

**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 <i>What will the counselor/staff do to assist client? Under what circumstances?</i>		Service Codes	Target Date	Resolution Date
Participation in Treatment Planning Process				
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area.				
<b>Client Signature/Date</b>				
<b>Counselor Signature/Date</b>				

I=Individual	G=Group	F=Family	<b>Service Codes</b>	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