

ASI Treatment Plan
(ASI/DENS Format)

Client Problem Plan – Alcohol & Drug

Client Name: John Smith

Counselor Name: Demo

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

Service Codes
 I=Individual G=Group F=Family C=Couples P=Psychoeducational H=Homework
 R=Reading M=Media V=Videotape A=Audiotape R=Referral

ASI Treatment Plan
(ASI/DENS Format)

Client Problem Plan – Medical

Client Name: John Smith

Counselor Name: Demo

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

Service Codes
 I=Individual G=Group F=Family C=Couples P=Psychoeducational H=Homework
 R=Reading M=Media V=Videotape A=Audiotape R=Referral

ASI Treatment Plan
(ASI/DENS Format)

Client Problem Plan – Family

Client Name: John Smith

Counselor Name: Demo

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.				
Client Signature/Date				
Counselor Signature/Date				

Service Codes
 I=Individual G=Group F=Family C=Couples P=Psychoeducational H=Homework
 R=Reading M=Media V=Videotape A=Audiotape R=Referral