

Clinical Services Treatment Plan

ISSUE DESCRIPTION: Tobacco dependency

AS EVIDENCED BY: Client reports 20-year history of smoking a pack or more per day and unable to quit on own.

BEHAVIORAL GOAL to be accomplished while in treatment:

"I want to stop smoking and enjoy life without coughing and hacking in the morning."

CRITERIA for discharge or transfer to the next level of care:

Client to attend all individual or group sessions and secure continuing care plan.

*	OBJECTIVES	TREATMENT MODALITIES and FREQUENCY of SERVICE	TARGET DATE	COMPLETION DATE	STAFF INITIALS
*	I will explore the pros and cons of my tobacco use. I will develop a plan for utilizing my personal strengths of determination, perseverance and creativity in quitting smoking.	I will complete pros and cons worksheet, and identify the benefits and consequences of continuing or quitting cigarettes. I will review my strengths-based assessment with my PC and identify three or four strategies to best utilize my strengths when stopping smoking.			
*	I will learn about medical and lifestyle complications due to my tobacco use. I will identify triggers to my tobacco use and begin to establish alternative behavioral coping skills for each trigger.	I will attend a once-a-week smoking cessation group to learn about the health and medical effects of smoking. I will identify 10 major triggers to smoking and 5 strategies to effectively deal with triggers. I will attend a weekly group to learn how to apply CBT coping skills to tobacco cravings and for relapse prevention.			
*	I will learn about available community resources and support to be utilized after discharge.	I will visit www.coquitline.org or call the Colorado QuitLine (1-800-QUIT-NOW) for smoking cessation resources and support groups, and discuss with my PC in session my plan for support and resources post discharge.			
*	Personal Goal: "I want to start an exercise program and become physically healthy again."	I will set an appointment with my PC doctor to be medically cleared for exercise. I will brainstorm ideas and come up with a list of five kinds of exercise that I would be interested in, and a weekly/monthly schedule for when these exercise activities would occur. I will process these in session.			
*	I will learn about different treatment options available for withdrawal and how NRT can be utilized as an aid to becoming tobacco-free.	I will meet and discuss possible NRT options with the IRT nurse in the first day of treatment. I will educate myself by reading assigned materials or materials from the Internet to understand the role of NRT in smoking cessation and the best ways of utilizing this as an aid in quitting.			

CLIENT SIGNATURE
 I have participated in and received a copy of this plan.

DATE

PARENT/GUARDIAN SIGNATURE
 I have participated in and received a copy of this plan.

COUNSELOR SIGNATURE

DATE

CLIENT NAME

CAC III/QMHP SUPERVISOR SIGNATURE

DATE

CLIENT NUMBER