
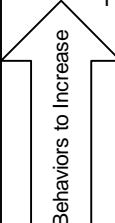


# TREATMENT CONTRACT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Behaviors to Reduce 	For example: behaviors that create more problems or cause the greatest distress and disability.	 Behaviors to Increase	For example: behaviors that make the problem less likely to occur, alternatives to problem behaviors, solutions.
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<b>LONG-TERM GOALS</b> What events are you hoping for years into the future?	<b>SHORT-TERM GOALS</b> What events would you like to experience within the next four months?	<b>IMMEDIATE GOALS</b> What would you like to happen after the first couple sessions?
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Plan for dealing with threats to progress:

<b>AIMLINE &amp; PROGRESS MONITORING</b>	10																
	9																
	8																
	7																
	6																
	5																
	4																
	3																
	2																
	1																
	0																
Session	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Key SAS-A Scale: \_\_\_\_ Estimated number of sessions: \_\_\_\_ Aimline Start: \_\_\_\_ Finish: \_\_\_\_ CS: \_\_\_\_ TD: \_\_\_\_

**Treatment Plan:** The client is to **initial** all treatment elements he/she finds personally acceptable. The client is to **circle** the elements he/she believes are most likely to achieve beneficial results. The therapist will explain any methods the client does not understand.

- |                                    |  |  |   |                                 |
|------------------------------------|--|--|---|---------------------------------|
| <input type="checkbox"/> Listening | <input type="checkbox"/> Homework      | <input type="checkbox"/> Imagery/Hypnosis      | <input type="checkbox"/> Body work            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Education | <input type="checkbox"/> Confrontation | <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Emotional Expression | <input type="checkbox"/> Other: |

**Client's responsibility:** I understand that it is my responsibility to inform the therapist of any changes in my goals for treatment, to inform the therapist of any questions or concerns I have about the treatment process, and to comply with therapeutic directives to the best of my ability.

Client Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Therapist's responsibility:** As the therapist it is my responsibility to inform the client of any deviations from this mutually agreed upon treatment plan, of any known risks associated with treatment procedures, and to ethically employ the most effective and expedient method of treatment available.

Therapist Signature: \_\_\_\_\_  
Date: \_\_\_\_\_