



TREATMENT PLAN

Name: _____

Date: _____

Goal Section

Core Motivation:

Decision:

Implementation Section

Coping Tactics:

No Exceptions Clause: I agree to permit no exceptions to the contingencies stated here – regardless of how reasonable a momentary lapse may seem at the time.

Signed: _____ **Date:** _____

Relapse Prevention Section

When I handle a crisis successfully I will:

If I lapse I will:

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