

**TREATMENT PLAN & CONTRACT**



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

Behaviors that cause the greatest distress for me or others: BEHAVIORS TO REDUCE 1  2  3	New behaviors that I need to learn: BEHAVIORS TO INCREASE 1  2  3
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In one or two sentences, explain why you believe you have a problem with anger or aggression.

<b>Willingness to Change</b>		0	1	2	3	4
		<i>Not at all willing</i>	<i>Somewhat willing</i>	<i>Moderately willing</i>	<i>Very willing</i>	<i>Extremely Willing</i>
Motivation Scale	1	Discuss problems with anger or aggression openly and honestly				
	2	Try new ways of relating to other people				
	3	Admit when I am wrong, even if it is uncomfortable				
	4	Accept responsibility for <i>all</i> my actions				
	5	Cooperate with all program policies, including no alcohol, no weapons, and consent for contact with others in the home				

Total Score: \_\_\_\_\_

**Client's responsibility:** I understand it is my responsibility to pay for any fees associated with counseling, to attend classes regularly, to participate in counseling activities, and to follow the rules of the program.

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

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

**Counselor's responsibility:** As the counselor it is my responsibility to inform the client of any known risks relevant to anger treatment, such as weapons & alcohol, to maintain confidentiality, with the exception of abuse to children or threat of danger to others, and to work with the client on agreed goals.

Counselor Signature: \_\_\_\_\_

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