

Beal Counseling Associates

Pact # \_\_\_\_\_

Officer: \_\_\_\_\_

Client Name:

Counselor Name:

Date	Problem Statement			
Goals				
D/C Criteria	Objectives			
	<i>What will the client say or do? Under what circumstances? How often will he/she say or do this?</i>			
Interventions		Service Codes	Target Date	Resolution Date
<i>What will the counselor/staff do to assist client? Under what circumstances?</i>				
Participation in Treatment Planning Process				
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area.				
Client Signature/Date				
Counselor Signature/Date				

I=Individual      G=Group      F=Family      **Service Codes**      P=Psychoeducational      H=Homework  
R=Reading      M=Media      V=Videotape      C=Couples      A=Audiotape      R=Referral

Treatment Planning M.A.T.R.S.:  
Utilizing the Addiction Severity Index (ASI) to Make Required Data Collection Useful