

Integrity Counseling & Coaching
AFTER TREATMENT PLAN

Do you consider yourself to be an alcoholic, a substance abuser, or an addict? _____
How come? _____

Will you return to drinking after treatment? _____

List 7 things you do/have done that could lead you back to drinking.

(Or if you will be drinking) List 7 things that you do/have done that could lead you back to overusing.

1.

2.

3.

4.

5.

6.

7.

List 7 things that you do/can do to increase the odds of your staying clean and sober.

(Or if you will be drinking) List 7 rules that you will follow for moderate drinking/use.

1.

2.

3.

4.

5.

6.

7.

Specifically, how will you avoid getting into trouble in the future? (You may use other side) _____

Will you be continuing meetings and/or counseling? How come? _____

What's the first thing (**the smallest thing**) that would have to happen for you to realize you need to go to more or start going to meetings and/or counseling? _____

Counselor's recommendations and prognosis _____

Client signature _____

Date _____

Counselor signature _____

Date _____