## **ASI Treatment Plan**

(ASI/DENS Format)

		Counselor N	ame: D	emo
Date	Problem Statement			
Goals				
D/C Criteria	<b>Objectives</b> What will the client say or do? Under what circumstances? How	often will he/sh	e say or do ti	his?
Interventions What will the co	unselor/staff do to assist client? Under what circumstances?	Service Codes	Target Date	Resolution Date
Participation in	n Treatment Planning Process			
Participation by Others in the Treatment Planning Process				
Note: All participants may not have participated in every area				
Note: All participants may not have participated in every area. Client Signature/Date				
Counselor Signature/Date				
	Service Codes			

			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)

	: John Smith	Counselor N	lame: I	Demo
Date	Problem Statement			
Goals				
Obais				
D/C Criteria	Objectives			
	What will the client say or do? Under what circumstances? Ho	w often will he/sh	e say or do	this?
Interventions		Service	Target	Resolution
What will the co	unselor/staff do to assist client? Under what circumstances?	Codes	Date	Date
Participation in	n Treatment Planning Process			·
Participation b	y Others in the Treatment Planning Process			
Client Signat	pants may not have participated in every area.			
Chefit Signat	ule/Date			
Counselor Si	gnature/Date			

I=Individual<br/>R=ReadingG=Group<br/>M=MediaF=Family<br/>V=VideotapeC=Couples<br/>A=AudiotapeP=Psychoeducational<br/>R=ReferralH=Homework<br/>H=Homework

<b>Client Name</b>		Counselor N	lame: Der	no
Date	Problem Statement			
Goals				
D/C Criteria	Objectives What will the client say or do? Under what circumstances? Ho	w often will he/sh	ne sav or do ti	his?
Interventions		Service	Target	Resolution
What will the c	ounselor/staff do to assist client? Under what circumstances?	Codes	Date	Date
Participation	n Treatment Planning Process			
Participation I	by Others in the Treatment Planning Process			
Note: All partic	pipants may not have participated in every area.			
Client Signa	ture/Date			
Counselor S	ignature/Date			

			Service Codes		
I=Individual	G=Group	F=Family	C=Couples	P=Psychoeducational	H=Homework
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