

Sample Treatment Plan for SUD

CLIENT GOALS

○ **Increase knowledge about addiction and treatment:** Individuals should have a basic understanding of addiction, including the signs, symptoms, and the underlying factors associated with developing a SUD. Individuals should be introduced to multiple treatment approaches. (There is no “one-size-fits-all.”)

○ **Develop coping and emotional regulation skills:** Individuals should learn how to cope with stress, difficult emotions, and cravings without using substances.

○ **Improve social support and develop effective interpersonal skills:** Individuals should develop a strong support network of people who care about them and can help them in their recovery as well as learn how to communicate effectively.

○ **Relapse prevention:** Individuals should develop a written plan for how they will maintain their sobriety. Components of a strong relapse prevention plan may include the following:

1. **Identify triggers and warning signs:** One of the first steps in relapse prevention is identifying triggers. These are the things that make you want to use drugs or alcohol. **Triggers** can be internal, such as difficult emotions, or external, such as people, places, events, or circumstances. **Warning signs** are behavioral changes or changes in mood or thinking that may indicate you are in “relapse mode.” Common warning signs include isolation, not attending 12-step meetings, sleeping too much or too little, irritability, etc. (Hint: Ask your significant other, close friends, or family members for help with identifying your warning signs.)
2. **Develop a coping plan:** Once you are aware of your triggers and warning signs, you can develop a plan for how you will deal with them. This plan might include things like calling a friend, going to a meeting, or taking a walk. Be sure to personalize your plan; things that work for others may not work for you.
3. **Identify and avoid high-risk situations:** If you know certain situations are likely to trigger you, it is best to avoid them. This might mean not going to certain places or not hanging out with certain people. Consider setting boundaries with loved ones in your life who trigger you. If a situation is unavoidable, consider bringing a sponsor or trusted person with you.

4. **Consider MAT (medication-assisted treatment):** A psychiatrist or other licensed provider can prescribe medications such as naltrexone or buprenorphine to reduce cravings.
5. **Mental health treatment:** If you have a mental health diagnosis, it's important to take your mental health medications as prescribed and attend all scheduled psychiatric appointments. It's also important to understand how your co-occurring disorders interact.
6. **Stay connected to your support system:** It is important to stay connected to your support system, such as your therapist, 12-step group, or friends and family who are supportive of your recovery goals. These people can help you to stay on track and cope with cravings.
7. **Practice self-care:** Self-care is important for everyone, but it is especially important for individuals in recovery. Make sure to get enough sleep, eat healthy foods, drink plenty of water, attend to physical illness, and exercise regularly (at a minimum). Nutrition is especially important if you are/were a heavy drinker; consider seeing a nutritionist if you have a history of alcoholism.
8. **Find hobbies or leisure activities to pursue:** A strong recovery program is balanced and includes enjoyable activities. Explore new hobbies and engage in them on a regular basis.
9. **Explore spirituality:** Many individuals find that spiritual practices such as attending church, seeking guidance from a spiritual leader or shaman, forest "bathing," etc. enhance their recovery program.
10. **Be patient with yourself:** Relapse prevention can be a lifelong process. There may be times when you slip up. This does not take away from the time you've been able to maintain your sobriety. The important thing is to get back on track and not give up.

CLIENT OBJECTIVES

- A. Client will abstain from or reduce the use of mood-altering substances.
- B. Client will identify the consequences of their addiction.
- C. Client will identify their triggers, high-risk situations, and warning signs.
- D. Client will develop a plan for coping with cravings and triggers.
- E. Client will identify, challenge, and replace destructive thought patterns with positive, reality-based self-talk.
- F. Client will attend 12-step meetings (or other support groups) regularly.
- G. Client will develop a support system of people who are supportive of their recovery.

- H. Client will find a job or start school.
- I. Client will maintain a healthy lifestyle.
- J. Client will manage their finances.
- K. Client will resolve any legal issues.
- L. Client will maintain healthy relationships with supportive family and friends.
- M. Client will develop a written relapse prevention plan.

THERAPIST INTERVENTIONS

Assess for the following:

<input type="checkbox"/> Suicide risk
<input type="checkbox"/> Cognitive deficits (either as a result of long-term use and/or overdoses or pre-existing conditions that may impair individual's insight)
<input type="checkbox"/> Co-occurring disorders
<input type="checkbox"/> Trauma – If severe, individual would benefit from evidence-based trauma treatments, such as EMDR, CPT (cognitive processing therapy), or TF-CBT
<input type="checkbox"/> Medical conditions that directly influence substance use (e.g., smoking marijuana for insomnia, taking opiates for chronic pain)
<input type="checkbox"/> Recent events (divorce, death of a child, etc.) or circumstances (poverty, disability, etc.) that may directly influence substance use
<input type="checkbox"/> Family of origin problems – Especially in younger individuals, family therapy should be considered as part of the treatment plan
<input type="checkbox"/> Safety concerns – Screen for domestic violence, unsafe living environment (e.g., staying at a homeless shelter), at high-risk for overdose, etc.
<input type="checkbox"/> Stage of change – Consider harm reduction measures for individuals who are not ready to commit to sobriety (e.g., Narcan, fentanyl strips, etc.)

Therapeutic approaches:

- Motivational interviewing
- Motivational enhancement therapy
- CBT
- DBT
- MAT (refer to)

- Behavioral therapy
- Family or couples therapy
- Trauma therapy (EMDR, TF-CBT, CPT, etc.)
- Experiential therapies
- Contingency management

Therapeutic interventions:

<input type="checkbox"/> Complete a thorough biopsychosocial assessment.
<input type="checkbox"/> Assess severity of addiction and for the need for medical detox services. (Refer as needed.)
<input type="checkbox"/> Refer client to a medical provider for a physical/wellness exam and STI testing (as needed).
<input type="checkbox"/> Refer client to a psychiatrist for an evaluation and medication management (as needed).
<input type="checkbox"/> Assess the severity of impairment in the individual’s different life areas to guide a collaborative treatment plan.
<input type="checkbox"/> Link client to community resources for deficits in education, employment and/or finances and for legal help (as needed/appropriate).
<input type="checkbox"/> Explore how past events or circumstances (as appropriate) may have impacted the individual’s addiction.
<input type="checkbox"/> Provide client with education on addiction (risk factors, models of addiction, signs and symptoms, etc.)
<input type="checkbox"/> Provide client with education on various treatment options and approaches (i.e., harm reduction, abstinence, moderation, etc.)
<input type="checkbox"/> Assist client in identifying their risk factors, triggers, high-risk situations, and warning signs.
<input type="checkbox"/> Help client to identify consequences and benefits of use.
<input type="checkbox"/> Help client to identify coping skills.
<input type="checkbox"/> Assist client with the development of a crisis plan (including things they can do, people they can contact, etc.)
<input type="checkbox"/> Teach assertiveness, anger management, and emotional regulation skills.
<input type="checkbox"/> Teach mindfulness practices and grounding techniques.
<input type="checkbox"/> Recommend local 12-step and/or support groups.
<input type="checkbox"/> Link client to a peer recovery center or a peer recovery support specialist.
<input type="checkbox"/> Assess for case management needs (e.g., transportation, childcare, etc. that may impact client’s ability to attend outside meetings), and link client to appropriate resources.
<input type="checkbox"/> Assist client in identifying supportive persons in their life.

<input type="checkbox"/> Help client to identify activities they find meaningful and/or pleasurable.
<input type="checkbox"/> Explore spiritual concepts with individual.
<input type="checkbox"/> Teach problem-solving skills.
<input type="checkbox"/> Explore the role of shame and guilt in addiction.
<input type="checkbox"/> Teach self-compassion.
<input type="checkbox"/> Explore making amends (including “living amends”), forgiveness, and self-forgiveness.
<input type="checkbox"/> Assess for self-esteem problems and assign strengths-based homework or review client’s accomplishments and strengths in sessions.
<input type="checkbox"/> Utilize CBT techniques for irrational thought patterns that impact client’s ability to stay sober.
<input type="checkbox"/> Teach and role play refusal skills.
<input type="checkbox"/> Teach conflict resolution skills.
<input type="checkbox"/> Challenge and develop discrepancy with clients in the later stages of change.
<input type="checkbox"/> Consider implementing a reward system for attending therapy appointments; this works well with individuals who abuse stimulants.
<input type="checkbox"/> Assist client in developing a written relapse prevention plan.
<input type="checkbox"/> Assign homework to support the individual’s goals.
<input type="checkbox"/> Assign bibliotherapy. (See suggested reading list.)
<input type="checkbox"/> If client relapses, revisit the relapse prevention plan, problem-solve, and amend as needed.

SUGGESTED READING FOR SUBSTANCE USE AND RELATED DISORDERS

- *Addiction and Change: How Addictions Develop and Addicted People Recover* by Carlo C. DiClemente

- *The Addiction Recovery Skills Workbook: Changing Addictive Behaviors Using CBT, Mindfulness, and Motivational Interviewing Techniques* by Suzette Glasner-Edwards, PhD

- *Adult Children of Alcoholics* by Dr. Janet G. Woititz

- *The Anxiety and Phobia Workbook* by Edmund J. Bourne, PhD

- *Attached: The New Science of Adult Attachment and How It Can Help You Find - and Keep – Love* by Amir Levine

- *Becoming Aware: A 21-Day Mindfulness Program for Reducing Anxiety and Cultivating Calm* by Dr. Daniel Siegel, MD

- *Beyond Addiction: How Science and Kindness Help People Change* by Jeffrey Foote

- *Beyond the Influence: Understanding and Defeating Alcoholism* by Katherine Ketcham

- *The Big Book of Alcoholics Anonymous* by Anonymous

- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* by Bessel van der Kolk, MD

- *Boundaries: When to Say Yes, How to Say No To Take Control of Your Life* by Henry Cloud

- *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone* by Brené Brown

- *The Cognitive Behavioral Workbook for Anger: A Step-by-Step Program for Success* by William J. Knaus, EdD

- *The Cognitive Behavioral Workbook for Anxiety: A Step-By-Step Program* by William J. Knaus, EdD

- *The Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* by William J. Knaus, EdD

- *The Complete Family Guide to Addiction: Everything You Need to Know Now to Help Your Loved One and Yourself* by Thomas F. Harrison

- *The Complex PTSD Workbook: A Mind-Body Approach to Regaining Emotional Control and Becoming Whole* by Arielle Schwartz, PhD

- *The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships* by Harriet Lerner

- *The Dance of Intimacy: A Woman's Guide to Courageous Acts of Change in Key Relationships* by Harriet Lerner

- *The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance* by Matthew McKay, PhD

- *Feeling Great: The Revolutionary New Treatment for Depression and Anxiety* by David D. Burns, MD

- *Flourish: A Visionary New Understanding of Happiness and Wellbeing* by Martin E. P. Seligman

- *The Four Agreements: A Practical Guide to Personal Freedom (A Toltec Wisdom Book)* by Don Miguel Ruiz

- *Get Out of Your Own Way: Overcoming Self-Defeating Behavior* by Mark Goulston

- *The Happiness Advantage: How a Positive Brain Fuels Success in Work and Life* by Shawn Achor

- *The Happiness Trap: How to Stop Struggling and Start Living* by Russ Harris

- *In the Realm of Hungry Ghosts: Close Encounters with Addiction* by Gabor Maté, MD

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- *It Will Never Happen to Me: Growing Up with Addiction as Youngsters, Adolescents, and Adults* by Claudia Black, PhD
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- *A Mindfulness-Based Stress Reduction Workbook* by Bob Stahl, PhD
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- *The Mindfulness Workbook for Addiction: A Guide to Coping with the Grief, Stress, and Anger That Trigger Addictive Behaviors* by Rebecca E. Williams, PhD
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- *Narcotics Anonymous Basic Text* by Anonymous
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- *The Power of Habit: Why We Do What We Do in Life and Business* by Charles Duhigg
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- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms* by Mary Beth Williams, PhD, LCSW, CTS
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- *Radical Acceptance: Embracing Your Life with the Heart of a Buddha* by Tara Brach
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- *Refuge Recovery: A Buddhist Path to Recovering from Addiction* by Noah Levine
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- *Self-Compassion: The Proven Power of Being Kind to Yourself* by Dr. Kristin Neff
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- *The Self-Esteem Workbook* by Glenn R. Schiraldi, PhD
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- *The Sober Survival Guide: How to Free Yourself from Alcohol Forever - Quit Alcohol & Start Living!* by Simon Chapple
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- *The Subtle Art of Not Giving a F*ck: A Counterintuitive Approach to Living a Good Life* by Mark Manson
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- *Twelve Steps and Twelve Traditions* by Anonymous
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- *Under the Influence: A Life-Saving Guide to the Myths and Realities of Alcoholism* by James Robert Milam
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- *The Upward Spiral: Using Neuroscience to Reverse the Course of Depression, One Small Change at a Time* by Alex Korb, PhD
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- *The Wellness Workbook: How to Achieve Enduring Health and Vitality* by John W. Travis
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- *A Woman's Addiction Workbook: Your Guide to In-Depth Healing* by Lisa M. Najavits
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- *You Are a Badass: How to Stop Doubting Your Greatness and Start Living an Awesome Life* by Jen Sincero

NIDA'S PRINCIPLES OF EFFECTIVE TREATMENT

1. Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased.
2. No single treatment is appropriate for everyone. Treatment varies depending on the type of drug and the characteristics of the patients.
3. Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
5. Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery.
9. Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s).
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

Source: [Principles of Drug Addiction: A Research-Based Guide \(Third Edition\) \(nih.gov\)](#)