?

8. MY LEGAL ISSUES GOAL: Do you have current legal issues (court sentencing, parole or probation officer, OCS, ASAP, etc.). If you do, do you hope that these will be resolved or bettered by participating in treatment? What do you hope happens with these legal issues as a result of your participation in treatment? Please explain:

9. MY RELAPSE PREVENTION GOAL: When you are done with a full year of treatment with us, how would you like to be able to handle relapse temptations? What do you hope your recovery will look like? Please explain:

10. MY FAMILY AND FRIENDS GOAL: What kinds of things do you hope to learn that will help you have better relationships with friends and/or family? Are there any relationships that are especially important to you? How can treatment help you improve those relationships? Do you find yourself in “bad relationships” often and want to work on that area? Do you want family involved in your treatment work (such as family counseling)? Do you need help with marital or parenting issues? Please share your thoughts with us:

11. MY HOUSING AND JOB GOAL: Do you need help finding safe housing? Do you need help getting (or keeping) good employment? What about transportation? What do you hope your “work life” will look like, one year from now? What do you hope your living environment will be like, one year from now? Please share:

12. Are there any other important goals that we missed? Please share them here: